

Resumen de los beneficios de la lista de medicamentos

La información de este documento le ayudará a comprender los beneficios de medicamentos con receta que se ofrecen en este plan y a compararlos con los beneficios ofrecidos por otros planes. La información en este resumen también le ayudará a comparar el valor y el alcance de los beneficios de la lista de medicamentos.

Cómo encontrar información sobre el costo de los medicamentos con receta

Este documento y la Lista de Medicamentos le ayudarán a comprender sus opciones. Este documento responderá sus preguntas sobre los siguientes temas:

- 1) Medicamentos cubiertos según la lista de medicamentos de los planes Community Health Choice
- 2) Opciones de medicamentos de menor costo
- 3) Desarrollo de la lista de medicamentos
- 4) Apelaciones
- 5) Gestión médica

Community Health Choice ofrece una herramienta basada en Internet determinar el costo compartido de los medicamentos incluidos en nuestra lista de medicamentos. La información de costo compartido refleja la participación del costo. Este costo excluye los requisitos de deducibles. Se calcula mediante el precio más reciente de los medicamentos. Se basa en el monto aprobado como costo real del plan. En la lista de medicamentos se enumeran los medicamentos genéricos y de marca que están cubiertos por su plan. Para obtener más información sobre sus beneficios de farmacia, ingrese en nuestro sitio web: <https://www.communityhealthchoice.org>

Community Health Choice requiere que sus Miembros utilicen medicamentos genéricos cuando estén disponibles. El Miembro debe pagar el copago del nivel que corresponda más la diferencia de costo entre el medicamento de marca y el genérico si se dispensa un medicamento de marca cuando hay un genérico disponible. Esto es independientemente de que la receta médica indique o no que deba dispensarse un medicamento de marca. Este monto no se aplica al deducible o al gasto máximo de bolsillo del Miembro. Cuando haya disponible una alternativa genérica equivalente, el Proveedor debe presentar una autorización previa para la necesidad médica de medicamentos de marca.

Puede ver una comparación de los beneficios de farmacia de cada plan en nuestro sitio web: <https://www.communityhealthchoice.org>.

También puede consultar los documentos de Resumen y beneficios, junto con la Evidencia de cobertura de nuestros planes, en: <https://www.communityhealthchoice.org>.

Medicamentos según el nivel de costo compartido

NOMBRE DE NIVEL

| NOMBRE DE NIVEL | |
|-----------------|-------|
| 1 | 12.8% |
| 2 | 11.5% |
| 3 | 8.7% |
| SP | 12.8% |
| M | 1.0% |
| \$0 | 9.2% |
| NC | 43.4% |
| EXC (excluido) | 0.6% |

Cómo se cubren los medicamentos con receta

La lista de medicamentos cubiertos de Community Health Choice es cerrada, lo que significa que algunos medicamentos están excluidos o no están cubiertos. La lista de medicamentos es desarrollada y mantenida por un Comité de Farmacia y Terapéutica (P&T).

El Comité de Farmacia y Terapéutica de Community Health Choice se reúne trimestralmente para evaluar nuevos medicamentos y la nueva información sobre los medicamentos existentes disponibles en el mercado. El Comité consta de médicos con la autorización adecuada. Incluye profesionales médicos empleados por Navitus, el administrador de beneficios de farmacia de Community Health Choice, o que, en la actualidad, ejercen su profesión en la comunidad.

La tarea del Comité consiste en evaluar la evidencia científica que equilibra la efectividad y los efectos secundarios de los medicamentos. Las evaluaciones, recomendaciones y aprobaciones del Comité se basan en la información presentada en publicaciones arbitradas por colegas y en las pautas de tratamiento. Estos resultados basados en la literatura pueden provenir del ámbito privado (por ejemplo, compañías farmacéuticas) o público (por ejemplo, asociaciones gubernamentales y/o médicas).

El Comité analiza la utilidad general del medicamento para determinar su asignación en la lista de medicamentos.

El Comité puede tomar una decisión para:

- (1) Agregar o eliminar un medicamento
- (2) Definir su clasificación de nivel
- (3) Agregar o eliminar reglas de administración de uso (UM), como terapia escalonada (ST), límites de cantidad (QL) y autorización previa (PA).

También puede optar por excluir un medicamento de la cobertura en la lista de medicamentos.

Todos los miembros del comité se rigen por un acuerdo de ausencia de conflictos de intereses que les exige notificar al Comité si hay intereses financieros que puedan afectar sus decisiones.

Derecho a apelar

Si desea presentar una queja o apelación, comuníquese con Community Health Choice al 713-295-2294 o al 1-855-315-5386. Si su problema o inquietud no se resuelven mediante una llamada a Community Health Choice, tiene derecho a presentar una apelación por escrito a Community Health Choice. Envíe la solicitud de apelación y toda la información relacionada de su médico a:

POR CORREO:

Community Health Choice, Inc. Attn: Appeals Coordinator
2636 South Loop West, Suite 125 Houston, TX 77054

FAX:

Community Health Choice, Inc. 713-295- 7033

Attn: Appeals Coordinator

Continuidad de la cobertura

Se permitirá a los nuevos miembros no presentar la autorización por única vez si es médicamente necesario de los medicamentos que requieran autorización previa (PA) o los de terapia escalonada (ST). El permiso para no presentar la autorización previa solo tendrá vigencia para un suministro de 30 días mientras el médico que expide la receta solicita la autorización previa. El objetivo del permiso para no presentar la autorización previa por única vez es permitir que el proveedor presente la solicitud para una autorización previa a Navitus para su revisión.

Medicamentos fuera de prospecto

Si un reclamo es denegado por tratarse de un medicamento experimental o de investigación, tiene derecho a solicitar la revisión a una Organización de Revisión Independiente. Para obtener más información, consulte la disposición sobre Derechos a Apelaciones, Quejas y Revisión externa en la sección de Disposiciones Generales de este Contrato.

Exclusiones de los medicamentos con receta. Excepto que se estipule expresamente lo contrario, no se proporcionará ningún beneficio por los siguientes artículos:

- a. Cualquier medicamento recetado para un uso distinto de: indicaciones aprobadas por la FDA; o indicaciones no habituales reconocidas por la literatura médica evaluada por expertos;
- b. Cualquier medicamento, medicación o medicina cuyo uso: 1) esté etiquetado con “Precaución: limitado por la Ley Federal para uso de investigación”; o 2) tenga un fin experimental o de investigación.

Costo compartido

Lo que usted deberá pagar dependerá del tipo de medicamentos que su médico le recete. A cada medicamento se le asigna un nivel. Los distintos niveles tienen diferentes niveles de copago. Las estructuras de niveles se desarrollaron para promover el uso de productos de calidad con la opción de mayor eficiencia de costos para cada miembro. La opción de menor costo no representa un producto de calidad inferior. Es simplemente la mejor opción de costo considerando los productos cubiertos dentro de esa categoría de tratamiento. Puede tener la certeza de que los medicamentos provistos a través de su beneficio de farmacia han sido sometidos a rigurosos procesos para obtener la aprobación de la FDA.

El plan Gold 001 no tiene un deducible. El resto de nuestros planes tiene una combinación de deducible para farmacias y médicos. Salvo que el plan permita que un medicamento omita el deducible, el deducible de farmacia debe cumplirse en su totalidad antes de que el plan comience a pagar beneficios.

- Nivel 1 = medicamentos genéricos preferidos y algunos de marca de bajo costo
- Nivel 2 = medicamentos de marca preferidos y genéricos no preferidos
- Nivel 3 = medicamentos de marca no preferidos y algunos genéricos no preferidos de alto costo
- Nivel 4 (indicados como SP) = medicamentos especializados
- Nivel 5 (indicados como M) = medicamentos normalmente cubiertos por los beneficios médicos
- Nivel 6 (indicados como \$0) = medicamentos preventivos sin costo compartido

El servicio de pedidos por correo le permite recibir un suministro de hasta 90 días de medicamentos de mantenimiento. Este programa es parte de su beneficio de farmacia y es voluntario.

Requisito de elegir primero un medicamento genérico

Community Health Choice requiere que sus Miembros utilicen medicamentos genéricos cuando estén disponibles. El Miembro debe pagar el copago del nivel que corresponda más la diferencia de costo entre el medicamento de marca y el genérico si se dispensa un medicamento de marca cuando hay un genérico disponible. Esto es independientemente de que la receta médica indique o no que deba dispensarse un medicamento de marca. Este monto no se aplica al deducible o al gasto máximo de bolsillo del Miembro. Cuando haya disponible una alternativa genérica equivalente, el Proveedor debe presentar una autorización previa para la necesidad médica de medicamentos de marca.

Requisitos de la administración de uso

La revisión de la cobertura de medicamentos se utiliza para promover el uso apropiado y rentable de los medicamentos con receta, que permite la cobertura únicamente cuando se cumplen con ciertas condiciones. Ejemplos de motivos para la precertificación:

- Cumplir con las pautas de dosificación
- Evitar las terapias duplicadas
- Ayudar a los proveedores de atención médica a verificar criterios médicamente aceptados que ayudan a garantizar una eficacia alta y bajos efectos secundarios

Community Health Choice implementa los criterios de aprobación según el etiquetado, las pautas nacionales y las normas sobre atención actuales aprobados por la FDA.

Autorización previa (PA) clínica: Los criterios de la PA analizan requerimientos tales como pertinencia de las indicaciones, edad, dosis, valores de laboratorio y otras mediciones para ese medicamento con receta específico.

Límites de cantidad (QL): Community Health Choice limita la cantidad y las dosis de determinados medicamentos para que respeten las dosis recomendadas y aprobadas por la Administración de Alimentos y Medicamentos (FDA) de los Estados Unidos. El límite de cantidad puede incluir límites en la cantidad de dosis por día, la máxima dosis por día sobre la base de la dosificación de la etiqueta del producto y la cantidad a lo largo del tiempo. Esto puede incluir la cantidad de recetas renovadas por mes o por año.

Terapia escalonada (ST): La terapia escalonada promueve el uso apropiado de medicamentos eficaces, pero comenzando con los medicamentos de menor costo. Los medicamentos con requisitos previos están aprobados por la FDA para tratar la misma afección que los equivalentes de terapia escalonada.

Restricción a especialistas (RS): Limita el expendio de recetas de ciertos medicamentos de alto costo o alto riesgo a determinadas personas autorizadas a dar recetas que se especializan en tratar los estados de las enfermedades asociadas.

Algunos procesos de precertificación están automatizados. En caso de contar en nuestro sistema con la información completa para la revisión, la aprobación de la Autorización Previa puede emitirse en forma automática en la farmacia.

Cuando la información que tengamos sobre usted no cumpla con los criterios de aprobación, la farmacia podrá notificar a su médico el rechazo y el requisito de autorización previa (PA). En ese caso, su médico puede elegir hacer cambios para obtener la cobertura de un medicamento similar O solicitar la aprobación previa de ese medicamento específico.

La terapia escalonada es el requerimiento más común de autorización previa automatizada. Este es el caso en que el sistema de farmacias verifica si un medicamento previamente recetado y adquirido cumple con los requisitos.

Las determinaciones de cobertura se enviarán por correo dentro de las 72 horas a partir del momento de la solicitud para el primer nivel de solicitudes de determinación estándar (o dentro de las 24 horas en el caso de solicitudes aceleradas). Si la cobertura se aprueba, se aplicará el correspondiente copago de nivel a ese medicamento específico. Si la cobertura es denegada, todavía podrá adquirir el medicamento recetado, pero deberá pagar el precio completo del medicamento. El administrador de beneficios de farmacia de Community Health Choice (Navitus Health Solutions) realiza nuestras revisiones iniciales de certificación previa de medicamentos.

Search Tip:

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

Community Health Choice Narrow Formulary

Alphabetical Index

Last Updated 3/1/2023

| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| DEXCHLORPHENIRAMINE SYRUP | - | NC ANTIHISTAMINES |
| abacavir soln (ZIAGEN equiv) | - | SP ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | SP ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | SP ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | SP ANTIVIRALS |
| ABILIFY MAINTENA INJ | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ABILIFY MYCITE PACK | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ABILIFY MYCITE TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ABILIFY TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) | TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABSORICA CAP | - | NC DERMATOLOGICALS |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| ABSORICA LD CAP | - | NC DERMATOLOGICALS |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 ANTIDIABETICS |
| ACCOLATE TAB | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ACCRUFER CAP | - | NC HEMATOPOIETIC AGENTS |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | \$0 MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | 2 DIAGNOSTIC PRODUCTS |
| ACCUPRIL TAB | - | NC ANTIHYPERTENSIVES |
| ACCURETIC TAB | - | NC ANTIHYPERTENSIVES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| acebutolol cap (SECTRAL equiv) | - | 1 BETA BLOCKERS |
| ACEON TAB | - | NC ANTIHYPERTENSIVES |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEIN E TAB | - | NC ANALGESICS - OPIOID |
| acetaminophen/codeine soln | - | 1 ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 ANALGESICS - OPIOID |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORA L CAP | - | NC MIGRAINE PRODUCTS |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC MIGRAINE PRODUCTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 DIURETICS |
| acetazolamide tab | - | 1 DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 COUGH / COLD / ALLERGY |
| ACIPHEX SPRINKLE CAP | - | NC ULCER DRUGS |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| ACIPHEX TAB | - | NC ULCER DRUGS |
| acitretin cap (SORIATANE equiv) | - | 2 DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA IV INJ | M | M ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| ACTHAR GEL INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 VACCINES |
| ACTICLATE TAB 75MG, 150MG | - | NC TETRACYCLINES |
| ACTIGALL CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ACTIQ LOZENGE | - | NC ANALGESICS - OPIOID |
| ACTIVELLA TAB | - | NC ESTROGENS |
| ACTONEL TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTOPLUS MET TAB | - | NC ANTIDIABETICS |
| ACTOPLUS MET XR TAB | - | 3 ANTIDIABETICS |
| ACTOS TAB | - | NC ANTIDIABETICS |
| ACULAR (LS) OPHTH SOLN | - | NC OPHTHALMIC AGENTS |

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|--|---------------------|-------------|--------------------------|
| ACUVAIL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir cream (ZOVIRAX equiv) | - | NC | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ACZONE GEL | - | NC | DERMATOLOGICALS |
| ADACEL/BOOSTRIX INJ | VAC | \$0 | TOXOIDS |
| ADAGEN INJ | - | NC | BIOLOGICALS MISC |
| ADALAT CC TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| ADAPALENE SOLN | - | NC | DERMATOLOGICALS |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| ADAPALENE LOTION | - | NC | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC | DERMATOLOGICALS |

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|--|---------------------|---|
| ADASUVE INHALER | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ADAZIN CREAM | - | NC DERMATOLOGICALS |
| ADBRY INJ (QL= 4 inj/28 days) | MSP-PA-QL | SP DERMATOLOGICALS |
| ADCIRCA TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| ADDERALL TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| ADDERALL XR CAP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| adefovir dipivoxil tab (HEPSERA equiv) | - | NC ANTIVIRALS |
| ADEMPAS TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| ADLARITY PATCH | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ADLYXIN INJ | - | NC ANTIDIABETICS |
| ADMELOG INJ, INSULIN LISPRO INJ | - | NC ANTIDIABETICS |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | - | NC ANTIDIABETICS |

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| Drug Name | Special Code | Tier Category |
|-----------------------|---------------------|---|
| ADRENALIN NASAL SOLN | - | NC VASOPRESSORS |
| ADRENALIN NASAL SOLN | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ADVAIR DISKUS INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVICOR TAB | - | NC ANTI-HYPERLIPIDEMICS |
| ADZENYS ER SUSP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS |
| ADZENYS XR TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS |
| AEMCOLO TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| AEROCHAMBER | OTC | 2 MEDICAL DEVICES AND SUPPLIES |
| AEROCHAMBER SUPPLIES | - | 2 MEDICAL DEVICES AND SUPPLIES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| AEROSPAN INH | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AFINITOR DISPERZ TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| AFSTYLA KIT | - | NC HEMATOLOGICAL AGENTS - MISC. |
| AGGRENOLX CAP | - | NC HEMATOLOGICAL AGENTS - MISC. |
| AGRYLIN CAP | - | NC HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIG INJ | - | NC MIGRAINE PRODUCTS |
| AIRDUO POWDER INHALER W/SENSOR | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRDUO RESPICLICK | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AJOVY INJ | - | NC MIGRAINE PRODUCTS |
| AKLIEF CREAM | - | NC DERMATOLOGICALS |

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|---|---------------------|--|
| AKYNZEO CAP | - | NC ANTIEMETICS |
| ALA-SCALP LOTION | - | NC DERMATOLOGICALS |
| albendazole tab (ALBENZA equiv) | - | 3 ANTHELMINTICS |
| ALBENZA TAB | - | NC ANTHELMINTICS |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL HFA INHALER | QL-- | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| Drug Name | Special Code | Tier Category | |
|---|---------------------|----------------------|--|
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALCAINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 2 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ALCORTIN A GEL | - | NC | DERMATOLOGICALS |
| ALDACTAZIDE TAB | - | NC | DIURETICS |
| ALDACTAZIDE TAB 50-50MG | - | 3 | DIURETICS |
| ALDACTONE TAB | - | NC | DIURETICS |
| ALDARA CREAM | - | NC | DERMATOLOGICALS |
| ALDURAZYME INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALECENSA CAP (QL= 8 caps/day) | PA-QL-TMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category | |
|---|---------------------|----------------------|--|
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALEVICYN SOLN DERMAL | - | NC | DERMATOLOGICALS |
| ALFERON-N INJ | TMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| ALINIA TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| aliskiren tab (TEKTURNA equiv) | - | NC | ANTIHYPERTENSIVES |
| ALKERAN INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKERAN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKINDI SPRINKLE CAP | - | NC | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 | CORTICOSTEROIDS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---------------------------------|
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 | CORTICOSTEROIDS |
| ALLEGRA ODT | OTC | NC | ANTIHISTAMINES |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| ALLOPURINOL TAB | - | NC | GOUT AGENTS |
| ALLZITAL TAB | - | NC | ANALGESICS - NONNARCOTIC |
| almotriptan tab (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOGLIPTIN TAB, NESINA TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC | ANTIDIABETICS |
| ALOMIDE OPTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOQUIN GEL | - | NC | DERMATOLOGICALS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPTH SOLN 0.1% | - | 2 | OPHTHALMIC AGENTS |
| ALPHAGAN P OPTH SOLN 0.15% | - | NC | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTI-ANXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 3 | ANTI-ANXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| ALREX OPTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC | MIGRAINE PRODUCTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| ALTABAX OINT | - | NC DERMATOLOGICALS |
| ALTACE CAP | - | NC ANTIHYPERTENSIVES |
| ALTOPREV TAB | - | NC ANTIHYPERLIPIDEMICS |
| ALTRENO LOTION | - | NC DERMATOLOGICALS |
| ALUNBRIG PAK | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVESCO INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv) | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ALZAIR NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | 1 ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 ANTIPARKINSON AGENTS |
| amantadine tab | - | 2 ANTIPARKINSON AGENTS |
| AMARYL TAB | - | NC ANTIDIABETICS |
| AMBIEN CR TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| AMBIEN TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | NC DERMATOLOGICALS |
| AMCINONIDE LOTION | - | 3 DERMATOLOGICALS |
| AMCINONIDE OINT | - | NC DERMATOLOGICALS |
| AMERGE TAB | - | NC MIGRAINE PRODUCTS |
| amethyst tab (LYBREL equiv) | - | \$0 CONTRACEPTIVES |
| AMICAR SOLN | - | NC HEMOSTATICS |
| AMICAR TAB | - | NC HEMOSTATICS |
| amiloride tab (MIDAMOR equiv) | - | 1 DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | NC DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 2 HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 2 HEMOSTATICS |
| amiodarone tab (CORDARONE equiv) | - | 1 ANTIARRHYTHMICS |
| AMITIZA CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | 1 ANTIDEPRESSANTS |
| AMJEVITA AUTO-INJECTOR | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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|--|---------------------|-----------------------------------|
| AMJEVITA INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| amlodipine tab (NORVASC equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | NC CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | NC ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | EX DERMATOLOGICALS C |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EX DERMATOLOGICALS C |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 DERMATOLOGICALS |
| AMOXAPINE TAB | - | 1 ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 PENICILLINS |
| AMOXICILLIN CHEW TAB | - | 1 PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 PENICILLINS |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 PENICILLINS |

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|--|---------------------|-------------|---|
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine tab (EVEKEO equiv) | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| AMPICILLIN CAP | - | 1 | PENICILLINS |
| AMPYRA TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AMRIX CAP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| AMZEEQ FOAM | - | NC | DERMATOLOGICALS |
| ANADROL TAB | - | 3 | ANDROGENS-ANABOLIC |
| ANAFRANIL CAP | - | NC | ANTIDEPRESSANTS |

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|---|---------------------|--|
| anagrelide cap (AGRYLIN equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 ANORECTAL AGENTS |
| ANALPRAM-HC CREAM | - | NC ANORECTAL AGENTS |
| ANAPROX TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ANASPAZ ODT | - | NC ULCER DRUGS |
| ANASTIA LOTION | - | NC DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANCOBON CAP | - | NC ANTIFUNGALS |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 ANDROGENS-ANABOLIC |
| ANDROGEL 1% 25MG | - | NC ANDROGENS-ANABOLIC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | - | NC ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 1.25GM | - | NC ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 2.5GM | - | NC ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1% | - | NC ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1.62% | - | NC ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | NC ESTROGENS |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |

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|--|---------------------|--|
| ANTABUSE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC ANTIHYPERLIPIDEMICS |
| ANTARA CAP, LOFIBRA CAP | - | NC ANTIHYPERLIPIDEMICS |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC OTIC AGENTS |
| ANUSOL-HC CREAM | - | NC ANORECTAL AGENTS |
| ANUSOL-HC SUPP | - | NC ANORECTAL AGENTS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 ANTIEMETICS |
| APADAZ TAB | - | NC ANALGESICS - OPIOID |
| APEXICON E CREAM (PSORCON E equiv) | - | NC DERMATOLOGICALS |
| APIDRA INJ | - | NC ANTIDIABETICS |
| APIDRA SOLOSTAR INJ | - | NC ANTIDIABETICS |
| APLENZIN TAB | - | NC ANTIDEPRESSANTS |
| APOKYN INJ | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apomorphine inj (APOKYN equiv) | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 ANTIEMETICS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| APRISO CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | NC DERMATOLOGICALS |
| APTIOM TAB | - | NC ANTICONVULSANTS |
| APTIVUS CAP | - | NC ANTIVIRALS |
| APTIVUS SOLN | - | NC ANTIVIRALS |
| ARAKODA TAB | - | NC ANTIMALARIALS |
| ARALAST/PROLASTIN/ZEMAIRA INJ | M | M RESPIRATORY AGENTS - MISC. |
| aranelle tab (TRI-NORINYL equiv) | - | \$0 CONTRACEPTIVES |
| ARANESP INJ | - | NC HEMATOPOIETIC AGENTS |
| ARAVA TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ARAZLO LOTION | - | NC DERMATOLOGICALS |
| ARCALYST INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ARCAPTA NEOHALER | - | 3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| arformoterol tartrate neb soln (BROVANA equiv) | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| ARICEPT TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 23MG | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | SP AMINOGLYCOSIDES |
| ARIMIDEX TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| aripiprazole ODT (ABILIFY equiv) | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | PA | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ARISTADA INJ | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ARIXTRA INJ | - | NC ANTICOAGULANTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR RESPICLICK | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THYROID TAB | - | 1 THYROID AGENTS |
| ARNUITY ELLIPTA INHALER | - | 1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AROMASIN TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ARTHROTEC TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ARYMO ER TAB | - | NC ANALGESICS - OPIOID |
| ASACOL HD TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category | |
|---|---------------------|----------------------|---|
| ASACOL HD TAB, MESALAMINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | PA-QL | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ASMANEX HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 325mg | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ASPRUZYO SPRINKLE GRANULES | - | NC | ANTIANGINAL AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| ASTAGRAF XL CAP | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTAMED MYO CAP | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ATACAND HCT TAB | - | NC ANTIHYPERTENSIVES |
| ATACAND TAB | - | NC ANTIHYPERTENSIVES |
| atazanavir cap (REYATAZ equiv) | - | SP ANTIVIRALS |
| ATELVIA TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| atenolol tab (TENORMIN equiv) | - | 1 BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 ANTIHYPERTENSIVES |
| ATIVAN TAB | - | NC ANTIANXIETY AGENTS |
| atomoxetine cap (STRATTERA equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| atorvastatin tab (LIPITOR equiv) | - | \$0 ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 ANTI-INFECTIVE AGENTS MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 ANTIMALARIALS |

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|------|--|-------------------------------|--------------------------------|
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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| ATRALIN GEL, RETIN-A GEL | - | NC DERMATOLOGICALS |
| ATRIPLA TAB | - | NC ANTIVIRALS |
| ATRIX SYSTEM KIT | - | NC DERMATOLOGICALS |
| atropine inj | M | M ULCER DRUGS |
| atropine ophth oint | - | 1 OPHTHALMIC AGENTS |
| ATROPINE OPHTH SOLN | - | 1 OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 OPHTHALMIC AGENTS |
| ATROPINE SUL INJ | M | M ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| ATROPINE SUL SOLN 1% OPHTH | - | 1 OPHTHALMIC AGENTS |
| ATROPINE SULFATE INJ | --M | M ULCER DRUGS |
| ATROVENT HFA INHALER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGMENTIN ES-600 SUSP | - | NC PENICILLINS |
| AUGMENTIN SUSP | - | 3 PENICILLINS |
| AUGMENTIN TAB | - | NC PENICILLINS |
| AURYXIA TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---------------------------|---------------------|--|
| AUSTEDO TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB | - | NC ANTIDEPRESSANTS |
| AUVI-Q INJ | - | NC VASOPRESSORS |
| AVALIDE TAB | - | NC ANTIHYPERTENSIVES |
| AVANDIA TAB | - | 2 ANTIDIABETICS |
| AVAPRO TAB | - | NC ANTIHYPERTENSIVES |
| AVAR AEROSOL FOAM | - | NC DERMATOLOGICALS |
| AVAR GEL | - | NC DERMATOLOGICALS |
| AVAR PAD | - | NC DERMATOLOGICALS |
| AVAR-E LS CREAM 10-2% | - | NC DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | 2 VAGINAL PRODUCTS |
| AVELOX TAB | - | NC FLUOROQUINOLONES |
| aviane tab (ALESSE equiv) | - | \$0 CONTRACEPTIVES |
| AVODART CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| AVONEX INJ | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXERT TAB | - | NC MIGRAINE PRODUCTS |

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|------|--|-------------------------------|--------------------------------|
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| AXID CAP | - | NC ULCER DRUGS |
| AYGESTIN TAB | - | NC PROGESTINS |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASITE SOLN | - | 2 OPTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 ASSORTED CLASSES |
| azathioprine tab 100mg (AZASAN equiv) | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| azathioprine tab 75mg (AZASAN equiv) | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| azelaic acid gel (FINACEA equiv) | - | NC DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 OPTHALMIC AGENTS |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZELEX CREAM | - | NC DERMATOLOGICALS |
| AZENASE PAK | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZESCHEW TAB 13-1MG | - | 3 MULTIVITAMINS |
| AZESCO TAB | - | NC MULTIVITAMINS |
| AZILECT TAB | - | NC ANTIPARKINSON AGENTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| AZO URINARY TAB | OTC | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| AZOPT OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| AZSTARYS CAP | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| AZULFIDINE EN TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| AZULFIDINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| baclofen intrathecal inj (BACLOFEN equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |

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|------|--|-------------------------------|--------------------------------|
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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| baclofen tab (BACLOFEN equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| BACTRIM DS TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| BACTROBAN CREAM | - | NC DERMATOLOGICALS |
| BACTROBAN NASAL OINT | - | 3 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BAFIERTAM CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB | - | \$0 CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL SUSP | - | NC ANTICONVULSANTS |
| BANZEL TAB | - | NC ANTICONVULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 ANTIDIABETICS |

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| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| BARACLUDE SOLN | - | NC ANTIVIRALS |
| BARACLUDE TAB | - | NC ANTIVIRALS |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ | - | NC ANTIDIABETICS |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 FLUOROQUINOLONES |
| B-D INSULIN SYRINGE | --OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| b-donna tab (DONNATAL equiv) | - | NC ULCER DRUGS |
| BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BELBUCA FILM | - | NC ANALGESICS - OPIOID |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 ULCER DRUGS |
| BELSOMRA TAB | - | NC HYPNOTICS |
| benazepril tab (LOTENSIN equiv) | - | 1 ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 ANTIHYPERTENSIVES |
| BENICAR HCT TAB | - | NC ANTIHYPERTENSIVES |
| BENICAR TAB | - | NC ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | PA-QL-TMSP | SP MISCELLANEOUS THERAPEUTIC CLASSES |

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| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| BENLYSTA INJ (QL= 4 inj/28 day) | PA-QL-TMSP | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| BENTIVITE TAB | - | NC HEMATOPOIETIC AGENTS |
| BENTYL CAP | - | NC ULCER DRUGS |
| BENTYL SYRUP | - | NC ULCER DRUGS |
| BENZAC WASH | - | NC DERMATOLOGICALS |
| BENZACLIN GEL | - | NC DERMATOLOGICALS |
| BENZAMYCIN GEL | - | NC DERMATOLOGICALS |
| BENZAMYCIN GEL PACK | - | NC DERMATOLOGICALS |
| BENZNIDAZOLE TAB | PA | 2 ANTHELMINTICS |
| BENZOCAINE/LIDOCAINE/TETRACAINE OINT | - | NC DERMATOLOGICALS |
| benzonatate cap (TESSALON equiv) | - | 1 COUGH / COLD / ALLERGY |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC COUGH / COLD / ALLERGY |
| BENZOYL PEROXIDE CREAM | OTC | NC DERMATOLOGICALS |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC DERMATOLOGICALS |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC DERMATOLOGICALS |
| benzphetamine tab | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| benztropine tab | - | 1 ANTIPARKINSON AGENTS |
| bepotastine ophth soln (BEPREVE equiv) | - | 3 OPHTHALMIC AGENTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| BERINERT INJ (Only available through Accredo 800-803-2523) | LD-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC DERMATOLOGICALS |
| BESIVANCE OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| BESREMI INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BETAGAN OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 DERMATOLOGICALS |
| betamethasone augmented gel | - | 1 DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 2 DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | NC DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 DERMATOLOGICALS |
| BETAPACE AF TAB | - | NC BETA BLOCKERS |
| BETAPACE TAB | - | NC BETA BLOCKERS |
| BETASERON INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 URINARY ANTISPASMODICS |
| BETHKIS NEB SOLN, TOBI NEB SOLN | - | NC AMINOGLYCOSIDES |
| BETIMOL OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| BEVESPI AEROSPHERE INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| bexarotene cap (TARGRETIN equiv) | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) | PA-TMSP | SP DERMATOLOGICALS |
| BEXSERO INJ | VAC | \$0 VACCINES |
| BEYAZ TAB | - | 3 CONTRACEPTIVES |
| BIAFINE EMULSION | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| BIAXIN TAB | - | NC MACROLIDES |
| bicalutamide tab (CASODEX equiv) | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIDIL TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| BIFERARX TAB | - | NC HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | NC ESTROGENS |
| BIKTARVY TAB | - | NC ANTIVIRALS |
| BILTRICIDE TAB | - | NC ANTHELMINTICS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 OPHTHALMIC AGENTS |
| bimatoprost ophth soln | QL-- | EX DERMATOLOGICALS C |
| BINOSTO TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bisoprolol tab (ZEBETA equiv) | - | 1 BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | NC ANTIHYPERTENSIVES |
| BLEPH-10 OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| BLEPHAMIDE OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 OPHTHALMIC AGENTS |
| BONIVA TAB 150MG | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|-------------|--|
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF TAB | MSP-PA-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREXAFEMME TAB | - | NC | ANTIFUNGALS |
| BREZTRI AEROSPHERE INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| brimonidine tartrate gel (MIRVASO equiv) | - | EX | DERMATOLOGICALS |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 | OPHTHALMIC AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| BRISDELLE CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML | - | NC ANTICONVULSANTS |
| BRIVIACT SOLN 10MG/ML | - | NC ANTICONVULSANTS |
| BRIVIACT TAB | - | NC ANTICONVULSANTS |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 OPTHALMIC AGENTS |
| BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) | - | 2 OPTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 2 ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 ANTIPARKINSON AGENTS |
| BROMSITE OPHTH SOLN | - | NC OPTHALMIC AGENTS |
| BRONCHITOL CAP | - | NC RESPIRATORY AGENTS - MISC. |
| BROVANA NEB SOLN | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| BROVEX PEB LIQUID | OTC | NC COUGH / COLD / ALLERGY |
| BRUKINSA CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRYHALI LOTION | - | NC DERMATOLOGICALS |
| B-SERENE PAD | - | NC HEMATOPOIETIC AGENTS |
| budesonide ER tab (QL=1 tab/day) | PA-QL | 3 CORTICOSTEROIDS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| BUDESONIDE/FORMOTEROL INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | NC | ANALGESICS - OPIOID |
| BUPHENYL POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BUPHENYL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC | ANALGESICS - OPIOID |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 3 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | NC | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 | ANTIDEPRESSANTS |
| bupirone tab (BUSPAR equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| BUTALBITAL/ACETAMINOPHEN CAP | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC | ANALGESICS - NONNARCOTIC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC | ANALGESICS - NONNARCOTIC |
| BUTISOL TAB | - | 3 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 | ANALGESICS - OPIOID |
| BUTRANS PATCH | - | NC | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ | - | NC | ANTIDIABETICS |
| BYDUREON INJ | - | NC | ANTIDIABETICS |
| BYDUREON PEN INJ | - | NC | ANTIDIABETICS |
| BYETTA INJ | - | NC | ANTIDIABETICS |

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| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|----------------------------------|---------------------|---|
| BYLVAY CAP 1200MCG | - | NC GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY CAP 400MCG | - | NC GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 200MCG | - | NC GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 600MCG | - | NC GASTROINTESTINAL AGENTS - MISC. |
| BYNFEZIA PEN INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYVALSON TAB | - | NC ANTIHYPERTENSIVES |
| CABENUVA IM SUSP | - | NC ANTIVIRALS |
| cabergoline tab (DOSTINEX equiv) | - | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT | - | NC HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CADUET TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |

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|--|---------------------|--|
| CAFCIT INJ | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| CALAN SR TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CALAN TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 DERMATOLOGICALS |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC DERMATOLOGICALS |
| calcipotriene oint | - | 2 DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 DERMATOLOGICALS |
| calcipotriene/betamethasone dipropionate susp | - | NC DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC DERMATOLOGICALS |
| calcitonin inj (MIACALCIN equiv) | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|---|
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL OINT | - | 3 DERMATOLOGICALS |
| calcitriol soln (ROCALTROL equiv) | - | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| calcium acetate tab (ELIPHOS equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| CALOMIST NASAL SPRAY | - | NC HEMATOPOIETIC AGENTS |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| CAMBIA POWDER | - | NC MIGRAINE PRODUCTS |
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | 1 ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC ANTIHYPERTENSIVES |
| CAPASTAT INJ | M | M ANTIMYCOBACTERIAL AGENTS |
| capecitabine tab (XELODA equiv) | TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | NC DERMATOLOGICALS |
| CAPLYTA CAP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| CAPRELSA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) | - | 2 ANTIHYPERTENSIVES |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | - | NC ANTIHYPERTENSIVES |
| CARAC CREAM | - | NC DERMATOLOGICALS |
| CARAFATE SUSP | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| CARAFATE TAB | - | NC ULCER DRUGS |

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| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary Cont.

Alphabetical Index

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| CARBAGLU TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 ANTICONVULSANTS |
| CARBATROL CAP | - | NC ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 2 ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA ODT | - | 1 ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | NC ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN | - | 3 ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 3 ANTIHISTAMINES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| CARDIZEM CD CAP | - | NC CALCIUM CHANNEL BLOCKERS |
| CARDIZEM LA TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CARDIZEM TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CARDURA TAB | - | NC ANTIHYPERTENSIVES |
| CARDURA XL TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| CARETOUCH MIS | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| carglumic acid tab (CARBAGLU equiv) | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carisoprodol tab (SOMA equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC MUSCULOSKELETAL THERAPY AGENTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | NC DERMATOLOGICALS |
| CARNITOR SOLN | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CARNITOR TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CAROSPIR SUSP | - | NC DIURETICS |
| CARTEOLOL OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | NC OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | 1 BETA BLOCKERS |
| CASODEX TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CATAPRES TAB | - | NC ANTIHYPERTENSIVES |
| CATAPRES-TTS PATCH | - | NC ANTIHYPERTENSIVES |
| CAYSTON INH SOLN | - | NC ANTI-INFECTIVE AGENTS - MISC. |
| CEFACLOR CAP | - | 3 CEPHALOSPORINS |
| cefaclor cap (CECLOR equiv) | - | 3 CEPHALOSPORINS |
| CEFACLOR ER TAB | - | 3 CEPHALOSPORINS |
| CEFACLOR SUSP | - | 3 CEPHALOSPORINS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|-----------------------------------|
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFDITOREN TAB | - | 3 | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | 3 | CEPHALOSPORINS |
| cefixime susp (SUPREX equiv) | - | 3 | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 3 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 3 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| CELEBREX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| celecoxib cap (CELEBREX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELEXA TAB | - | NC | ANTIDEPRESSANTS |
| CELLCEPT CAP | - | NC | ASSORTED CLASSES |
| CELLCEPT SUSP | - | NC | ASSORTED CLASSES |
| CELLCEPT TAB | - | NC | ASSORTED CLASSES |
| CELONTIN CAP | - | 2 | ANTICONVULSANTS |
| CENTANY OINT | - | 3 | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| cephalexin cap (KEFLEX equiv) | - | 1 CEPHALOSPORINS |
| CEPHALEXIN CAP | - | NC CEPHALOSPORINS |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 CEPHALOSPORINS |
| CEPHALEXIN TAB | - | NC CEPHALOSPORINS |
| CEQUA (PF) OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| CEQUR SIMPLICITY | - | NC MEDICAL DEVICES AND SUPPLIES |
| CERDELGA CAP | - | NC HEMATOPOIETIC AGENTS |
| CERVARIX INJ | VAC | \$0 VACCINES |
| CERVICAL CAP | - | \$0 MEDICAL DEVICES AND SUPPLIES |
| CESAMET CAP | - | 3 ANTIEMETICS |
| cesia tab (CYCLESSA equiv) | - | \$0 CONTRACEPTIVES |
| cetirizine chew tab (ZYRTEC equiv) | OTC | NC ANTIHISTAMINES |
| cetorelix acetate for inj kit (CETROTIDE equiv) | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETROTIDE INJ KIT | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETYLEV TAB | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| cevimeline cap (EVOXAC equiv) | - | 2 MOUTH / THROAT / DENTAL AGENTS |
| CHEMET CAP | - | 2 ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | NC ANTIANXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | NC ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | 1 DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | 1 DIURETICS |
| CHLORPROMAZINE CONC | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| chlorpromazine tab (THORAZINE equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| chlorthalidone tab | - | 1 DIURETICS |
| chlorzoxazone tab | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | 2 MUSCULOSKELETAL THERAPY AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|------------------------------------|
| CHOLBAM CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| cholecalciferol cap 50000 unit | OTC | 1 VITAMINS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| CIALIS TAB | - | EX CARDIOVASCULAR C AGENTS - MISC. |
| CIALIS TAB 2.5MG, 5MG | - | NC CARDIOVASCULAR AGENTS - MISC. |
| CIBINQO TAB (QL= 1 tab/day) | PA-QL-TMSP | SP DERMATOLOGICALS |
| cicatrace kit (REXASIL equiv) | - | NC DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | 3 OPHTHALMIC AGENTS |
| CILOXAN OPHTH SOLN | - | NC OPHTHALMIC AGENTS |

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| EXC | Plan Exclusion | INF | Infertility |
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| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| cimetidine soln (CIMETIDINE equiv) | - | 1 | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | OTC | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | PA-QL-TMSP | SP | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | PA-QL-TMSP | SP | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab (SENSIPAR equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP | HEMATOLOGICAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP | - | NC | OTIC AGENTS |
| CIPRO SUSP 5% | - | 3 | FLUOROQUINOLONES |
| CIPRO TAB | - | NC | FLUOROQUINOLONES |
| CIPRODEX OTIC SUSP | - | NC | OTIC AGENTS |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 | OTIC AGENTS |
| CITALOPRAM CAP | - | NC | ANTIDEPRESSANTS |

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|---|---------------------|---|
| citalopram soln (CELEXA equiv) | - | 1 ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 ANTIDEPRESSANTS |
| CITRANATAL CAP MEDLEY | - | NC MULTIVITAMINS |
| CITRULLINE EASY TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLARIFOAM EF FOAM | - | NC DERMATOLOGICALS |
| CLARINEX REDITAB | - | NC ANTIHISTAMINES |
| CLARINEX SYRUP | PA | 3 ANTIHISTAMINES |
| CLARINEX TAB | - | NC ANTIHISTAMINES |
| CLARINEX-D TAB | - | NC COUGH / COLD / ALLERGY |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 MACROLIDES |
| CLARITHROMYCIN SUSP | - | 2 MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 MACROLIDES |
| CLARITIN CHEW TAB | OTC | EX ANTIHISTAMINES C |
| CLEMASTINE TAB | - | 3 ANTIHISTAMINES |
| clemastine tab (TAVIST equiv) | - | 3 ANTIHISTAMINES |
| CLENIA PLUS SUSP | - | NC DERMATOLOGICALS |
| CLENPIQ SOLN | - | 2 LAXATIVES |
| CLEOCIN CAP | - | NC ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN SOLN | - | NC ANTI-INFECTIVE AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|----------------------------------|
| CLEOCIN VAGINAL CREAM | - | NC VAGINAL PRODUCTS |
| CLEOCIN VAGINAL SUPP | - | 3 VAGINAL PRODUCTS |
| CLEOCIN-T GEL | - | NC DERMATOLOGICALS |
| CLEOCIN-T LOTION | - | NC DERMATOLOGICALS |
| CLEOCIN-T PAD | - | NC DERMATOLOGICALS |
| CLEOCIN-T SOLN | - | NC DERMATOLOGICALS |
| CLIMARA PATCH | - | NC ESTROGENS |
| CLIMARA PRO PATCH | - | NC ESTROGENS |
| CLINDACIN KIT | - | NC DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| clindamycin foam (EVOCLIN equiv) | - | NC DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 2 ANTI-INFECTIVE AGENTS MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|-----------------------|
| CLINDAVIX KIT | - | NC DERMATOLOGICALS |
| CLINDESSE VAGINAL CREAM | - | 3 VAGINAL PRODUCTS |
| CLINISTIX TEST STRIP | OTC | 1 DIAGNOSTIC PRODUCTS |
| clobazam susp (ONFI equiv) | - | NC ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | NC ANTICONVULSANTS |
| clobetasol E foam (OLUX E equiv) | - | NC DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | 2 DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 2 DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | 2 DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | 2 DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC DERMATOLOGICALS |
| CLOBEX LOTION | - | NC DERMATOLOGICALS |
| CLOBEX SHAMPOO | - | NC DERMATOLOGICALS |
| CLOBEX SPRAY | - | NC DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | NC DERMATOLOGICALS |
| clocortolone pivalate cream | - | NC DERMATOLOGICALS |
| CLODERM CREAM | - | NC DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| CLOMID TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE CITRATE POWDER | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | 3 ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 3 ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| CLOPIDOGREL THERAPY PACK | - | NC HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | NC ANTIANXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF equiv) | OTC | NC DERMATOLOGICALS |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--------------------------------------|
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 DERMATOLOGICALS |
| CLOZAPINE ODT | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 2 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| CLOZARIL TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| COARTEM TAB | - | NC ANTIMALARIALS |
| CODEINE SULFATE SOLN | - | 3 ANALGESICS - OPIOID |
| CODEINE SULFATE TAB | - | 1 ANALGESICS - OPIOID |
| COLAZAL CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| colchicine tab (COLCRYS equiv) | - | 2 GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 GOUT AGENTS |
| COLCRYS TAB | - | NC GOUT AGENTS |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| colesevelam pack (WELCHOL equiv) | - | 2 ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | 2 ANTIHYPERLIPIDEMICS |
| COLESTID GRANULE | - | NC ANTIHYPERLIPIDEMICS |
| COLESTID POWDER PACK | - | NC ANTIHYPERLIPIDEMICS |
| COLESTID TAB | - | NC ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 3 ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | 3 ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| COLLANEX | - | NC DERMATOLOGICALS |
| COLY-MYCIN S OTIC SUSP | - | 2 OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| COMBIPATCH | - | NC ESTROGENS |
| COMBIVENT RESPIMAT INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVIR TAB | - | NC ANTIVIRALS |
| COMETRIQ KIT | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMPLERA TAB | - | SP ANTIVIRALS |
| COMTAN TAB | - | NC ANTIPARKINSON AGENTS |
| CONCEPT DHA CAP | - | 1 MULTIVITAMINS |
| CONCEPTROL GEL | OTC | \$0 VAGINAL PRODUCTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| CONCERTA TAB, RITALIN SR TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| CONDYLOX GEL | - | NC DERMATOLOGICALS |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CONTRACEPTIVE FILM | OTC | \$0 VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | \$0 VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | \$0 VAGINAL PRODUCTS |
| COPAXONE INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDARONE TAB | - | NC ANTIARRHYTHMICS |
| CORDRAN CREAM | - | NC DERMATOLOGICALS |
| CORDRAN CREAM 0.025% | - | NC DERMATOLOGICALS |
| CORDRAN LOTION | - | NC DERMATOLOGICALS |
| CORDRAN OINTMENT | - | NC DERMATOLOGICALS |
| CORDRAN TAPE | - | 3 DERMATOLOGICALS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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Last Updated 3/1/2023

| Drug Name | Special Code | Tier Category |
|-------------------------------|---------------------|---|
| COREG CR CAP | - | NC BETA BLOCKERS |
| COREG TAB | - | NC BETA BLOCKERS |
| CORGARD TAB | - | NC BETA BLOCKERS |
| CORLANOR SOLN | - | NC CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| CORTANE-B OTIC SOLN | - | NC OTIC AGENTS |
| CORTEF TAB | - | NC CORTICOSTEROIDS |
| CORTENEMA | - | NC ANORECTAL AGENTS |
| CORTIC-ND DROPS | - | NC OTIC AGENTS |
| CORTIFOAM | - | 3 ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | 3 DERMATOLOGICALS |
| CORTISPORIN OINT | - | 3 DERMATOLOGICALS |
| CORVITE TAB | - | NC HEMATOPOIETIC AGENTS |
| COSENTYX INJ (1-PACK) | - | NC DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) | - | NC DERMATOLOGICALS |
| COSOPT (PF) OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| COTEMPLA XR ODT | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| COUMADIN TAB | - | NC ANTICOAGULANTS |
| COVID-19 TEST (QL= 8 tests/30 days) | OTC-QL | \$0 DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | \$0 VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | \$0 VACCINES |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | \$0 VACCINES |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 VACCINES |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 VACCINES |
| COZAAR TAB | - | NC ANTIHYPERTENSIVES |
| CREON CAP | - | NC DIGESTIVE AIDS |
| CRESEMBA CAP | - | NC ANTIFUNGALS |
| CRESTOR TAB | - | NC ANTIHYPERLIPIDEMICS |
| CRINONE GEL | PA | 2 VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | SP ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | 1 OPHTHALMIC AGENTS |
| CROTAN LOTION | - | 3 DERMATOLOGICALS |
| cryselle tab | - | \$0 CONTRACEPTIVES |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days) | OTC-QL | \$0 DIAGNOSTIC PRODUCTS |
| CUE HEALTH MONITOR (QL= 1 kit/year) | OTC-QL | \$0 DIAGNOSTIC PRODUCTS |
| CUPRIMINE CAP | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| CUTAQUIG INJ | - | NC PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUTIVATE LOTION | - | NC DERMATOLOGICALS |
| CUVITRU INJ | - | NC PASSIVE IMMUNIZING AGENTS |
| CUVPOSA SOLN | - | 3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| cyanocobalamin inj | - | 1 HEMATOPOIETIC AGENTS |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 MUSCULOSKELETAL THERAPY AGENTS |

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|--|---------------------|--|
| CYCLOGYL OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOSERINE CAP | - | NC ANTIMYCOBACTERIAL AGENTS |
| cycloserine cap (CYCLOSERINE equiv) | - | NC ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB | - | 3 ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | SP ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | SP ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | SP ASSORTED CLASSES |
| cyclosporine ophth emulsion (RESTASIS equiv) | - | NC OPHTHALMIC AGENTS |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC OPHTHALMIC AGENTS |
| CYFOLEX CAP | - | NC HEMATOPOIETIC AGENTS |
| CYKLOKAPRON INJ | M | M HEMOSTATICS |
| CYMBALTA CAP | - | NC ANTIDEPRESSANTS |
| cyproheptadine syrup | - | 1 ANTIHISTAMINES |
| cyproheptadine tab | - | 1 ANTIHISTAMINES |

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|--|---------------------|---|
| CYSTADANE POWDER | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | SP OPHTHALMIC AGENTS |
| CYSTAGON CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days Restricted to Ophthalmology or Optometry Specialist Only available through Walgreens 888-347-3416) | LD-QL-RS | SP OPHTHALMIC AGENTS |
| CYTOMEL TAB | - | NC THYROID AGENTS |
| CYTOTEC TAB | - | NC ULCER DRUGS |
| CYTRA K CRYSTALS | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| D.H.E. INJ | - | NC MIGRAINE PRODUCTS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 ANTICOAGULANTS |
| DAKLINZA TAB | - | NC ANTIVIRALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day) | PA-QL-TMSP | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DALIRESP TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| danazol cap (DANOCRINE equiv) | - | 2 | ANDROGENS-ANABOLIC |
| DANTRIUM CAP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| dantrolene cap (DANTRIUM equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone gel (ACZONE equiv) | - | NC | DERMATOLOGICALS |
| DAPSONE GEL 7.5% | - | NC | DERMATOLOGICALS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 | TOXOIDS |
| DARAPRIM TAB | - | NC | ANTIMALARIALS |
| darifenacin SR tab (ENABLEX equiv) | - | 2 | URINARY ANTISPASMODICS |
| DARTISLA ODT TAB | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| DAURISMO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|-------------------|---------------------|---|
| DAYPRO TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| DAYTRANA PATCH | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DAYVIGO TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| DAZOMON GEL | - | NC DERMATOLOGICALS |
| DDAVP INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP NASAL SOLN | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP NASAL SPRAY | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DEBACTEROL SOLN | - | NC MOUTH / THROAT / DENTAL AGENTS |

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|------------------------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---------------------------------------|
| DECON-A LIQUID | OTC | NC COUGH / COLD / ALLERGY |
| deferasirox granules packet (JADENU equiv) | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 180mg (JADENU equiv) | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Walgreens 888-347-3416) | LD-PA | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DEGLUDEC FLEXTOUCH INJ | - | NC ANTIDIABETICS |
| DEGLUDEC INJ | - | NC ANTIDIABETICS |
| DELESTROGEN INJ (QL= 5ml/fill) | QL | 3 ESTROGENS |
| DELSTRIGO TAB | - | NC ANTIVIRALS |
| DELZICOL CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| DEMADEX TAB | - | NC DIURETICS |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 TETRACYCLINES |
| DEMEROL TAB | - | NC ANALGESICS - OPIOID |
| DEMSER CAP | - | NC ANTIHYPERTENSIVES |
| DENAVIR CREAM | - | 3 DERMATOLOGICALS |
| DENGVAXIA SUSP | VAC | \$0 VACCINES |
| DEPACON INJ | - | NC ANTICONVULSANTS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| DEPAKENE CAP | - | NC ANTICONVULSANTS |
| DEPAKENE SYRUP | - | NC ANTICONVULSANTS |
| DEPAKOTE ER TAB | - | NC ANTICONVULSANTS |
| DEPAKOTE SPRINKLE CAP | - | NC ANTICONVULSANTS |
| DEPAKOTE TAB | - | NC ANTICONVULSANTS |
| DEPEN TITRATAB | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| DEPLIN CAP | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| DEPO-PROVERA INJ | - | NC CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 CONTRACEPTIVES |
| DEPO-TESTOSTERONE INJ | - | NC ANDROGENS-ANABOLIC |
| DERMACINRX CREAM | - | NC DERMATOLOGICALS |
| DERMACINRX KIT | - | NC DERMATOLOGICALS |
| DERMALID PAK | - | NC DERMATOLOGICALS |
| DERMA-SMOOTH/FS OIL | - | 2 DERMATOLOGICALS |
| DERMOTIC OIL | - | NC OTIC AGENTS |
| DESCOVY TAB | - | NC ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 2 ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EX ANTIHISTAMINES C |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| desloratadine tab (CLARINEX equiv) | - | EX ANTIHISTAMINES C |
| desmopressin acetate inj (DDAVP equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESOGEN TAB | - | NC CONTRACEPTIVES |
| DESONATE GEL | - | NC DERMATOLOGICALS |
| desonide cream (DESOWEN equiv) | - | 2 DERMATOLOGICALS |
| desonide gel | - | NC DERMATOLOGICALS |
| desonide lotion | - | NC DERMATOLOGICALS |
| desonide oint | - | 2 DERMATOLOGICALS |
| DESOWEN CREAM | - | NC DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | NC DERMATOLOGICALS |
| DESOWEN LOTION | - | NC DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | NC DERMATOLOGICALS |
| DESOWEN OINT | - | NC DERMATOLOGICALS |
| DESOWEN OINT KIT | - | NC DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 DERMATOLOGICALS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | NC DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 2 DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC DERMATOLOGICALS |
| DESOXYN TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 ANTIDEPRESSANTS |
| DESVENLAFAXINE ER TAB | - | NC ANTIDEPRESSANTS |
| DETROL LA CAP | - | NC URINARY ANTISPASMODICS |
| DETROL TAB | - | NC URINARY ANTISPASMODICS |
| DEXAMETHASONE CONC | - | 1 CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 CORTICOSTEROIDS |
| DEXAMETHASONE OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| dexamethasone pak (DEXPAK equiv) | - | NC CORTICOSTEROIDS |
| dexamethasone sodium phosphate inj | - | 1 CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | 1 CORTICOSTEROIDS |
| DEXAMETHASONE TAB | - | 1 CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 CORTICOSTEROIDS |
| DEXATLAN CAP | - | NC MULTIVITAMINS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/28 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 RECEIVER | - | NC | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR | - | NC | MEDICAL DEVICES AND SUPPLIES |
| DEXEDRINE CAP | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DEXILANT DR CAP | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 3 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DEXPAK TAB | - | NC CORTICOSTEROIDS |
| DEXTENZA OPHTH INSERT | - | NC OPHTHALMIC AGENTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DHIVY TAB | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| DIABETIC METER (all other diabetic meters) | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| DIACOMIT CAP | - | NC ANTICONVULSANTS |
| DIACOMIT POWDER PACK | - | NC ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 MULTIVITAMINS |
| DIAPHRAGM | - | \$0 MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | NC ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 ANTIANXIETY AGENTS |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 ANTIANXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 ANTIANXIETY AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|-----------------------------------|
| diazoxide susp (PROGLYCEM equiv) | - | 3 | ANTIDIABETICS |
| DIBENZYLINE CAP | - | NC | ANTIHYPERTENSIVES |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC | DIURETICS |
| DICLEGIS TAB | - | NC | ANTIEMETICS |
| DICLOFENAC CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 | DERMATOLOGICALS |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | NC | MIGRAINE PRODUCTS |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC | DERMATOLOGICALS |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |

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|--|---------------------|---|
| diclofenac sodium soln (XRYLIX equiv) | - | NC DERMATOLOGICALS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| DICLONA GEL | - | NC DERMATOLOGICALS |
| DICLOTREX PAK | - | NC DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 2 ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | NC ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | NC ANTIVIRALS |
| DIETHYLPROPION ER TAB | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| diethylpropion tab | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DIFFERIN CREAM | - | NC DERMATOLOGICALS |

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|---|---------------------|-----------------------------|
| DIFFERIN GEL | - | NC DERMATOLOGICALS |
| DIFFERIN LOTION | - | NC DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 MACROLIDES |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC DERMATOLOGICALS |
| diflorasone oint | - | NC DERMATOLOGICALS |
| DIFLUCAN SUSP | - | NC ANTIFUNGALS |
| DIFLUCAN TAB | - | NC ANTIFUNGALS |
| diflunisal tab (DOLOBID equiv) | - | 1 ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 OPHTHALMIC AGENTS |
| DIGOXIN SOLN | - | 1 CARDIOTONICS |
| digoxin soln (LANOXIN equiv) | - | 1 CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 CARDIOTONICS |
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC MIGRAINE PRODUCTS |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC MIGRAINE PRODUCTS |
| DILACOR XR CAP | - | NC CALCIUM CHANNEL BLOCKERS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| DILANTIN CAP 100MG | - | NC ANTICONVULSANTS |
| DILANTIN CAP 30MG | - | 2 ANTICONVULSANTS |
| DILANTIN INFATABS | - | NC ANTICONVULSANTS |
| DILANTIN SUSP | - | NC ANTICONVULSANTS |
| DILATRATE SR CAP | - | 3 ANTIANGINAL AGENTS |
| DILAUDID TAB | - | NC ANALGESICS - OPIOID |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| DIOVAN HCT TAB | - | NC ANTIHYPERTENSIVES |
| DIOVAN TAB | - | NC ANTIHYPERTENSIVES |
| DIPENTUM CAP | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 ANTIHISTAMINES |
| diphenhydramine inj (BENADRYL equiv) | - | 2 ANTIHISTAMINES |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 ANTIDIARRHEAL / PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 ANTIDIARRHEALS |
| DIPROLENE AF CREAM | - | NC DERMATOLOGICALS |
| DIPROLENE OINT | - | NC DERMATOLOGICALS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | 1 ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DITROPAN XL TAB | - | NC URINARY ANTISPASMODICS |
| DIURIL SUSP | - | 2 DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 ANTICONVULSANTS |

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|---|---------------------|---|
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 ANTICONVULSANTS |
| DIVIGEL GEL | - | NC ESTROGENS |
| DIVIGEL GEL, ELESTRIN GEL | - | NC ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 2 ANTIARRHYTHMICS |
| DOJOLVI ORAL LIQUID | - | NC NUTRIENTS |
| DOLGIC PLUS TAB | - | NC ANALGESICS - NONNARCOTIC |
| DOLOPHINE TAB | - | NC ANALGESICS - OPIOID |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONNATAL ELIXIR | - | NC ULCER DRUGS |
| DONNATAL TAB | - | NC ULCER DRUGS |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP HEMATOPOIETIC AGENTS |
| DORAL TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |

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|--|---------------------|--|
| DORYX MPC TAB | - | NC TETRACYCLINES |
| DORYX TAB | - | NC TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 OPTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 OPTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 OPTHALMIC AGENTS |
| DOVATO TAB | - | NC ANTIVIRALS |
| DOVONEX CREAM | - | NC DERMATOLOGICALS |
| doxazosin tab (CARDURA equiv) | - | 1 ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) | - | 1 ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 ANTIDEPRESSANTS |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | PA | 3 DERMATOLOGICALS |
| doxepin tab (SILENOR equiv) | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| doxercalciferol cap (HECTOROL equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | 3 TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 TETRACYCLINES |
| doxycycline hyclate tab (TARGADOX equiv) | - | NC TETRACYCLINES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|------------------------|
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC TETRACYCLINES |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 TETRACYCLINES |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC ANTIEMETICS |
| D-PENAMINE TAB | - | 2 ASSORTED CLASSES |
| DRISDOL CAP | - | NC VITAMINS |
| DRITHO-SCALP CREAM | - | 3 DERMATOLOGICALS |
| DRIZALMA DR CAP | - | NC ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) | PA | 2 ANTIEMETICS |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 CONTRACEPTIVES |
| DROXIA CAP | - | 2 HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | - | NC VASOPRESSORS |

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| Drug Name | Special Code | Tier Category |
|------------------------------------|---------------------|--|
| DRYSOL SOLN | - | 1 DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC ANALGESICS - OPIOID |
| DUAC GEL | - | NC DERMATOLOGICALS |
| DUAKLIR INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| DUAVEE TAB | - | NC ESTROGENS |
| DUETACT TAB | - | NC ANTIDIABETICS |
| DUEXIS TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| DULERA INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) | - | NC ANTIDEPRESSANTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 ANTIDEPRESSANTS |
| DULOXICAINE PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DUOBRII LOTION | - | NC DERMATOLOGICALS |
| DUOPA ENTERAL SUSP | - | NC ANTIPARKINSON AGENTS |
| DUOVISC KIT | - | NC OPHTHALMIC AGENTS |
| DUPIXENT INJ | - | NC DERMATOLOGICALS |
| DUPIXENT PEN INJ | - | NC DERMATOLOGICALS |
| DURAGESIC PATCH | - | NC ANALGESICS - OPIOID |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| DUREZOL OPHTH EMULSION | - | NC OPTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB | - | NC ANTIHYPERTENSIVES |
| DUZALLO TAB | - | NC GOUT AGENTS |
| DXEVO 11-DAY PAK | - | NC CORTICOSTEROIDS |
| DYANAVEL XR CHEW | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DYMISTA SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| DYNACIN TAB | - | NC TETRACYCLINES |
| DYRENIUM CAP | - | NC DIURETICS |
| EB-N3 DR CAP | - | NC MULTIVITAMINS |
| ECONASIL KIT | - | NC DERMATOLOGICALS |
| econazole cream (SPECTAZOLE equiv) | - | 1 DERMATOLOGICALS |
| ECOZA FOAM | - | NC DERMATOLOGICALS |
| EDARBI TAB | - | NC ANTIHYPERTENSIVES |
| EDARBYCLOR TAB | - | NC ANTIHYPERTENSIVES |
| EDECIN TAB | - | NC DIURETICS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| EDLUAR SL TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| EDURANT TAB | - | SP ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | SP ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | SP ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | SP ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 ANTIVIRALS |
| EFFEXOR XR CAP | - | NC ANTIDEPRESSANTS |
| EFFIENT TAB | - | NC HEMATOLOGICAL AGENTS - MISC. |
| EFUDEX CREAM | - | NC DERMATOLOGICALS |
| EGATEN TAB | - | NC ANTHELMINTICS |
| EGRIFTA INJ | - | EX ENDOCRINE AND C METABOLIC AGENTS - MISC. |
| ELDEPYRL CAP | - | NC ANTIPARKINSON AGENTS |
| ELEPSIA XR TAB | - | NC ANTICONVULSANTS |
| ELESTAT OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| ELIDEL CREAM | - | NC DERMATOLOGICALS |

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|---------------------------------------|---------------------|--|
| ELIGEN B12 TAB | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| ELIMITE CREAM | - | NC DERMATOLOGICALS |
| ELIPHOS TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 CONTRACEPTIVES |
| ELMIRON CAP | - | 2 GENITOURINARY AGENTS - MISCELLANEOUS |
| ELOCON CREAM | - | NC DERMATOLOGICALS |
| ELOCON OINT | - | NC DERMATOLOGICALS |
| eluryng vaginal ring (NUVARING equiv) | - | NC CONTRACEPTIVES |
| ELYXYB SOLN | - | NC MIGRAINE PRODUCTS |
| EMADINE OPHTH SOLN | - | 3 OPHTHALMIC AGENTS |
| EMBEDA CAP | - | NC ANALGESICS - OPIOID |
| EMCYT CAP | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND PAK | - | NC ANTIEMETICS |
| EMEND SUSP | - | NC ANTIEMETICS |
| EMFLAZA SUSP | - | NC CORTICOSTEROIDS |

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|--|---------------------|-----------------------------------|
| EMFLAZA TAB | - | NC CORTICOSTEROIDS |
| EMGALITY INJ | - | NC MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML | - | NC MIGRAINE PRODUCTS |
| EMPAVELI INJ | - | NC HEMATOLOGICAL AGENTS - MISC. |
| EMSAM PATCH | - | 3 ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | SP ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 ANTIVIRALS |
| EMTRIVA CAP | - | NC ANTIVIRALS |
| EMTRIVA SOLN | - | SP ANTIVIRALS |
| EMVERM TAB | - | NC ANTHELMINTICS |
| ENABLEX TAB | - | NC URINARY ANTISPASMODICS |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 3 ANTIHYPERTENSIVES |
| enalapril tab (VASOTEC equiv) | - | 1 ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | NC ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |

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|---|---------------------|---|
| ENBREL MINI INJ (QL= 4 inj/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACK | - | NC HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 VAGINAL PRODUCTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | 2 ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 CONTRACEPTIVES |
| ENSPRYNG INJ | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| ENSTILAR FOAM | - | NC DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | 2 ANTIPARKINSON AGENTS |
| ENTADFI CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | SP ANTIVIRALS |
| ENTEREG CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 CARDIOVASCULAR AGENTS - MISC. |
| ENVARUSUS XR TAB | - | NC ASSORTED CLASSES |
| EPCLUSA PAK | - | NC ANTIVIRALS |
| EPCLUSA TAB | - | NC ANTIVIRALS |
| EPICERAM EMULSION | - | NC DERMATOLOGICALS |

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|--|---------------------|--|
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416) | LD-PA | SP ANTICONVULSANTS |
| EPIDUO GEL 0.1-2.5% | - | NC DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | 2 DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 3 OPHTHALMIC AGENTS |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 1 VASOPRESSORS |
| EPIPEN (JR) INJ | - | NC VASOPRESSORS |
| EPIVIR HBV SOLN | - | SP ANTIVIRALS |
| EPIVIR HBV TAB | - | NC ANTIVIRALS |
| EPIVIR SOLN | - | NC ANTIVIRALS |
| EPIVIR TAB | - | NC ANTIVIRALS |
| eplerenone tab (INSPRA equiv) | - | 1 ANTIHYPERTENSIVES |
| EPOGEN INJ | - | 2 HEMATOPOIETIC AGENTS |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 ANTICONVULSANTS |
| EPSOLAY CREAM | - | NC DERMATOLOGICALS |
| EPZICOM TAB | - | NC ANTIVIRALS |
| EQUETRO CAP | - | 2 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC VITAMINS |

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| PA | Prior Authorization | QL | Quantity Limit |
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| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| ERGOLOID MESYLATES TAB | - | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOMAR SL TAB | - | 3 MIGRAINE PRODUCTS |
| ergotamine tartrate/caffeine tab (CAFERGOT equiv) | - | 3 MIGRAINE PRODUCTS |
| ERIVEDGE CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERTACZO CREAM | - | NC DERMATOLOGICALS |
| ERY PAD | - | 2 DERMATOLOGICALS |
| ERYPED SUSP | - | NC MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 2 MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 MACROLIDES |
| erythromycin gel | - | 1 DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 DERMATOLOGICALS |
| erythromycin soln | - | 1 DERMATOLOGICALS |
| erythromycin tab (ERYTHROMYCIN equiv) (all form except PCE) | - | 2 MACROLIDES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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|--|---------------------|-------------|---|
| erythromycin tab (ERY-TAB equiv) | - | 3 | MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 | DERMATOLOGICALS |
| ESBRIET CAP (QL= 9 caps/day) | PA-QL-SF-TMSP | SP | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | PA-QL-SF-TMSP | SP | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | PA-QL-SF-TMSP | SP | RESPIRATORY AGENTS - MISC. |
| ESCAVITE CHEW TAB | - | 3 | MULTIVITAMINS |
| escitalopram soln (LEXAPRO equiv) | - | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| ESGIC TAB | - | NC | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | NC | DERMATOLOGICALS |
| esomeprazole cap (NEXIUM equiv) | OTC | 1 | ULCER DRUGS |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | 3 | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| estazolam tab (PROSOM equiv) | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | NC ESTROGENS |
| ESTRACE TAB | - | NC ESTROGENS |
| ESTRACE VAGINAL CREAM | - | NC VAGINAL PRODUCTS |
| estradiol cream (ESTRACE equiv) | - | 1 VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | 1 ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 ESTROGENS |
| estradiol td gel (DIVIGEL equiv) | - | NC ESTROGENS |
| estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 2 VAGINAL PRODUCTS |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 ESTROGENS |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | 1 ESTROGENS |
| ESTRATEST TAB | - | NC ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | 1 ESTROGENS |
| estropipate tab (OGEN equiv) | - | 1 ESTROGENS |
| ESTROSTEP FE TAB | - | NC CONTRACEPTIVES |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| ETIDRONATE DISODIUM TAB 400MG | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | TMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etravirine tab (INTELENCE equiv) | - | SP | ANTIVIRALS |
| EUCRISA OINT | - | NC | DERMATOLOGICALS |
| EULEXIN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EURAX CREAM | - | 2 | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| EURAX LOTION | - | NC DERMATOLOGICALS |
| EVAMIST SPRAY | - | NC ESTROGENS |
| EVEKEO ODT | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| EVEKEO TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab (ZORTRESS equiv) | PA-QL-TMSP | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | PA-QL-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVISTA TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EVIVO LIQUID | - | NC ANTIDIARRHEALS |
| EVOCLIN FOAM | - | NC DERMATOLOGICALS |
| EVOTAZ TAB | SP | SP ANTIVIRALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| EVOXAC CAP | - | NC MOUTH / THROAT / DENTAL AGENTS |
| EVRYSDI SOLN | - | NC NEUROMUSCULAR AGENTS |
| EVZIO INJ | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EVZIO INJ | - | NC ANTIDOTES |
| EXALGO TAB | - | NC ANALGESICS - OPIOID |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC DERMATOLOGICALS |
| EXELON PATCH | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXFORGE HCT TAB | - | NC ANTIHYPERTENSIVES |
| EXFORGE TAB | - | NC ANTIHYPERTENSIVES |
| EXJADE TAB | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------|--|-------------------------------|--------------------------------|
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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| EXSERVAN FILM | - | NC NEUROMUSCULAR AGENTS |
| EXTAVIA INJ | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EYSUVIS OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| EZALLOR SPRINKLE CAP | - | NC ANTIHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| EZETIMIBE/ATORVASTATIN TAB | - | NC ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) | - | NC ANTIHYPERLIPIDEMICS |
| FABIOR AEROSOL FOAM | - | NC DERMATOLOGICALS |
| FABRAZYME INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FACTIVE TAB | - | NC FLUOROQUINOLONES |
| FALESSA KIT | - | NC CONTRACEPTIVES |
| FALESSA TAB | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv) | - | 2 ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 2 ULCER DRUGS |
| famotidine tab (PEPCID equiv) | OTC | NC ULCER DRUGS |
| FANAPT TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| FANAPT TITRATION PACK | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| FARESTON TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| FASENRA PEN INJ | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| FAZACLO ODT 12.5MG, 25MG, 100MG | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-ϕ | 2 GOUT AGENTS |
| felbamate susp (FELBATOL equiv) | - | 2 ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 ANTICONVULSANTS |
| FELBATOL SUSP | - | NC ANTICONVULSANTS |
| FELBATOL TAB | - | NC ANTICONVULSANTS |
| FELDENE CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| felodipine ER tab (PLENDIL equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 VAGINAL PRODUCTS |
| FEMALE CONDOMS | OTC | \$0 MEDICAL DEVICES AND SUPPLIES |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| FEMARA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FEMCON FE CHEW TAB | - | NC CONTRACEPTIVES |
| FEMHRT TAB | - | NC ESTROGENS |
| FEMRING (3 copays per Rx) | - | 3 VAGINAL PRODUCTS |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC ANTIHYPERLIPIDEMICS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC ANTIHYPERLIPIDEMICS |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC ANTIHYPERLIPIDEMICS |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 ANTIHYPERLIPIDEMICS |
| FENOGLIDE TAB | - | NC ANTIHYPERLIPIDEMICS |
| fenopropfen calcium cap (NALFON equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| fenopropfen calcium tab | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROPFEN CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROPFEN TAB | - | 3 ANALGESICS - ANTI-INFLAMMATORY |

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|---|---------------------|---|
| FENSOLVI INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fentanyl citrate lollipop (ACTIQ equiv) | - | NC ANALGESICS - OPIOID |
| fentanyl patch (DURAGESIC equiv) | - | 2 ANALGESICS - OPIOID |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC ANALGESICS - OPIOID |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 ANALGESICS - OPIOID |
| FEONYX TAB | - | NC HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap | - | 1 HEMATOPOIETIC AGENTS |
| FERREX 28 TAB | - | 3 HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP ANTIDOTES |
| FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRIPROX TAB 1000MG (TWICE DAILY) | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRIPROX TAB 500MG | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRO-PLEX TAB | - | NC HEMATOPOIETIC AGENTS |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 HEMATOPOIETIC AGENTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 HEMATOPOIETIC AGENTS |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 HEMATOPOIETIC AGENTS |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | OTC | \$0 HEMATOPOIETIC AGENTS |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 2 URINARY ANTISPASMODICS |
| FETZIMA CAP | - | NC ANTIDEPRESSANTS |
| FETZIMA TITRATION PACK | - | NC ANTIDEPRESSANTS |
| FIASP FLEXTOUCH INJ | - | 2 ANTIDIABETICS |
| FIASP INJ | - | 2 ANTIDIABETICS |
| FIASP PENFILL INJ | - | 2 ANTIDIABETICS |
| FIBRIK CAP | - | NC MULTIVITAMINS |
| FILSPARI TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| FINACEA FOAM | - | NC DERMATOLOGICALS |
| FINACEA GEL | - | NC DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EX DERMATOLOGICALS C |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| FINTEPLA SOLN | - | NC ANTICONVULSANTS |
| FIORICET CAP | - | NC ANALGESICS - NONNARCOTIC |
| FIORICET/CODEINE CAP | - | NC ANALGESICS - OPIOID |
| FIORINAL CAP | - | NC ANALGESICS - NONNARCOTIC |
| FIORINAL/CODEINE CAP | - | NC ANALGESICS - OPIOID |
| FIRAZYR INJ | - | NC HEMATOLOGICAL AGENTS - MISC. |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | SP ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| FIRST METRONIDAZOLE SUSP | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| FIRST MOUTHWASH BLM | - | 3 MOUTH / THROAT / DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | 3 ULCER DRUGS |
| FLAGYL CAP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| FLAGYL TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| FLAREX OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) | - | 3 URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | 1 ANTIARRHYTHMICS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| FLEQSUVY SUSP | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| FLOLIPID SUSP | - | NC ANTIHYPERLIPIDEMICS |
| FLOMAX CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| FLOXONASE SENSIMIST NASAL SPRAY | OTC | 2 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLO-PRED SUSP | - | NC CORTICOSTEROIDS |
| FLORIVA CHEW TAB | - | NC MULTIVITAMINS |
| FLORIVA PLUS DROPS | - | 2 MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | 1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | 1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| FLUAD QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| FLUBLOK QUAD PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| FLUCELVAX QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 ANTIFUNGALS |

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| Drug Name | Special Code | Tier Category | |
|---|---------------------|----------------------|--|
| fludarabine inj | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUMADINE TAB | - | NC | ANTIVIRALS |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |

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|--|---------------------|---|
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC DERMATOLOGICALS |
| FLUORIDEX SENSITIVITY PASTE | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 OPHTHALMIC AGENTS |
| FLUOROPLEX CREAM | - | 2 DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 3 DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 DERMATOLOGICALS |
| FLUOVIX PAK | - | NC DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 ANTIDEPRESSANTS |
| fluoxetine cap (SARAFEM equiv) | - | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FLUOXETINE CAP (PMDD) | - | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv) | - | 1 ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 ANTIDEPRESSANTS |
| FLUOXETINE TAB | - | 3 ANTIDEPRESSANTS |
| fluoxetine weekly cap (PROZAC equiv) | - | NC ANTIDEPRESSANTS |

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|---|---------------------|-------------|---|
| fluphenazine decanoate inj | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| flurandrenolide cream (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide lotion (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide oint (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| FLURBIPROFEN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| flutamide cap (EULEXIN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUTICASONE HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE/VILANTEROL INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 2 | ANTIHYPERTENSIVES |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 | ANTIHYPERTENSIVES |
| FLUVIRIN INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 2 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HD PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUZONE QUADRIVALENT INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| FML FORTE OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| FML LIQUIFLIM OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT | - | NC OPHTHALMIC AGENTS |
| FOCALIN TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| FOCALIN XR CAP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| FOLAGENT DHA CAP | - | NC MULTIVITAMINS |
| FOLAMED DHA CAP | - | NC MULTIVITAMINS |
| FOLBEE PLUS CZ TAB | - | 1 MULTIVITAMINS |
| folbee tab | - | 1 HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC MULTIVITAMINS |
| FOLITE TAB | - | NC HEMATOPOIETIC AGENTS |
| FOLLISTIM AQ INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| FOLTANX TAB | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| folvite-d tab (GENICIN equiv) | - | NC HEMATOPOIETIC AGENTS |
| FOLVITE-FE TAB | - | NC HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 ANTICOAGULANTS |
| FORFIVO XL TAB | - | NC ANTIDEPRESSANTS |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTEO INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FORTICAL NASAL SPRAY | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX+D TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | SP ANTIVIRALS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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|---|---------------------|---|
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | NC ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| FOTIVDA CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRAGMIN INJ | - | 3 ANTICOAGULANTS |
| FRAGMIN INJ | - | NC ANTICOAGULANTS |
| FREESTLY LITE METER | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE FREEDOM LITE METER | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP | OTC | NC DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 MEDICAL DEVICES AND SUPPLIES |

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|---|---------------------|----------------------|------------------------------|
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FROVA TAB | - | NC | MIGRAINE PRODUCTS |
| frovatriptan tab (FROVA equiv) | - | NC | MIGRAINE PRODUCTS |
| FULPHILA INJ | TMSP | SP | HEMATOPOIETIC AGENTS |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-QL | SP | DIURETICS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | TMSP | SP | ANTIVIRALS |
| FYCOMPA TAB | - | NC | ANTICONVULSANTS |
| FYCOMPA SUSP | - | NC | ANTICONVULSANTS |

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|---|---------------------|---|
| FYLNETRA INJ | - | NC HEMATOPOIETIC AGENTS |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 ANTICONVULSANTS |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 ANTICONVULSANTS |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 ANTICONVULSANTS |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC DERMATOLOGICALS |
| GABITRIL TAB | - | NC ANTICONVULSANTS |
| GALAFOLD CAP | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| GALZIN CAP | - | 2 MINERALS & ELECTROLYTES |
| GARDASIL 9 INJ | VAC | \$0 VACCINES |
| GARDASIL INJ | VAC | \$0 VACCINES |
| GASTROCROM CONC | - | NC GASTROINTESTINAL AGENTS - MISC. |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC GASTROINTESTINAL AGENTS - MISC. |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 LAXATIVES |
| gavilyte-h kit | - | NC LAXATIVES |
| GAVRETO CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GAZYVA INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GEAMETDRAY GEL | - | NC DERMATOLOGICALS |
| GELCLAIR GEL | - | NC MOUTH / THROAT / DENTAL AGENTS |
| GELNIQUE | - | NC URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | 1 ANTIHYPERLIPIDEMICS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| GEMTESA TAB | - | NC URINARY ANTISPASMODICS |
| GEN7T LOTION | - | NC DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC DERMATOLOGICALS |
| GEN7T PLUS PAD | - | NC DERMATOLOGICALS |
| GENOTROPIN INJ | PA-TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | 1 OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 DERMATOLOGICALS |
| GENVOYA TAB | - | NC ANTIVIRALS |
| GEODON CAP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| GIALAX KIT | - | NC LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 CONTRACEPTIVES |
| GILENYA CAP 0.25MG | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILENYA CAP 0.5MG | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GIMOTI NASAL SPRAY | - | NC GASTROINTESTINAL AGENTS - MISC. |
| glatiramer inj (COPAXONE equiv) | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEEVEC TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GLEOSTINE/LOMUSTINE CAP | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 ANTIDIABETICS |
| GLOPERBA SOLN | - | NC GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GLUCAGEN INJ | - | 2 DIAGNOSTIC PRODUCTS |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GLUCAGON DIAGNOSTIC INJ | - | NC DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GLUCOPHAGE TAB | - | NC ANTIDIABETICS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| GLUCOPHAGE XR TAB | - | NC ANTIDIABETICS |
| GLUCOTROL TAB | - | NC ANTIDIABETICS |
| GLUCOTROL XL TAB | - | NC ANTIDIABETICS |
| GLUCOVANCE TAB | - | NC ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | 1 ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 ANTIDIABETICS |
| GLYCATE TAB | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC ULCER DRUGS |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 ULCER DRUGS |
| GLYGEST PAK | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| GLYNASE TAB | - | NC ANTIDIABETICS |
| GLYSET TAB | - | NC ANTIDIABETICS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| GOCOVRI CAP | - | NC ANTIPARKINSON AGENTS |

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|---|---------------------|--|
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 LAXATIVES |
| GONAL-F RFF INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GONITRO POWDER | - | NC ANTIANGINAL AGENTS |
| GOPRELTO SOLN | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| GORDON'S UREA OINT 40% | - | NC DERMATOLOGICALS |
| GRALISE STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 ANTIEMETICS |
| GRANIX INJ | - | NC HEMATOPOIETIC AGENTS |
| GRASTEK SL TAB | - | NC BIOLOGICALS MISC |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 ANTIFUNGALS |
| GRIS-PEG TAB | - | NC ANTIFUNGALS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| GUAIFENESEN SYRUP | - | NC COUGH / COLD / ALLERGY |
| guaifenesin tab (ALLFEN JR equiv) | - | NC COUGH / COLD / ALLERGY |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 COUGH / COLD / ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 COUGH / COLD / ALLERGY |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC COUGH / COLD / ALLERGY |
| guanfacine ER tab (INTUNIV equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 ANTIHYPERTENSIVES |
| GUANIDINE TAB | - | 3 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GYNAZOLE CREAM | - | NC VAGINAL PRODUCTS |
| HAEGARDA INJ (Only available through Accredo 800-803-2523) | LD-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| halcinonide cream (HALOG equiv) | - | NC DERMATOLOGICALS |
| HALCION TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| HALFLYTELY BOWEL PREP KIT | - | NC LAXATIVES |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| HALOG CREAM | - | NC | DERMATOLOGICALS |
| HALOG OINT | - | NC | DERMATOLOGICALS |
| HALOG SOLN | - | NC | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC | DERMATOLOGICALS |
| haloperidol decanoate inj (HALDOL equiv) | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| haloperidol lactate inj (HALDOL equiv) | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| HARVONI PELLETT PAK | - | NC | ANTIVIRALS |
| HARVONI TAB | - | NC | ANTIVIRALS |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 | VACCINES |
| HC BUTYRATE CREAM | - | NC | DERMATOLOGICALS |
| HC BUTYRATE SOLN | - | NC | DERMATOLOGICALS |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC | DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HECTOROL CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|------------------------|---------------------|--|
| HELIDAC PACK | - | NC ULCER DRUGS |
| HEMADY TAB | - | NC CORTICOSTEROIDS |
| HEMANGEOL SOLN | - | NC BETA BLOCKERS |
| HEMLIBRA INJ | PA-TMSP | SP HEMATOLOGICAL AGENTS - MISC. |
| heparin porcine inj | M | M ANTICOAGULANTS |
| HEPLISAV-B INJ | VAC | \$0 VACCINES |
| HEPSERA TAB | - | NC ANTIVIRALS |
| HERCEPTIN HYLECTA INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HETLIOZ CAP | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| HETLIOZ SUSP | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| HEXALEN CAP | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIPREX TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| HIXDEFRIMA SOLN | - | NC DERMATOLOGICALS |
| HIZENTRA INJ | MSP-PA | SP PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HOMATROPINE OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |

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|--|---------------------|--|
| HORIZANT TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HUMALOG INJ | - | NC ANTIDIABETICS |
| HUMALOG KWIKPEN INJ | - | NC ANTIDIABETICS |
| HUMALOG MIX INJ | - | NC ANTIDIABETICS |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | - | NC ANTIDIABETICS |
| HUMALOG PEN INJ | - | NC ANTIDIABETICS |
| HUMATIN CAP | - | NC AMINOGLYCOSIDES |
| HUMATROPE INJ, ZOMACTON INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP ANALGESICS - ANTI-INFLAMMATORY |

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|---|---------------------|-------------|--------------------------------|
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | PA-QL-TMSP | SP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN N INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN R INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HURRISEAL MIS SNAP | - | NC | MEDICAL DEVICES AND SUPPLIES |
| HYCAMTIN CAP | PA-TMSP | SP | ANTINEOPLASTICS |
| HYCLODEX SOLN | - | NC | DERMATOLOGICALS |

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|---|---------------------|--|
| HYCODAN SYRUP | - | NC COUGH / COLD / ALLERGY |
| HYCOFENIX SOLN | - | NC COUGH / COLD / ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 ANTIHYPERTENSIVES |
| HYDREA CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 DIURETICS |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 1 cap/day) | QL | 2 ANALGESICS - OPIOID |
| HYDROCODONE BITARTRATE ER CAP | QL-- | NC ANALGESICS - OPIOID |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 2 ANALGESICS - OPIOID |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 3 ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC ANALGESICS - OPIOID |

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| Drug Name | Special Code | Tier Category | |
|--|---------------------|----------------------|------------------------|
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH / COLD / ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days) | QL | 3 | COUGH / COLD / ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH / COLD / ALLERGY |
| HYDROCODONE/IBUPROFEN TAB | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 | ANALGESICS - OPIOID |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 | ANALGESICS - OPIOID |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone lotion (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | NC | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream | - | NC | DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC DERMATOLOGICALS |
| hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv) | - | NC DERMATOLOGICALS |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC ANORECTAL AND RELATED PRODUCTS |
| hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day) | QL | 3 ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | NC ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | 1 ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | EX DERMATOLOGICALS C |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 ANTIMALARIALS |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyprogesterone inj (MAKENA equiv) | PA-SP | 3 PROGESTINS |
| hydroxyurea cap (HYDREA equiv) | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 ANTIANXIETY AGENTS |
| HYDROXYZINE PAMOATE CAP 100MG | - | 1 ANTIANXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 ANTIANXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 ANTIANXIETY AGENTS |
| HYFTOR GEL | - | NC DERMATOLOGICALS |
| HYLAMEND GEL FIRST AID | - | NC ANTISEPTICS & DISINFECTANTS |

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|---|---------------------|--|
| HYLINATE LOTION | - | NC DERMATOLOGICALS |
| HYOPHEN TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| hyoscyamine inj (LEVSIN equiv) | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 ULCER DRUGS |
| HYPER-SAL NEB SOLN | - | NC COUGH / COLD / ALLERGY |
| HYQVIA INJ | - | NC PASSIVE IMMUNIZING AGENTS |
| HYZAAR TAB | - | NC ANTIHYPERTENSIVES |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| IBSRELA TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| IBU 600-EZS KIT | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (Rx covered Only) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| icatibant inj (FIRAZYR equiv) | - | NC HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap (VASCEPA equiv) | - | NC ANTIHYPERLIPIDEMICS |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILEVRO OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 140MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 280MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMCIVREE INJ | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 DERMATOLOGICALS |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC DERMATOLOGICALS |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 MIGRAINE PRODUCTS |
| IMITREX INJ | QL-- | NC MIGRAINE PRODUCTS |
| IMITREX TAB | - | NC MIGRAINE PRODUCTS |
| IMITREX VIAL INJ | - | NC MIGRAINE PRODUCTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| IMPAVIDO CAP | - | NC ANTI-INFECTIVE AGENTS - MISC. |
| IMPEKLO LOTION | - | NC DERMATOLOGICALS |
| IMPOYZ CREAM | - | NC DERMATOLOGICALS |
| IMURAN TAB | - | NC ASSORTED CLASSES |
| IMVEXXY SUPP | - | NC VAGINAL PRODUCTS |
| INBRIJA INH POWDER | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 DIURETICS |
| INDERAL LA CAP | - | NC BETA BLOCKERS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC BETA BLOCKERS |
| INDOCIN SUPP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |

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| LD | Limited Distribution | M | Medical Benefit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| INFLAMMA-K KIT | - | NC DERMATOLOGICALS |
| INFLATHERM PAK | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INPEN INSULIN INJECTION DEVICE | - | NC MEDICAL DEVICES |
| INQOVI TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSPRA TAB | - | NC ANTIHYPERTENSIVES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 ANTIDIABETICS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | 2 | ANTIDIABETICS |
| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | SP | ANTIVIRALS |
| INTENSE COUGH LIQUID | - | NC | COUGH / COLD / ALLERGY |
| INTERMEZZO SL TAB | - | NC | HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS |
| INTRAROSA SUPP | - | NC | VAGINAL PRODUCTS |
| INTRON-A INJ | MSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INTUNIV TAB | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| INVEGA HAFYERA INJ | - | NC | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| INVEGA SUSTENNA INJ | - | 3 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| INVEGA TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| INVEGA TRINZA INJ | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| INVELTYS OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| INVIRASE CAP | - | NC ANTIVIRALS |
| INVIRASE TAB | - | NC ANTIVIRALS |
| INVOKAMET TAB | - | NC ANTIDIABETICS |
| INVOKAMET XR TAB | - | NC ANTIDIABETICS |
| INVOKANA TAB | - | NC ANTIDIABETICS |
| IODOFLEX PAD | - | NC ANTISEPTICS & DISINFECTANTS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | NC DERMATOLOGICALS |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC DERMATOLOGICALS |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| IOPIDINE OPHTH SOLN 1% | - | 2 OPHTHALMIC AGENTS |
| IPOL INJ | VAC | \$0 VACCINES |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 NASAL AGENTS - SYSTEMIC AND TOPICAL |

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|--|---------------------|---|
| ipratropium neb soln (ATROVENT equiv) | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | 1 ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | NC ANTIHYPERTENSIVES |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IRON POLYSACCH/THREONIC ACID/B12/FA CAP | - | 1 HEMATOPOIETIC AGENTS |
| ISENTRESS (HD) TAB | - | 3 ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 3 ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 3 ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | NC MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | NC MIGRAINE PRODUCTS |
| ISONIAZID SYRUP | - | 3 ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| ISOPTO CARPINE OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| ISORDIL TITRADOSE TAB | - | NC ANTIANGINAL AGENTS |

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|--|---------------------|-------------|--|
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 | ANTIANGINAL AGENTS |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| ISOSORBIDE MONONITRATE TAB | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| ISOXSUPRINE TAB | - | 2 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | NC | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISTURISA TAB 10MG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 1MG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 5MG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | - | 2 | ANTIFUNGALS |

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| Drug Name | Special Code | Tier Category |
|-------------------------------------|---------------------|---|
| itraconazole soln (SPORANOX equiv) | PA | 3 ANTIFUNGALS |
| IVERMECTIN CREAM | - | NC DERMATOLOGICALS |
| ivermectin cream (SOOLANTRA equiv) | - | NC DERMATOLOGICALS |
| IVERMECTIN LOTION (QL= 1 tube/fill) | PA-QL | 3 DERMATOLOGICALS |
| ivermectin tab (STROMEKTOL equiv) | - | 2 ANTHELMINTICS |
| JADENU SPRINKLE | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB 180MG | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB 90MG, 360MG | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JAKAFI TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JALYN CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day) | QL- ϕ | 2 ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| JAYPIRCA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JENLIVA CAP | - | NC MULTIVITAMINS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| jinteli tab (FEMHRT equiv) | - | 1 ESTROGENS |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) | - | \$0 CONTRACEPTIVES |
| JUBLIA SOLN | - | NC DERMATOLOGICALS |
| JULUCA TAB | - | NC ANTIVIRALS |
| JUXTAPID CAP | - | NC ANTIHYPERLIPIDEMICS |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KADIAN CAP | - | NC ANALGESICS - OPIOID |
| KALETRA SOLN | - | NC ANTIVIRALS |
| KALETRA TAB | - | SP ANTIVIRALS |
| KALYDECO PAK | - | NC RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB | - | NC RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | NC BETA BLOCKERS |
| KAPVAY TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| KARBINAL ER SUSP | - | NC ANTIHISTAMINES |
| KATERZIA SUSP | - | NC CALCIUM CHANNEL BLOCKERS |
| KEFLEX CAP | - | NC CEPHALOSPORINS |
| kelnor tab (DEMULEN equiv) | - | \$0 CONTRACEPTIVES |
| KENALOG SPRAY | - | NC DERMATOLOGICALS |
| KEPPRA SOLN | - | NC ANTICONVULSANTS |
| KEPPRA TAB | - | NC ANTICONVULSANTS |
| KEPPRA XR TAB | - | NC ANTICONVULSANTS |
| KERAFOAM | - | NC DERMATOLOGICALS |
| KERALAC CREAM | - | NC DERMATOLOGICALS |
| KERAMATRIX | - | NC DERMATOLOGICALS |
| KERASTAT CREAM | - | NC DERMATOLOGICALS |
| KERASTAT GEL | - | NC DERMATOLOGICALS |
| KERENDIA TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KERLONE TAB | - | NC BETA BLOCKERS |
| KERYDIN SOLN | - | NC DERMATOLOGICALS |
| KESIMPTA INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES | - | NC GENERAL ANESTHETICS |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|-----------------------------------|
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketoprofen cap (ORUDIS equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj (TORADOL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | 1 | DIAGNOSTIC PRODUCTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ketotifen ophth soln (ZADITOR equiv) (OTC covere only) | OTC | 1 | OPHTHALMIC AGENTS |
| KEVEYIS TAB | - | NC | DIURETICS |
| KEVZARA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KINERET INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | \$0 | TOXOIDS |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 | TOXOIDS |
| KISQALI PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KITABIS PAK NEB SOLN | - | NC | AMINOGLYCOSIDES |
| KLARITY-B DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARON LOTION | - | NC | DERMATOLOGICALS |
| KLISYRI OINT | - | NC | DERMATOLOGICALS |
| KLONOPIN TAB | - | NC | ANTICONSULTANTS |
| KLOXXADO NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| KOMBIGLYZE XR TAB | - | NC | ANTIDIABETICS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA-QL | SP ANTIDIABETICS |
| KOSELUGO CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO CAP 10MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS NEUTRAL TAB | - | NC MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | 2 MINERALS & ELECTROLYTES |
| KRAZATI TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KRINTAFEL TAB | - | NC ANTIMALARIALS |
| KRISTALOSE PACK, LACTULOSE PACK | - | NC LAXATIVES |
| KRISTALOSE PACKET | - | NC LAXATIVES |
| K-TAB | - | 1 MINERALS & ELECTROLYTES |
| KUVAN POWDER PACK | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| KYBELLA INJ | - | NC DERMATOLOGICALS |
| KYNAMRO INJ | - | NC ANTIHYPERLIPIDEMICS |
| KYNMOBI FILM | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYTRIL TAB | - | NC ANTIEMETICS |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | NC ANDROGENS-ANABOLIC |
| L.E.T. GEL | - | NC DERMATOLOGICALS |
| labetalol tab (NORMODYNE equiv) | - | 1 BETA BLOCKERS |
| LAC-HYDRIN CREAM | - | NC DERMATOLOGICALS |
| LAC-HYDRIN LOTION | - | NC DERMATOLOGICALS |
| lacosamide oral solution (VIMPAT equiv) | - | 1 ANTICONVULSANTS |
| lacosamide tab (VIMPAT equiv) | - | 1 ANTICONVULSANTS |
| LACRISERT OPHTH INSERT | - | NC OPHTHALMIC AGENTS |
| LACTIC ACID LOTION | - | 1 DERMATOLOGICALS |
| lactulose soln | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| LAMICTAL CHEW TAB | - | NC ANTICONVULSANTS |
| LAMICTAL ODT | - | NC ANTICONVULSANTS |
| LAMICTAL ODT KIT | - | NC ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 ANTICONVULSANTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|-----------------------------------|
| LAMICTAL STARTER KIT | - | NC ANTICONVULSANTS |
| LAMICTAL TAB | - | NC ANTICONVULSANTS |
| LAMICTAL XR TAB | - | NC ANTICONVULSANTS |
| LAMISIL TAB | - | NC ANTIFUNGALS |
| lamivudine soln (EPIVIR equiv) | - | 1 ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 1 ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 1 ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | SP ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 ANTICONVULSANTS |
| LAMPIT TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| LANCET DEVICE | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| LANCET KIT | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| LANOXIN TAB | - | NC CARDIOTONICS |
| lansoprazole cap (PREVACID equiv) | OTC | 1 ULCER DRUGS |

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|------|--|-------------------------------|--------------------------------|
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| LANSOPRAZOLE SUSP | - | 3 ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 3 ULCER DRUGS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROM YCIN KIT | - | 3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ, INSULIN GLARGINE INJ | - | NC ANTIDIABETICS |
| lapatinib ditosylate tab (TYKERB equiv) | PA-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASIX TAB | - | NC DIURETICS |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 OPHTHALMIC AGENTS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 OPHTHALMIC AGENTS |
| LATUDA TAB (QL= 1 tab/day) | QL- ϕ | 2 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 ANALGESICS - OPIOID |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | PA-QL-TMSP | SP ANTIVIRALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| leflunomide tab (ARAVA equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LESCOL CAP | - | NC ANTIHYPERLIPIDEMICS |
| LESCOL XL TAB | - | NC ANTIHYPERLIPIDEMICS |
| LETAIRIS TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| letrozole tab (FEMARA equiv) | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKERAN TAB | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKINE INJ | - | NC HEMATOPOIETIC AGENTS |
| leuprolide inj (LUPRON equiv) | INF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| levalbuterol neb soln (XOPENEX equiv) | - | 3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVAQUIN TAB | - | NC FLUOROQUINOLONES |
| LEVBID TAB | - | NC ULCER DRUGS |
| LEVEMIR FLEXTOUCH INJ | - | 2 ANTIDIABETICS |
| LEVEMIR INJ | - | 2 ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 ANTICONVULSANTS |
| LEVITRA TAB | - | EX C CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPHTH SOLN | - | 1 OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | 3 ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | 3 ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN | - | NC OPHTHALMIC AGENTS |

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|--|---------------------|------------------------------------|
| levofloxacin soln (LEVAQUIN equiv) | - | 1 FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 CONTRACEPTIVES |
| levorphanol tab (LEVORPHANOL equiv) | - | NC ANALGESICS - OPIOID |
| LEVOTHYROXINE INJ | - | NC THYROID AGENTS |
| levothyroxine tab (SYNTHROID equiv) | - | 1 THYROID AGENTS |
| LEVSIN INJ | - | NC ULCER DRUGS |
| LEVSIN SL TAB | - | NC ULCER DRUGS |
| LEVSIN TAB | - | NC ULCER DRUGS |
| LEXAPRO TAB | - | NC ANTIDEPRESSANTS |
| LEXETTE FOAM | - | NC DERMATOLOGICALS |
| LEXIVA SUSP | - | SP ANTIVIRALS |
| LEXIVA TAB | - | NC ANTIVIRALS |
| LIALDA TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| LIBRAX CAP | - | NC ULCER DRUGS |
| LICART PATCH | - | NC DERMATOLOGICALS |
| LIDAMANTLE LOTION | - | NC DERMATOLOGICALS |
| LIDOCAINE CREAM | - | NC DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL equiv) | - | NC DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 DERMATOLOGICALS |
| LIDOCAINE GEL | - | 2 DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|-----------------------------------|
| lidocaine lotion (LIDAMANTLE equiv) | - | NC DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 DERMATOLOGICALS |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | - | NC DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | NC MOUTH / THROAT / DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 DERMATOLOGICALS |
| lidocaine patch 3.5% (GEN7T equiv) | - | NC DERMATOLOGICALS |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 DERMATOLOGICALS |
| LIDOCAINE SUPP | - | NC ANORECTAL AND RELATED PRODUCTS |
| lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | NC DERMATOLOGICALS |
| LIDOCAINE/TETRACAINE CREAM | - | NC DERMATOLOGICALS |
| LIDOCIN GEL | - | NC DERMATOLOGICALS |
| LIDODERM PATCH | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| LIDOLOG KIT | - | NC CORTICOSTEROIDS |
| LIDOSTREAM KIT | - | NC DERMATOLOGICALS |
| LIDOTIN PAK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LIDOTRAL CREAM | - | NC DERMATOLOGICALS |
| LIDOTREX GEL | - | NC DERMATOLOGICALS |
| LIDOVEX CREAM | - | NC DERMATOLOGICALS |
| LINDANE SHAMPOO | - | 3 DERMATOLOGICALS |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 ANTI-INFECTIVE AGENTS MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 ANTI-INFECTIVE AGENTS MISC. |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 GASTROINTESTINAL AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 THYROID AGENTS |
| LIPITOR TAB | - | NC ANTIHYPERLIPIDEMICS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 ANTIHYPERTENSIVES |
| LITHIUM CARBONATE CAP | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| LITHIUM CITRATE SOLN | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| LITHOBID TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 ANTIHYPERLIPIDEMICS |
| LIVMARLI SOLN (QL= 90ml/30 days; Only availabl through Eversana 866-849-4481) | LD-PA-QL | SP GASTROINTESTINAL AGENTS - MISC. |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP ANTIVIRALS |
| L-METHYLFOLATE TAB | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| LMR PLUS KIT | - | NC DERMATOLOGICALS |
| LO LOESTRIN TAB | - | \$0 CONTRACEPTIVES |
| LOCOID CREAM | - | NC DERMATOLOGICALS |
| LOCOID LIPOCREAM | - | NC DERMATOLOGICALS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| LOCOID LOTION | - | NC DERMATOLOGICALS |
| LOCOID OINT | - | NC DERMATOLOGICALS |
| LOCOID SOLN | - | NC DERMATOLOGICALS |
| LODOSYN TAB | - | NC ANTIPARKINSON AGENTS |
| lohist liquid (DECON-A equiv) | OTC | NC COUGH / COLD / ALLERGY |
| LOKELMA PAK | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| LOMAIRA TAB | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| LOMOTIL TAB | - | NC ANTIDIARRHEALS |
| LONHALA MAGNAIR SOLN | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap | - | NC ANTIDIARRHEALS |
| loperamide soln (LOPERAMIDE equiv) | OTC | NC ANTIDIARRHEAL / PROBIOTIC AGENTS |
| LOPID TAB | - | NC ANTIHYPERLIPIDEMICS |
| lopinavir/ritonavir soln (KALETRA equiv) | - | SP ANTIVIRALS |
| lopinavir/ritonavir tab (KALETRA equiv) | - | SP ANTIVIRALS |
| LOPRESSOR HCT TAB | - | NC ANTIHYPERTENSIVES |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| LOPRESSOR TAB | - | NC BETA BLOCKERS |
| LOPROX CREAM | - | NC DERMATOLOGICALS |
| LOPROX SHAMPOO | - | NC DERMATOLOGICALS |
| loratadine cap (CLARITIN equiv) | OTC | EX ANTIHISTAMINES C |
| lorazepam conc (ATIVAN equiv) | - | 1 ANTIANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 ANTIANXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LOREEV XR CAP | - | NC ANTIANXIETY AGENTS |
| LORTAB | - | NC ANALGESICS - OPIOID |
| LORTAB ELIXIR | - | 3 ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | NC ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 OPHTHALMIC AGENTS |
| LOTEMAX OPHTH GEL | - | NC OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 OPHTHALMIC AGENTS |
| LOTEMAX OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| LOTEMAX SM GEL 0.38% | - | NC OPHTHALMIC AGENTS |
| LOTENSIN HCT TAB | - | NC ANTIHYPERTENSIVES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| LOTENSIN TAB | - | NC ANTIHYPERTENSIVES |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 OPHTHALMIC AGENTS |
| LOTREL CAP | - | NC ANTIHYPERTENSIVES |
| LOTRIMIN AF CREAM | - | NC DERMATOLOGICALS |
| LOTRISONE CREAM | - | NC DERMATOLOGICALS |
| LOTRONEX TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| lovastatin tab (MEVACOR equiv) | - | \$0 ANTIHYPERLIPIDEMICS |
| LOVAZA CAP | - | NC ANTIHYPERLIPIDEMICS |
| LOVENOX INJ | - | NC ANTICOAGULANTS |
| loxapine cap (LOXITANE equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) | - | NC GASTROINTESTINAL AGENTS - MISC. |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC DERMATOLOGICALS |
| LUMAKRAS TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMIFY OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 OPHTHALMIC AGENTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| LUNESTA TAB | - | NC HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS |
| LUPANETA PACK | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| LUPRON DEPOT INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ | --TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT PED INJ | TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT-PED INJ | TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day) | QL-ϕ | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 MINERALS & ELECTROLYTES |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| LUVIRA CAP | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| LUXIQ FOAM | - | NC DERMATOLOGICALS |
| LYBALVI TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYRICA CAP | - | NC ANTICONVULSANTS |
| LYRICA CAP 225MG | - | NC ANTICONVULSANTS |
| LYRICA CAP 300MG | - | NC ANTICONVULSANTS |
| LYRICA CR TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYRICA SOLN | - | NC ANTICONVULSANTS |
| LYSODREN TAB (Only available through Walgreen 888-347-3416) | LD | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB | - | NC HEMOSTATICS |
| LYTGOBI TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYUMJEV INJ | - | NC ANTIDIABETICS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| LYUMJEV KWIKPEN INJ | - | NC ANTIDIABETICS |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 MUSCULOSKELETAL THERAPY AGENTS |
| MACRILEN PACK | - | NC DIAGNOSTIC PRODUCTS |
| MACROBID CAP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| MACRODANTIN CAP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| magnesium sulfate inj | M | M MINERALS & ELECTROLYTES |
| MAKENA INJ | - | NC PROGESTINS |
| MALARONE TAB | - | NC ANTIMALARIALS |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 DERMATOLOGICALS |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 MEDICAL DEVICES AND SUPPLIES |
| mannitol soln (OSMITROL equiv) | - | NC DIURETICS |
| MAPROTILINE TAB | - | 1 ANTIDEPRESSANTS |
| maraviroc tab (SELZENTRY equiv) | - | SP ANTIVIRALS |
| MARINOL CAP | - | NC ANTIEMETICS |
| MARPLAN TAB | - | NC ANTIDEPRESSANTS |
| MATULANE CAP | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier Category |
|-----------------------------------|---------------------|--|
| MAVENCLAD PAK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVIK TAB | - | NC ANTIHYPERTENSIVES |
| MAVYRET PAK | - | NC ANTIVIRALS |
| MAVYRET TAB | - | NC ANTIVIRALS |
| MAXALT MLT TAB | - | NC MIGRAINE PRODUCTS |
| MAXALT TAB | - | NC MIGRAINE PRODUCTS |
| MAXIDEX OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| MAXITROL OPHTH OINT | - | NC OPHTHALMIC AGENTS |
| MAXITROL OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| MAXZIDE TAB | - | NC DIURETICS |
| MAYZENT TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MECLIZINE 50MG TAB | - | NC ANTIEMETICS |
| meclizine chew tab (BONINE equiv) | OTC | 1 ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) | OTC | 1 ANTIEMETICS |
| MECLOFENAMATE CAP | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| MEDROL DOSE PACK | - | NC CORTICOSTEROIDS |
| MEDROL TAB | - | 2 CORTICOSTEROIDS |
| MEDROL TAB | - | NC CORTICOSTEROIDS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| mefloquine tab (LARIAM equiv) | - | 2 ANTIMALARIALS |
| MEGACE ES SUSP | - | NC PROGESTINS |
| megestrol ES susp (MEGACE ES equiv) | - | 3 PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam cap (VIVLODEX equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|-------------------------------------|---------------------|---|
| MELOXICAM COMFORT KIT | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| melphalan inj (ALKERAN equiv) | M | M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| melphalan tab (ALKERAN equiv) | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine sol (NAMENDA equiv) | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | \$0 VACCINES |
| MENEST TAB | - | 3 ESTROGENS |
| MENHIBRIX INJ | VAC | \$0 VACCINES |
| MENOMUNE INJ | VAC | \$0 VACCINES |

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|---------------------------------------|---------------------|--|
| MENOPUR INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MENOSTAR PATCH | - | NC ESTROGENS |
| MENQUADFI INJ | VAC | \$0 VACCINES |
| MENTAX CREAM | - | 3 DERMATOLOGICALS |
| MENTHOREAL10 THERAPY PACK | - | NC DERMATOLOGICALS |
| MENVEO INJ | VAC | \$0 VACCINES |
| MEPERIDINE TAB | - | NC ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) | - | NC ANALGESICS - OPIOID |
| MEPHYTON TAB | - | NC VITAMINS |
| meprobamate tab (MILTOWN equiv) | - | 3 ANTIANXIETY AGENTS |
| MEPRON SUSP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| mercaptapurine tab (PURINETHOL equiv) | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meropenem inj (MERREM equiv) | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| mesalamine DR cap (DELZICOL equiv) | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 GASTROINTESTINAL AGENTS - MISC. |

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|--------------------------------------|---------------------|-------------|--|
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (PENTASA CR equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | TMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESTINON TAB | - | NC | ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| MESTINON TIMESPAN TAB | - | NC | ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| METANX CAP | - | EX C | DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS |
| METAPROTERENOL SYRUP | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| METAPROTERENOL TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|---|---------------------|---|
| metaxalone tab (SKELAXIN equiv) | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| METDRAY GEL | - | NC DERMATOLOGICALS |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC ANTIDIABETICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | 3 ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 ANTIDIABETICS |
| METFORMIN TAB | - | NC ANTIDIABETICS |
| methadone soln | - | 1 ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) | - | 1 ANALGESICS - OPIOID |
| METHADOSE CONC | - | NC ANALGESICS - OPIOID |
| methadose tab | - | 1 ANALGESICS - OPIOID |
| methamphetamine tab (DESOXYN equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methazolamide tab (NEPTAZANE equiv) | - | 2 DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 2 ANTI-INFECTIVE AGENTS MISC. |
| methenamine mandelate tab | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| methimazole tab (TAPAZOLE equiv) | - | 1 THYROID AGENTS |

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|---|---------------------|-------------|---|
| METHITEST TAB | PA | 3 | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METHOCARBAMOL TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METHOXSALEN CAP | - | 2 | DERMATOLOGICALS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 3 | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | NC | DIURETICS |
| METHYLDOPA TAB | - | 1 | ANTIHYPERTENSIVES |
| methyldopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | NC | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |
| METHYLIN SOLN | - | 2 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| methylphenidate CD cap (METADATE CD equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) | - | 3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate ER tab | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| METHYLPHENIDATE ER TAB 72MG | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| methylphenidate td patch (DAYTRANA equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 CORTICOSTEROIDS |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 CORTICOSTEROIDS |
| methyltestosterone cap | PA | 3 ANDROGENS-ANABOLIC |
| METIPRANOLOL OPTH SOLN | - | 2 OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | 1 BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | NC ANTIHYPERTENSIVES |
| METZOZOLV ODT | - | NC GASTROINTESTINAL AGENTS - MISC. |
| METROCREAM | - | NC DERMATOLOGICALS |
| METROGEL 1% | - | NC DERMATOLOGICALS |
| METROGEL VAGINAL GEL | - | NC VAGINAL PRODUCTS |

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|--|---------------------|---|
| METROLOTION | - | NC DERMATOLOGICALS |
| metronidazole cap (FLAGYL equiv) | - | NC ANTI-INFECTIVE AGENTS MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 2 DERMATOLOGICALS |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 2 DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 VAGINAL PRODUCTS |
| metyrosine cap (DEMSEER equiv) | - | NC ANTIHYPERTENSIVES |
| mexiletine hcl cap | - | 2 ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC DERMATOLOGICALS |
| MIACALCIN INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIACALCIN NASAL SPRAY | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| micafungin inj (MYCAMINE equiv) | M | M ANTIFUNGALS |
| MICARDIS HCT TAB | - | NC ANTIHYPERTENSIVES |
| MICARDIS TAB | - | NC ANTIHYPERTENSIVES |
| MICLARA LIQUID | - | NC ANTIHISTAMINES |
| MICONAZOLE 3 SUPP 200MG | - | 3 VAGINAL PRODUCTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| MICORT-HC CREAM | - | NC DERMATOLOGICALS |
| MICROVIX LP PAK | - | NC DERMATOLOGICALS |
| MICROZIDE CAP | - | NC DIURETICS |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| midodrine tab (PROAMATINE equiv) | - | 1 VASOPRESSORS |
| mifepristone tab (MIFIPREX equiv) | - | 1 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIFIPREX TAB | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGERGOT SUPP | - | NC MIGRAINE PRODUCTS |
| miglitol tab (MIGLITOL equiv) | - | 3 ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) | - | NC HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY | - | NC MIGRAINE PRODUCTS |
| MILLIPRED DP PAK | - | NC CORTICOSTEROIDS |
| MILLIPRED TAB | - | NC CORTICOSTEROIDS |
| MINASTRIN CHEW TAB | - | NC CONTRACEPTIVES |
| MINIPRESS CAP | - | NC ANTIHYPERTENSIVES |
| MINOCIN CAP | - | NC TETRACYCLINES |
| minocycline cap (MINOCIN equiv) | - | 1 TETRACYCLINES |
| MINOCYCLINE ER CAP | - | NC TETRACYCLINES |

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|---|---------------------|--|
| minocycline ER tab (SOLODYN equiv) | - | NC TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 2 TETRACYCLINES |
| MINOLIRA TAB | - | NC TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 ANTIHYPERTENSIVES |
| MIRALAX | OTC | NC LAXATIVES |
| MIRALAX PACKET | OTC | NC LAXATIVES |
| MIRAPEX ER TAB | - | NC ANTIPARKINSON AGENTS |
| MIRAPEX TAB | - | NC ANTIPARKINSON AGENTS |
| MIRCERA INJ | - | NC HEMATOPOIETIC AGENTS |
| MIRCETTE TAB | - | NC CONTRACEPTIVES |
| MIRENA IUD | - | \$0 CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 ANTIDEPRESSANTS |
| MIRVASO GEL | - | EX DERMATOLOGICALS C |
| misoprostol tab (CYTOTEC equiv) | - | 1 ULCER DRUGS |
| MITIGARE CAP, COLCHICINE CAP | - | NC GOUT AGENTS |
| M-M-R II INJ | VAC | \$0 VACCINES |
| MOBIC TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| MODERIBA TAB | - | NC ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | NC ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | \$0 ANTIVIRALS |
| mometasone cream (ELOCON equiv) | - | 1 DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill) | QL | 1 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 DERMATOLOGICALS |
| MONODOX CAP | - | NC TETRACYCLINES |
| montelukast chew tab (SINGULAIR equiv) | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | NC ANTI-INFECTIVE AGENTS MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|-----------------------------------|
| MORPHABOND TAB | - | NC ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day) | QL | 3 ANALGESICS - OPIOID |
| MORPHINE SULFATE ER CAP | - | NC ANALGESICS - OPIOID |
| morphine sulfate ER cap (KADIAN equiv) | - | NC ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN | - | 1 ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | 2 ANALGESICS - OPIOID |
| morphine sulfate tab | - | 1 ANALGESICS - OPIOID |
| MOTEGRITY TAB | PA | 3 GASTROINTESTINAL AGENTS - MISC. |
| MOTOFEN TAB | - | 3 ANTIDIARRHEALS |
| MOTRIN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 ANTIDIABETICS |
| MOVANTIK TAB | PA | 2 GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN | - | NC LAXATIVES |
| MOXATAG TAB | - | NC PENICILLINS |
| MOXATAG TAB 775MG | - | NC PENICILLINS |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC OPHTHALMIC AGENTS |

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|--|---------------------|-------------|------------------------|
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MOZOBIL INJ | M | M | HEMATOPOIETIC AGENTS |
| MS CONTIN TAB | - | NC | ANALGESICS - OPIOID |
| MUCINEX LIQUID | - | NC | COUGH / COLD / ALLERGY |
| MUCINEX TAB | - | NC | COUGH / COLD / ALLERGY |
| MULPLETA TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTAQ TAB | - | NC | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTI-MAC TAB | - | NC | MULTIVITAMINS |
| multivitamin tab | - | 3 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| mupirocin cream (BACTROBAN equiv) | - | NC | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| MYALEPT INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYAMBUTOL TAB | - | NC ANTIMYCOBACTERIAL AGENTS |
| MYCAMINE INJ | M | M ANTIFUNGALS |
| MYCAPSSA CAP | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYCOBUTIN CAP | - | NC ANTIMYCOBACTERIAL AGENTS |
| mycophenolate DR tab (MYFORTIC equiv) | - | SP ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | SP ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | SP ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | SP ASSORTED CLASSES |
| MYDAYIS CAP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| MYDRIACYL OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| MYFEMBREE TAB | - | NC ESTROGENS |
| MYFORTIC TAB | - | NC ASSORTED CLASSES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| MYLERAN TAB | TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MYNATAL-Z TAB | - | 3 MULTIVITAMINS |
| MYRBETRIQ SUSP | - | NC URINARY ANTISPASMODICS |
| MYRBETRIQ TAB | - | 2 URINARY ANTISPASMODICS |
| MYSOLINE TAB | - | NC ANTICONVULSANTS |
| MYTESI TAB | - | NC ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 2 BETA BLOCKERS |
| NAFLON CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naftifine cream (NAFTIN equiv) | - | 3 DERMATOLOGICALS |
| NAFTIFINE CREAM | - | NC DERMATOLOGICALS |
| naftifine gel (NAFTIN equiv) | - | 3 DERMATOLOGICALS |
| NAFTIN CREAM | - | NC DERMATOLOGICALS |
| NAFTIN GEL | - | NC DERMATOLOGICALS |
| nalbuphine inj | - | NC ANALGESICS - OPIOID |
| naloxone hcl nasal spray (NARCAN equiv) | - | 1 ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | 1 ANTIDOTES |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| naloxone prefilled inj | - | 1 ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | --QL | 2 ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 ANTIDOTES |
| NAMENDA TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--------------------------------------|
| NAPROSYN EC TAB 500MG | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 ANALGESICS - ANTI-INFLAMMATORY |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 2 ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naproxen susp (NAPROSYN equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | - | 3 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARDIL TAB 15MG | - | 3 | ANTIDEPRESSANTS |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NASCOBAL NASAL SPRAY | - | 3 | HEMATOPOIETIC AGENTS |
| NATACYN OPTH SUSP | - | NC | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | \$0 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | NC | ANTIDIABETICS |
| NATESTO NASAL GEL | - | NC | ANDROGENS-ANABOLIC |
| NATPARA INJ (Only available through Accredo-800-803-2523 or Walgreens-888-347-3416) | LD-PA | SP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY | - | NC | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 2 | BETA BLOCKERS |
| NEBUPENT NEB SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NEBUSAL NEB SOLN | - | NC | COUGH / COLD / ALLERGY |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| NENDRUX GEL | - | NC | DERMATOLOGICALS |

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|---|---------------------|-------------|----------------------|
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | 3 | MULTIVITAMINS |
| NEONATAL FE TAB | - | 3 | MULTIVITAMINS |
| NEORAL CAP | - | NC | ASSORTED CLASSES |
| NEORAL SOLN | - | NC | ASSORTED CLASSES |
| NEOSALUS FOAM | - | NC | DERMATOLOGICALS |
| NEOSPORIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| NEO-SYNALAR CREAM | - | NC | DERMATOLOGICALS |
| NEPHROCAP | - | NC | MULTIVITAMINS |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NEPHRO-VITE TAB | - | NC | MULTIVITAMINS |
| NEPTAZANE TAB | - | NC | DIURETICS |

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|---|---------------------|---|
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEULASTA INJ | - | NC HEMATOPOIETIC AGENTS |
| NEUPOGEN INJ | - | NC HEMATOPOIETIC AGENTS |
| NEUPRO PATCH | - | 3 ANTIPARKINSON AGENTS |
| NEURONTIN CAP | - | NC ANTICONVULSANTS |
| NEURONTIN SOLN | - | NC ANTICONVULSANTS |
| NEURONTIN TAB 600MG | - | NC ANTICONVULSANTS |
| NEURONTIN TAB 800MG | - | NC ANTICONVULSANTS |
| NEVANAC OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | SP ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | SP ANTIVIRALS |
| NEVIRAPINE SUSP | - | NC ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | NC ANTIVIRALS |
| NEXAVAR TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEXICLON XR TAB | - | NC ANTIHYPERTENSIVES |
| NEXIUM 24HR TAB | OTC | 3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |

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|--|---------------------|---|
| NEXIUM GRANULE PACK | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| NEXLETOL TAB | - | NC ANTIHYPERLIPIDEMICS |
| NEXLIZET TAB | - | NC ANTIHYPERLIPIDEMICS |
| NEXPLANON IMPLANT | - | \$0 CONTRACEPTIVES |
| NEXTSTELLIS TAB | - | \$0 CONTRACEPTIVES |
| niacin cap | OTC | 1 VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 VITAMINS |
| niacin ER tab (NIASPAN equiv) | - | 1 ANTIHYPERLIPIDEMICS |
| niacin tab | OTC | 1 VITAMINS |
| NIACIN TR TAB | OTC | 1 VITAMINS |
| niacinamide tab | OTC | 1 VITAMINS |
| NIACOR TAB | - | NC ANTIHYPERLIPIDEMICS |
| NIASPAN ER TAB | - | NC ANTIHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | 3 CALCIUM CHANNEL BLOCKERS |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|---|---------------------|---|
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| nifedipine ER tab (ADALAT CC equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | NC CALCIUM CHANNEL BLOCKERS |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NIRAVAM ODT | - | NC ANTIANXIETY AGENTS |
| nisoldipine ER tab (SULAR equiv) | - | NC CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | NC CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 25.5MG | - | NC CALCIUM CHANNEL BLOCKERS |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 ANTI-INFECTIVE AGENTS - MISC. |
| nitisinone cap (ORFADIN equiv) | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | 2 ANTIANGINAL AGENTS |
| NITRO-DUR PATCH | - | NC ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 ANTIANGINAL AGENTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC | ANTI-INFECTIVE AGENTS MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 3 | ANTI-INFECTIVE AGENTS MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NITROLINGUAL PUMP SPRAY | - | NC | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITROSTAT SL TAB | - | NC | ANTIANGINAL AGENTS |
| NITYR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ | TMSP | SP | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| NIZATIDINE SOLN | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| NIZORAL A-D SHAMPOO | OTC | EX DERMATOLOGICALS C |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EX DERMATOLOGICALS C |
| NIZORAL SHAMPOO | - | NC DERMATOLOGICALS |
| NOCDURNA SL TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 CONTRACEPTIVES |

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|---|---------------------|-------------|--------------------------------|
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| NORGESIC TAB FORTE | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| NORITATE CREAM | - | NC | DERMATOLOGICALS |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| NORPACE CAP | - | NC | ANTIARRHYTHMICS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| NORPRAMIN TAB | - | NC | ANTIDEPRESSANTS |
| NOR-QD TAB | - | NC | CONTRACEPTIVES |
| NORTHERA CAP | - | NC | VASOPRESSORS |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | 2 | ANTIDEPRESSANTS |
| NORVASC TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| NORVIR CAP | - | 3 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 3 | ANTIVIRALS |
| NORVIR SOLN | - | 3 | ANTIVIRALS |
| NORVIR TAB | - | NC | ANTIVIRALS |

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| Drug Name | Special Code | Tier Category |
|-------------------------------|---------------------|---|
| NOURIANZ TAB | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| NOVACORT GEL | - | NC DERMATOLOGICALS |
| NOVOFINE PEN NEEDLE | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 ANTIDIABETICS |
| NOVOLIN 70/30 INJ | OTC | 2 ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | 2 ANTIDIABETICS |
| NOVOLIN N INJ | OTC | 2 ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | 2 ANTIDIABETICS |
| NOVOLIN R INJ | OTC | 2 ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 ANTIDIABETICS |
| NOVOLOG INJ | - | 2 ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL PAK | - | 3 ANTIFUNGALS |
| NOXAFIL SUSP | - | NC ANTIFUNGALS |
| NOXAFIL TAB | - | NC ANTIFUNGALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUBEQA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARACLINPA KIT | - | NC | DERMATOLOGICALS |
| NUCARARXPAK KIT | - | NC | DERMATOLOGICALS |
| NUCORT LOTION | - | 3 | DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB | - | 3 | ANALGESICS - OPIOID |
| NUDERMRXPAK PAK | - | NC | DERMATOLOGICALS |
| NUEDEXTA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv) | - | NC | DERMATOLOGICALS |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| NUPLAZID CAP | - | NC | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| NUPLAZID TAB | - | NC | ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| NUVAKAAN II KIT | - | NC DERMATOLOGICALS |
| NUVARING | - | \$0 CONTRACEPTIVES |
| NUVESSA VAGINAL GEL | - | NC VAGINAL AND RELATED PRODUCTS |
| NUVIGIL TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| NUZYRA TAB | - | NC TETRACYCLINES |
| NYATA KIT | - | NC DERMATOLOGICALS |
| NYMALIZE SOLN | - | NC CALCIUM CHANNEL BLOCKERS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 DERMATOLOGICALS |
| nystatin oint | - | 1 DERMATOLOGICALS |
| nystatin powder | - | 1 ANTIFUNGALS |
| nystatin susp | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| nystatin tab | - | 1 ANTIFUNGALS |
| nystatin topical powder | - | 1 DERMATOLOGICALS |
| nystatin/triamcinolone cream | - | 1 DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | 1 DERMATOLOGICALS |
| NYVEPRIA INJ | - | NC HEMATOPOIETIC AGENTS |
| OCALIVA TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| octreotide inj (SANDOSTATIN equiv) | TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCUFLOX OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| ODACTRA SL TAB | PA | 3 ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| ODEFSEY TAB | - | NC ANTIVIRALS |
| ODOMZO CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP | - | NC RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 FLUOROQUINOLONES |
| olanzapine ODT (ZYPREXA equiv) | - | 2 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| OLLIZAC POWDER | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| olmesartan tab (BENICAR equiv) | - | 1 ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | - | NC ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | NC ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 2 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | OTC | 1 OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 OPHTHALMIC AGENTS |
| OLUMIANT TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC DERMATOLOGICALS |
| OLUX FOAM | - | NC DERMATOLOGICALS |
| OLYSIO CAP | - | NC ANTIVIRALS |
| OMEGA-3 RX PAK COMPLETE | - | NC ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 ULCER DRUGS |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |

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|---|---------------------|---|
| omeprazole tab | OTC | 1 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC ULCER DRUGS |
| OMNARIS NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNICEF SUSP | - | NC CEPHALOSPORINS |
| OMNIPAQUE SOLN | - | NC DIAGNOSTIC PRODUCTS |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|-----------------------------------|---------------------|-------------|------------------------------|
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONETOUCH DELICA LANCETS | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH DELICA PLUS LANCETS | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH DELICA ULTRASOFT LANCETS | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ONETOUCH VERIO FLEX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO IQ METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO REFLECT METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ONEXTON GEL | - | NC | DERMATOLOGICALS |
| ONFI SUSP | - | NC | ANTICONVULSANTS |

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| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary Cont.

Alphabetical Index

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| ONFI TAB | - | NC ANTICONVULSANTS |
| ONGENTYS CAP | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB | - | NC ANTIDIABETICS |
| ONUREG TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT | - | NC DERMATOLOGICALS |
| ONZETRA XSAIL | - | NC MIGRAINE PRODUCTS |
| OPANA ER TAB | - | NC ANALGESICS - OPIOID |
| OPANA ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day) | QL | 3 ANALGESICS - OPIOID |
| OPANA TAB | - | NC ANALGESICS - OPIOID |
| opium tincture | - | 3 ANTIDIARRHEALS |
| OPSUMIT TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| OPZELURA CREAM | - | NC DERMATOLOGICALS |
| ORACIT SOLN | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB | - | NC BIOLOGICALS MISC |
| ORAP TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ORAPRED ODT TAB | - | 3 CORTICOSTEROIDS |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|-----------------------------|---------------------|---|
| ORAPRED SOLN | - | NC CORTICOSTEROIDS |
| ORAVIG TAB | - | 3 MOUTH / THROAT / DENTAL AGENTS |
| ORENCIA CLICK INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ORENITRAM TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| ORFADIN CAP | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORFADIN SUSP | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORGOVYX TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP | - | NC ESTROGENS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET | - | NC | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| ORLADEYO CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ORSERDU TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORTHO TRI-CYCLEN (LO) TAB | - | NC | CONTRACEPTIVES |
| ORTHO-CYCLEN TAB | - | NC | CONTRACEPTIVES |
| ORTIKOS ER CAP | - | NC | CORTICOSTEROIDS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 ANTIVIRALS |
| OSMOLEX ER TAB | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB | - | NC LAXATIVES |
| OSPHENA TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC OTIC AGENTS |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC OTIC AGENTS |
| OVACE PLUS CREAM | - | NC DERMATOLOGICALS |
| OVACE PLUS GEL | - | NC DERMATOLOGICALS |
| OVACE PLUS LOTION | - | NC DERMATOLOGICALS |
| OVACE PLUS SHAMPOO | - | NC DERMATOLOGICALS |
| OVACE PLUS FOAM | - | NC DERMATOLOGICALS |
| OVACE WASH | - | NC DERMATOLOGICALS |
| OVCON 35 TAB | - | NC CONTRACEPTIVES |
| OVEEZA CAP | - | NC HEMATOPOIETIC AGENTS |
| OVIDE LOTION | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| OVIDREL INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OXANDRIN TAB | - | NC ANDROGENS-ANABOLIC |
| oxandrolone tab (OXANDRIN equiv) | - | 1 ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 2 ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | NC ANTIANXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP HEMATOPOIETIC AGENTS |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP HEMATOPOIETIC AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 ANTICONVULSANTS |
| OXERVATE OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| OXIANUJO CREAM | - | NC DERMATOLOGICALS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC DERMATOLOGICALS |
| OXISTAT CREAM | - | NC DERMATOLOGICALS |
| OXISTAT LOTION | - | NC DERMATOLOGICALS |
| OXSORALEN ULTRA CAP | - | NC DERMATOLOGICALS |
| OXTELLAR XR TAB | - | NC ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 URINARY ANTISPASMODICS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---------------------------|
| OXYBUTYNIN SOLN | - | NC | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | 1 | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 3 | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| OXYIR CAP | - | 2 | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | NC | ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | 1 | URINARY ANTISPASMODICS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| OZOBAX SOLN | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| OZOBAX SOLN, BACLOFEN SOLN | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | SP | ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | SP | ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| paliperidone ER tab (INVEGA equiv) | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| PALYNZIQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PAMELOR CAP | - | NC | ANTIDEPRESSANTS |
| pamidronate inj | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC | DIGESTIVE AIDS |
| PANCRELIPASE CAP | - | NC | DIGESTIVE AIDS |
| PANDEL CREAM | - | NC | DERMATOLOGICALS |
| PANRETIN GEL | - | NC | DERMATOLOGICALS |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| pantoprazole EC tab (PROTONIX equiv) | - | 1 ULCER DRUGS |
| pantoprazole sodium packet (PROTONIX PAK equiv) | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| PARAGARD IUD | - | \$0 CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | NC DERMATOLOGICALS |
| PAREGORIC TINCTURE | - | NC ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PARLODEL CAP | - | NC ANTIPARKINSON AGENTS |
| PARLODEL TAB | - | NC ANTIPARKINSON AGENTS |
| PARNATE TAB | - | NC ANTIDEPRESSANTS |
| paromomycin cap (HUMATIN equiv) | - | NC AMINOGLYCOSIDES |
| paroxetine cap (BRISDELLE equiv) | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 ANTIDEPRESSANTS |
| paroxetine oral susp (PAXIL equiv) | - | 3 ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 ANTIDEPRESSANTS |
| PASER GRANULE | - | NC ANTIMYCOBACTERIAL AGENTS |
| PATANASE NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--------------------------------|
| PATANOL OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| PAXIL CR TAB | - | NC ANTIDEPRESSANTS |
| PAXIL ORAL SUSP | - | 3 ANTIDEPRESSANTS |
| PAXIL TAB | - | NC ANTIDEPRESSANTS |
| PAXLOVID TAB (QL= 20 tabs/fill) | QL | \$0 ANTIVIRALS |
| PAXLOVID TAB (QL= 30 tabs/fill) | QL | \$0 ANTIVIRALS |
| PAZEO OPHTH SOLN 0.7% | - | NC OPHTHALMIC AGENTS |
| pb-belladonna elixir (DONNATAL equiv) | - | NC ULCER DRUGS |
| PCE TAB | - | 3 MACROLIDES |
| PEAK FLOW METER | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| PEDIARIX INJ | VAC | \$0 TOXOIDS |
| pediatric multiple vitamins/fluoride chew tab | - | 1 MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | 1 MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 MULTIVITAMINS |
| PEDIZOLPAK THERAPY PACK | - | NC DERMATOLOGICALS |
| PEDVAXHIB INJ | VAC | \$0 VACCINES |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) | - | NC LAXATIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 LAXATIVES |
| PEGANONE TAB | - | 2 ANTICONVULSANTS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| PEGASYS INJ | TMSP | SP ANTIVIRALS |
| PEG-INTRON INJ | TMSP | SP ANTIVIRALS |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEN NEEDLE | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| penciclovir cream (DENA VIR equiv) | - | 3 DERMATOLOGICALS |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 MISCELLANEOUS THERAPEUTIC CLASSES |
| penicilliamine cap (CUPRIMINE equiv) | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| PENICILLIN VK SOLN | - | 1 PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | 1 PENICILLINS |
| PENLAC SOLN | - | NC DERMATOLOGICALS |
| PENNSAID SOLN | - | NC DERMATOLOGICALS |
| PENTACEL INJ | VAC | \$0 TOXOIDS |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 ANTI-INFECTIVE AGENTS MISC. |
| PENTASA CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| PENTASA CR CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 ANALGESICS - OPIOID |

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|--|---------------------|---|
| PENTOSAN CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| PEPCID SUSP | - | NC ULCER DRUGS |
| PEPCID TAB | OTC | NC ULCER DRUGS |
| PERCOCET TAB | - | NC ANALGESICS - OPIOID |
| PERFOROMIST NEB SOLN | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PERIDEX SOLN | - | NC MOUTH / THROAT / DENTAL AGENTS |
| PERINDOPRIL TAB | - | 1 ANTIHYPERTENSIVES |
| perindopril tab (ACEON equiv) | - | 1 ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PEXEVA TAB | - | NC ANTIDEPRESSANTS |
| PHEBURANE ORAL PELLETS | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 95mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENDIMETRAZINE ER TAB | - | EX C | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EX C | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| PHENELZINE SULFATE TAB | - | 1 | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| PHENOBARBITAL TAB | - | 1 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|------------------------------------|
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 ANTICONVULSANTS |
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 VAGINAL AND RELATED PRODUCTS |
| PHOSLO CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| PHOSLYRA SOLN | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| PHOTREXA OP KIT | - | NC OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 2 VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 DERMATOLOGICALS |
| PIFELTRO TAB | - | NC ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 DERMATOLOGICALS |

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|--|---------------------|---|
| PIMOZIDE TAB | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | NC BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | 1 ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC ANTIDIABETICS |
| PIQRAY TAB | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | PA-QL-SF-TMSP | SP RESPIRATORY AGENTS - MISC. |
| PIRFENIDONE TAB | - | NC RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | PA-QL-SF-TMSP | SP RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | PA-QL-SF-TMSP | SP RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| PLAN B TAB | OTC | \$0 CONTRACEPTIVES |
| PLAQUENIL TAB | - | NC ANTIMALARIALS |
| PLAVIX TAB 75MG | - | NC HEMATOLOGICAL AGENTS - MISC. |

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|---|---------------------|---|
| PLEGRIDY INJ | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENITY CAP | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| PLENVU SOLN | - | NC LAXATIVES |
| PLEXION CREAM 9.8-4.8% | - | NC DERMATOLOGICALS |
| PLEXION LOTION | - | NC DERMATOLOGICALS |
| PLIAGLIS CREAM | - | NC DERMATOLOGICALS |
| PLIAGLIS KIT | - | NC DERMATOLOGICALS |
| PNEUMOVAX INJ | VAC | \$0 VACCINES |
| PODIAPN CAP | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| PODOCON SOLN | - | 2 DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 2 DERMATOLOGICALS |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | NC LAXATIVES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 PHARMACEUTICAL ADJUVANTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| polyethylene glycol packet (MIRALAX equiv) | OTC | NC LAXATIVES |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 OPTHALMIC AGENTS |
| POLYTRIM OPHTH SOLN | - | NC OPTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | NC COUGH / COLD / ALLERGY |
| POLY-VI-FLOR SUSP | - | NC MULTIVITAMINS |
| POMALYST CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PONSTEL CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| PONVORY TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| posaconazole DR tab (NOXAFIL equiv) | - | 3 ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 MINERALS & ELECTROLYTES |
| POTABA CAP | - | 3 VITAMINS |
| POTABA POWDER PACKET | - | 2 VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 MINERALS & ELECTROLYTES |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--------------------------------------|
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | 1 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium iodide oral soln (SSKI equiv) | - | 2 | COUGH / COLD / ALLERGY |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 2 | MINERALS & ELECTROLYTES |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONVULSANTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--------------------------------|
| POTIGA TAB 50MG (QL= 9 tabs/day) | QL | 2 ANTICONVULSANTS |
| PRADAXA CAP 110MG | - | NC ANTICOAGULANTS |
| PRADAXA CAP 75MG, 150MG | - | 3 ANTICOAGULANTS |
| PRADAXA PELLETT PACK | - | NC ANTICOAGULANTS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1% | - | NC DERMATOLOGICALS |
| PRAMOSONE CREAM 2.5-1% | - | NC DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | NC DERMATOLOGICALS |
| PRAMOSONE LOTION | - | NC DERMATOLOGICALS |
| PRAMOSONE OINT | - | NC DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM-HC equiv) | - | NC ANORECTAL AGENTS |
| PRANDIMET TAB | - | NC ANTIDIABETICS |
| PRANDIN TAB | - | NC ANTIDIABETICS |
| PRASCION RA CREAM | - | 2 DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| PRAVACHOL TAB | - | NC ANTIHYPERLIPIDEMICS |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | 2 ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC DIAGNOSTIC PRODUCTS |

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| EXC | Plan Exclusion | INF | Infertility |
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---------------------------------|
| PRECISION XTRA METER | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP | OTC | NC DIAGNOSTIC PRODUCTS |
| PRECOSE TAB | - | NC ANTIDIABETICS |
| PRED FORTE OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | 2 CORTICOSTEROIDS |
| PREDNISOLONE ODT TAB | - | 2 CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | 1 OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 OPHTHALMIC AGENTS |
| prednisolone soln | - | 1 CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC OPHTHALMIC AGENTS |

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| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/NEPAFENAC OPTH SUSP | - | NC | OPHTHALMIC AGENTS |
| prednisone pack | - | NC | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 2 | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| PREFEST TAB | - | 3 | ESTROGENS |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin ER tab (LYRICA CR equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 | ANTICONVULSANTS |
| PREGEN DHA CAP | - | NC | MULTIVITAMINS |
| PREGENNA TAB | - | NC | MULTIVITAMINS |
| PREGNYL INJ | INF-M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|--|
| PREHEVBRIO SUSP | VAC | \$0 VACCINES |
| PREMARIN TAB | - | 2 ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 ESTROGENS |
| PRENARA CAP | - | NC MULTIVITAMINS |
| PRENATABS RX TAB | - | 1 MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | 1 MULTIVITAMINS |
| PRENATAL 19 TAB | - | 1 MULTIVITAMINS |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 MULTIVITAMINS |
| PRENATRIX TAB | - | NC MULTIVITAMINS |
| PRENATRYL TAB | - | NC MULTIVITAMINS |
| PREPOPIK PAK | - | NC LAXATIVES |
| PRESTALIA TAB | - | NC ANTIHYPERTENSIVES |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 ANTIMYCOBACTERIAL AGENTS |
| PREVACID CAP | OTC | 3 ULCER DRUGS |
| PREVACID OTC CAP | OTC | 1 ULCER DRUGS |
| PREVACID SOLUTAB | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |

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|---|---------------------|--|
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 MOUTH / THROAT / DENTAL AGENTS |
| PREVIDENT GEL | - | 2 MOUTH / THROAT / DENTAL AGENTS |
| PREVIDENT PASTE | - | 2 MOUTH / THROAT / DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | \$0 VACCINES |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 VACCINES |
| PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months) | PA-QL-TMSP | SP ANTIVIRALS |
| PREZCOBIX TAB | - | SP ANTIVIRALS |
| PREZISTA SUSP | - | SP ANTIVIRALS |
| PREZISTA TAB | - | SP ANTIVIRALS |
| PRIFTIN TAB | - | 2 ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | NC ULCER DRUGS |
| PRILOSEC OTC DR TAB | OTC | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 ANTIMALARIALS |
| PRIMAQUINE TAB | - | NC ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 ANTICONVULSANTS |

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|--|---------------------|--|
| PRIMLEV TAB 10-300MG | - | NC ANALGESICS - OPIOID |
| PRIMLEV TAB 5-300MG | - | NC ANALGESICS - OPIOID |
| PRIMSOL SOLN | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| PRINIVIL TAB, ZESTRIL TAB | - | NC ANTIHYPERTENSIVES |
| PRIORIX INJ | VAC | \$0 VACCINES |
| PRISTIQ TAB | - | NC ANTIDEPRESSANTS |
| PROAIR HFA INHALER, PROVENTIL HFA INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROAIR RESPICLICK INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| probenecid tab (BENEMID equiv) | - | 1 GOUT AGENTS |
| procainamide inj | M | M ANTIARRHYTHMICS |
| PROCARDIA CAP | - | NC CALCIUM CHANNEL BLOCKERS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| PROCORT CREAM | - | NC ANORECTAL AGENTS |
| PROCRIT INJ | - | 2 HEMATOPOIETIC AGENTS |
| PROCTOCORT CREAM | - | NC DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier | Category |
|--------------------------------------|---------------------|-------------|--|
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| PROCYSBI GRANULES PACKET | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB | - | NC | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| PROGLYCEM SUSP | - | NC | ANTIDIABETICS |
| PROGRAF CAP | - | NC | ASSORTED CLASSES |
| PROGRAF PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLATE TAB 7.5-300MG | - | NC | ANALGESICS - OPIOID |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROLEUKIN INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PROLIA INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PROMACTA POWDER | - | NC | HEMATOPOIETIC AGENTS |
| PROMACTA TAB | - | NC | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH / COLD / ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |

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|--|---------------------|-------------|--------------------------------------|
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH / COLD / ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH / COLD / ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH / COLD / ALLERGY |
| PROMETHEGAN SUPP | - | 2 | ANTIHISTAMINES |
| PROMETRIUM CAP | - | NC | PROGESTINS |
| PROMISEB CREAM | - | NC | DERMATOLOGICALS |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | NC | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROQUIN XR TAB | - | NC | FLUOROQUINOLONES |
| PROSCAR TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |

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|------------------------------------|---------------------|--|
| PROSED DS TAB | - | NC URINARY ANTI-INFECTIVES |
| PROTHELIAL PASTE | - | NC MOUTH / THROAT / DENTAL AGENTS |
| PROTONIX EC TAB | - | NC ULCER DRUGS |
| PROTOPIC OINT | - | NC DERMATOLOGICALS |
| protriptyline tab (VIVACTIL equiv) | - | 3 ANTIDEPRESSANTS |
| PROVERA TAB | - | NC PROGESTINS |
| PROVIGIL TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| PROZAC CAP | - | NC ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | NC ANTIDEPRESSANTS |
| PULMICORT FLEXHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMICORT INH SUSP | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN | - | NC RESPIRATORY AGENTS - MISC. |
| PUREFOLIX TAB | - | NC HEMATOPOIETIC AGENTS |

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|--|---------------------|---|
| PURIXAN SUSP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PYLERA CAP | - | 3 ULCER DRUGS |
| pyrazinamide tab | - | 1 ANTIMYCOBACTERIAL AGENTS |
| PYRIDIDIUM TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | NC ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| pyridstigmime soln (MESTINON equiv) | - | 3 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP ANTIMALARIALS |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC ANTIMALARIALS |
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP HEMATOLOGICAL AGENTS - MISC. |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP HEMATOLOGICAL AGENTS - MISC. |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTIHYPERTENSIVES |
| QBREXZA PAD | - | NC | DERMATOLOGICALS |
| QDOLO SOLN, TRAMADOL SOLN | - | NC | ANALGESICS - OPIOID |
| QELBREE ER CAP | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QMIIZ ODT TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | NC | ANTIDIABETICS |
| QUALAQUIN CAP | - | NC | ANTIMALARIALS |
| QUDEXY XR CAP | - | NC | ANTICONSULSANTS |
| QUESTRAN LITE POWDER | - | NC | ANTIHYPERTENSIVES |
| QUESTRAN POWDER | - | NC | ANTIHYPERTENSIVES |
| QUESTRAN POWDER PACK | - | NC | ANTIHYPERTENSIVES |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| QUETIAPINE TAB | - | NC | ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 MULTIVITAMINS |
| QUILLIVANT XR SUSP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 ANTIHYPERTENSIVES |
| QUINAPRIL/HCTZ TAB | - | NC ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB | - | NC ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC ANTIMALARIALS |
| QUINIXIL PAK | - | NC DERMATOLOGICALS |
| QUINOSONE KIT | - | NC DERMATOLOGICALS |
| QULIPTA TAB | - | NC MIGRAINE PRODUCTS |
| QUVIVIQ TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| QVAR INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| QVAR REDIHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 ULCER DRUGS |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP NEUROMUSCULAR AGENTS |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP NEUROMUSCULAR AGENTS |
| RAGWITEK SL TAB | - | NC BIOLOGICALS MISC |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 ANTIHYPERTENSIVES |
| RANEXA TAB | - | NC ANTIANGINAL AGENTS |
| ranitidine cap (ZANTAC equiv) | - | NC ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | NC ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC ULCER DRUGS |
| ranolazine tab (RANEXA equiv) | - | 2 ANTIANGINAL AGENTS |
| RAPAFLO CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |

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|--------------------------------|---------------------|--|
| RAPAMUNE SOLN | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| RAPAMUNE TAB | - | NC ASSORTED CLASSES |
| rasagiline tab (AZILECT equiv) | ¢ | 2 ANTIPARKINSON AGENTS |
| RAVICTI LIQUID | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYOS TAB | - | NC CORTICOSTEROIDS |
| RAZADYNE ER CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE SOLN | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBETOL SOLN | TMSP | SP ANTIVIRALS |
| REBIF INJ | TMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|-------------------------------|---------------------|---|
| REBLOZYL INJ | - | NC HEMATOPOIETIC AGENTS |
| RECORLEV TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RECTIV OINT | - | 3 ANORECTAL AGENTS |
| REDITREX INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| REGLAN TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 DERMATOLOGICALS |
| RELAFEN DS TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| RELENZA DISKHALER | - | NC ANTIVIRALS |
| RELEUKO INJ | - | NC HEMATOPOIETIC AGENTS |
| RELEUKO PREFILLED SYRINGE INJ | - | NC HEMATOPOIETIC AGENTS |
| RELISTOR INJ | - | NC GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR INJ KIT | - | NC GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| RELPAK TAB | - | NC MIGRAINE PRODUCTS |
| RELTONE CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |

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|--------------------------------|---------------------|---|
| RELYVRIO PAK | - | NC NEUROMUSCULAR AGENTS |
| REMEDIENT CAP | - | NC MULTIVITAMINS |
| REMERON SOLUTAB | - | NC ANTIDEPRESSANTS |
| REMERON TAB | - | NC ANTIDEPRESSANTS |
| REMODULIN INJ 10MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 1MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 2.5MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 5MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| RENACIDIN SOLN | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| RENAGEL TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| RENAGEL TAB 800MG | - | NC GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | 1 MULTIVITAMINS |
| RENOVA CREAM | - | EX DERMATOLOGICALS C |
| RENVELA TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |

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|---|---------------------|--|
| repaglinide tab (PRANDIN equiv) | - | 1 ANTIDIABETICS |
| REPAGLINIDE TAB | - | NC ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 ANTIHYPERLIPIDEMICS |
| REQUIP TAB | - | NC ANTIPARKINSON AGENTS |
| REQUIP XL TAB | - | NC ANTIPARKINSON AGENTS |
| RESCRIPTOR TAB | - | NC ANTIVIRALS |
| RESERVAPAK SYRUP | - | NC ALTERNATIVE MEDICINES |
| RESTASIS MULTIDOSE | - | NC OPHTHALMIC AGENTS |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 OPHTHALMIC AGENTS |
| RESTORIL CAP 15MG | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| RESTORIL CAP 22.5MG | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| RESTORIL CAP 30MG | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| RESTORIL CAP 7.5MG | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| RETACRIT INJ | - | 2 HEMATOPOIETIC AGENTS |

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Community Health Choice Narrow Formulary Cont.

Alphabetical Index

Last Updated 3/1/2023

| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| RETEVMO CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETIN-A CREAM | - | NC DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC DERMATOLOGICALS |
| RETROVIR CAP | - | NC ANTIVIRALS |
| RETROVIR SYRUP | - | NC ANTIVIRALS |
| RETROVIR TAB | - | NC ANTIVIRALS |
| REVATIO SUSP | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REVATIO TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist) | LD-QL-RS | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| REXAPHENAC CREAM | - | NC DERMATOLOGICALS |
| REXULTI TAB (QL= 1 tab/day) | PA-QL | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| REYATAZ CAP | - | NC ANTIVIRALS |
| REYATAZ POWDER PACK | - | SP ANTIVIRALS |
| REYVOW TAB | - | NC MIGRAINE PRODUCTS |
| REZLIDHIA CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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|---|---------------------|---|
| REZUROCK TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| REZYST CHEW TAB | - | NC ANTIDIARRHEALS |
| RHEUMATREX TAB | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| RHINOCORT AQUA NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RHOFADE CREAM | - | EX DERMATOLOGICALS C |
| RHOPRESSA OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| RIABNI SOLN | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RIBAPAK TAB | - | NC ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | TMSP | 1 ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | TMSP | 1 ANTIVIRALS |
| RIBAVIRIN TAB 400MG | - | NC ANTIVIRALS |
| RIDAURA CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 ANTIMYCOBACTERIAL AGENTS |
| RIFADIN CAP | - | NC ANTIMYCOBACTERIAL AGENTS |

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|---|---------------------|-------------|--|
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFATER TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| RILUTEK TAB | - | NC | NEUROMUSCULAR AGENTS |
| riluzole tab (RILUTEK equiv) | - | 2 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 3 | ANTIVIRALS |
| RINVOQ ER TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| RIOMET ER SUSP | - | 3 | ANTIDIABETICS |
| RIOMET SOLN | - | NC | ANTIDIABETICS |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL CONSTA INJ | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| Drug Name | Special Code | Tier Category |
|-------------------------------------|---------------------|---|
| RISPERDAL M ODT | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| RISPERDAL SOLN | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| RISPERDAL TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | 2 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | 2 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| RITALIN LA CAP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| RITALIN TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| ritonavir tab (NORVIR equiv) | - | 2 ANTIVIRALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| RITUXAN INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROAOXIA GEL | - | NC | DERMATOLOGICALS |
| ROBAXIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ROBINUL TAB | - | NC | ULCER DRUGS |
| ROCALTROL CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCALTROL SOLN | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCKLATAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|-------------------------------------|---------------------|--|
| roflumilast tab (DALIRESP equiv) | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 ANTIPARKINSON AGENTS |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC LOCAL ANESTHETICS-PARENTERAL |
| ROSADAN KIT | - | NC DERMATOLOGICALS |
| ROSULA EMULSION | - | NC DERMATOLOGICALS |
| ROSULA GEL | - | NC DERMATOLOGICALS |
| ROSULA WASH | - | NC DERMATOLOGICALS |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 ANTIHYPERLIPIDEMICS |
| ROSZET TAB | - | NC ANTIHYPERLIPIDEMICS |
| ROTARIX SUSP | VAC | \$0 VACCINES |
| ROTATEQ INJ | VAC | \$0 VACCINES |
| ROWASA KIT | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ROXICODONE TAB | - | NC ANALGESICS - OPIOID |
| ROXYBOND TAB | - | NC ANALGESICS - OPIOID |
| ROZEREM TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| ROZLYTREK CAP (QL= 3 caps/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (Only available through Accredo 800-803-2523) | LD-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 2 ANTICONSULSANTS |
| rufinamide tab (BANZEL equiv) | PA | 2 ANTICONSULSANTS |
| RUKOBIA ER TAB | - | NC ANTIVIRALS |
| RYALTRIS SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 ANTIDIABETICS |
| RYBIX ODT | - | NC ANALGESICS - OPIOID |
| RYCLORA SOLN | - | NC ANTIHISTAMINES |
| RYDAPT CAP (QL= 56 caps/28 days) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYTARY CAP | - | NC ANTIPARKINSON AGENTS |
| RYTHMOL SR CAP | - | NC ANTIARRHYTHMICS |
| RYVENT TAB | - | NC ANTIHISTAMINES |
| SABRIL POWDER PACK | - | NC ANTICONSULSANTS |
| SABRIL TAB | - | NC ANTICONSULSANTS |
| SAFYRAL TAB | - | 3 CONTRACEPTIVES |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALAGEN TAB | - | NC MOUTH / THROAT / DENTAL AGENTS |
| SALEX LOTION KIT | - | NC DERMATOLOGICALS |
| SALEX SHAMPOO | - | 3 DERMATOLOGICALS |
| SALEX SHAMPOO | - | NC DERMATOLOGICALS |
| salicylic acid soln | - | NC DERMATOLOGICALS |
| salicylic acid cream (CERAVE PSORIASIS equiv) | - | NC DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | 2 DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | NC DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 2 ANALGESICS - NONNARCOTIC |
| SAMSCA TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SAMSCA TAB 15MG | MSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 ANTIEMETICS |
| SANDIMMUNE CAP | - | NC ASSORTED CLASSES |
| SANDIMMUNE SOLN 100MG/ML | - | SP ASSORTED CLASSES |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| SANDOSTATIN INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANDOSTATIN LAR INJ KIT | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 DERMATOLOGICALS |
| SAPHRIS SL TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | PA-TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | PA-TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SARAFEM TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVAYSA TAB | - | NC ANTICOAGULANTS |
| SAVELLA PAK | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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|---|---------------------|-------------|---|
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SCARCIN GEL | - | NC | DERMATOLOGICALS |
| scarcin gel (SCARCIN equiv) | - | NC | DERMATOLOGICALS |
| SCARCIN LIQUID ROLL-ON | - | NC | DERMATOLOGICALS |
| SCEMBLIX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 2 | ANTIEMETICS |
| SEASONIQUE TAB | - | NC | CONTRACEPTIVES |
| SECONAL CAP | - | 2 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| SECUADO PATCH | - | NC | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| SEEBRI NEOHALER CAP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SEGLENTIS TAB | - | NC | ANALGESICS - OPIOID |
| SEGLUROMET TAB | - | NC | ANTIDIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | OTC | 1 | DERMATOLOGICALS |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| selenium sulfide shampoo (SELSEB equiv) | - | 2 DERMATOLOGICALS |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC DERMATOLOGICALS |
| SELRX SHAMPOO 2.3% | - | NC DERMATOLOGICALS |
| SELZENTRY SOLN | - | SP ANTIVIRALS |
| SELZENTRY TAB | - | SP ANTIVIRALS |
| SEMGLEE INJ (SINGLE PEN) | - | 2 ANTIDIABETICS |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 ANTIDIABETICS |
| SEMGLEE SOLN | - | NC ANTIDIABETICS |
| SEMPREX-D CAP | - | EX COUGH / COLD / ALLERGY C |
| SENSIPAR TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC DERMATOLOGICALS |
| SEROQUEL TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| SEROQUEL XR TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| SERTRALINE CAP | - | NC ANTIDEPRESSANTS |
| sertraline conc (ZOLOFT equiv) | - | 1 ANTIDEPRESSANTS |

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|--|---------------------|-------------|--|
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| SEVELAMER CARBONATE TAB | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SEYSARA TAB | - | NC | TETRACYCLINES |
| SFROWASA ENEMA | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| SHINGRIX INJ (Covered for members age 19 years or older) | VAC | \$0 | VACCINES |
| SIGNIFOR INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB | - | NC | HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | NC | DERMATOLOGICALS |
| SILATRIX GEL | - | NC | MOUTH / THROAT / DENTAL AGENTS |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 | CARDIOVASCULAR AGENTS - MISC. |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| sildenafil tab (VIAGRA equiv) | - | EX CARDIOVASCULAR C AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 CARDIOVASCULAR AGENTS - MISC. |
| SILIPAC KIT | - | NC DERMATOLOGICALS |
| SILIQ INJ | - | NC DERMATOLOGICALS |
| silodosin cap (RAPAFLO equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| SILVADENE CREAM | - | NC DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 DERMATOLOGICALS |
| SILVERA PAD | - | NC DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| SIMCOR TAB | - | NC ANTIHYPERLIPIDEMICS |
| SIMPONI ARIA INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 100MG | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 50MG | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 100MG | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 50MG | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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|---|---------------------|--|
| SIMVASTATIN SUSP | - | NC ANTIHYPERLIPIDEMICS |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 ANTIHYPERLIPIDEMICS |
| simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage) | - | NC ANTIHYPERLIPIDEMICS |
| SINEMET CR TAB | - | NC ANTIPARKINSON AGENTS |
| SINEMET TAB | - | NC ANTIPARKINSON AGENTS |
| SINGULAIR CHEW TAB | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR GRANULE PACK | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR TAB | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINUVA NASAL IMPLANT | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| sirolimus soln (RAPAMUNE equiv) | - | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | SP ASSORTED CLASSES |
| SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS-SP | SP ANTIMYCOBACTERIAL AGENTS |
| SITAVIG TAB | - | NC ANTIVIRALS |

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|---|---------------------|---|
| SITZMARKS CAP | - | NC DIAGNOSTIC PRODUCTS |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 ANTI-INFECTIVE AGENTS MISC. |
| SIVEXTRO TAB | QL-RS | NC ANTI-INFECTIVE AGENTS MISC. |
| SKELAXIN TAB | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| SKLICE LOTION | - | NC DERMATOLOGICALS |
| SKYRIZI INJ 150MG/ML | - | NC DERMATOLOGICALS |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | PA-QL-SP | SP GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | PA-QL-SP | SP GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 75MG/0.83ML | - | NC DERMATOLOGICALS |
| SKYTROFA INJ | PA-TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLO-NIACIN TAB | - | NC VITAMINS |
| SLYND TAB | - | \$0 CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| SOAANZ TAB | - | NC DIURETICS |

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|--|---------------------|---|
| sodium chloride 0.9% irr soln | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium chloride inj | M | M MINERALS & ELECTROLYTES |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 COUGH / COLD / ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 MOUTH / THROAT / DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 MINERALS & ELECTROLYTES |

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|--|---------------------|--|
| sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 MINERALS & ELECTROLYTES |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| SODIUM IODIDE I-131 SOLN | - | NC THYROID AGENTS |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | NC DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|----------------------|
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | NC DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC DERMATOLOGICALS |
| sodium/potassium/magnesium soln (SUPREP BOWEL PREP PACK equiv) | - | NC LAXATIVES |
| SOFOBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | PA-QL-TMSP | SP ANTIVIRALS |
| SOLAICE PATCH | - | NC DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC DERMATOLOGICALS |
| SOLARCAINE EXTRA GEL | - | NC DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 | ANTIDIABETICS |
| SOLODYN TAB | - | NC | TETRACYCLINES |
| SOLOSEC GRANULES PACKET | - | NC | AMEBICIDES |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 | CORTICOSTEROIDS |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 2 | CORTICOSTEROIDS |
| SOLU-MEDROL INJ | - | NC | CORTICOSTEROIDS |
| SOLU-MEDROL INJ 2GM | - | 2 | CORTICOSTEROIDS |
| SOMA TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMATULINE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMAVERT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMNOTE CAP | - | 3 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| SOOLANTRA CREAM | - | NC | DERMATOLOGICALS |
| sorafenib tosylate tab (NEXAVAR equiv) | MSP-PA-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SORIATANE CAP | - | NC | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOTYKTU TAB | - | NC | DERMATOLOGICALS |
| SOTYLIZE SOLN | - | NC | BETA BLOCKERS |
| SOTYLIZE SOLN 5MG/ML | - | NC | BETA BLOCKERS |
| SOVALDI PELLETT PAK | - | NC | ANTIVIRALS |
| SOVALDI TAB | - | NC | ANTIVIRALS |
| SPECTRACEF TAB | - | 3 | CEPHALOSPORINS |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| SPIRIVA HANDIHALER (For use with Handihaler device) | PA | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial o ADVAIR or FLUTICASONE/SALMETEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | PA | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPORANOX CAP | - | NC | ANTIFUNGALS |
| SPORANOX SOLN | - | NC | ANTIFUNGALS |
| SPRAVATO NASAL SOLN | - | NC | ANTIDEPRESSANTS |

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| Drug Name | Special Code | Tier Category |
|--------------------------------------|---------------------|---|
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 CONTRACEPTIVES |
| SPRITAM TAB | - | NC ANTICONVULSANTS |
| SPRIX NASAL SPRAY | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS SUSP | - | 1 MISCELLANEOUS THERAPEUTIC CLASSES |
| SSKI ORAL SOLN | - | 3 COUGH / COLD / ALLERGY |
| STALEVO TAB | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STAMARIL INJ | - | NC VACCINES |
| STARLIX TAB | - | NC ANTIDIABETICS |
| STAVUDINE CAP | - | NC ANTIVIRALS |
| stavudine cap (ZERIT equiv) | - | NC ANTIVIRALS |
| STAVZOR CAP | - | NC ANTICONVULSANTS |
| STEGLATRO TAB | - | NC ANTIDIABETICS |
| STEGLUJAN TAB | - | NC ANTIDIABETICS |
| STELARA INJ | - | NC DERMATOLOGICALS |
| STELARA INJ (QL= 1 inj/84 days) | --PA-QL-TMSP | SP DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|-------------------------------|---------------------|--|
| STIMUFEND INJ | - | NC HEMATOPOIETIC AGENTS |
| STIOLTO INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRATTERA CAP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| STRENSIQ INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIANT FILM | - | NC ANDROGENS-ANABOLIC |
| STRIBILD TAB | - | NC ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| STROMEKTOL TAB | - | NC ANTHELMINTICS |
| STROVITE TAB | - | NC MULTIVITAMINS |
| SUBLOCADE INJ | - | NC ANALGESICS - OPIOID |
| SUBOXONE SL FILM | - | NC ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC ANALGESICS - OPIOID |
| SUCLEAR KIT | - | NC LAXATIVES |

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|---|---------------------|---|
| SUCRAID SOLN | - | NC DIGESTIVE AIDS |
| sucralfate susp (CARAFATE equiv) | - | 2 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| sucralfate tab (CARAFATE equiv) | - | 1 ULCER DRUGS |
| SULAR TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 OPHTHALMIC AGENTS |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | NC DERMATOLOGICALS |
| SULFACETAMIDE/PREDNISOLONE OPHTH SOLN | - | 1 OPHTHALMIC AGENTS |
| sulfadiazine tab | - | 3 SULFONAMIDES |
| SULFADIAZINE TAB | - | NC SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 DERMATOLOGICALS |
| SULFAMYLON PACK | - | NC DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |

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|---|---------------------|--|
| SUMADEN XLT KIT | - | NC DERMATOLOGICALS |
| SUMANSETRON PAK | - | NC MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | NC MIGRAINE PRODUCTS |
| SUMAXIN PAD | - | NC DERMATOLOGICALS |
| SUMAXIN WASH | - | NC DERMATOLOGICALS |
| sunitinib malate cap (SUTENT equiv) | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SUNLENCA TAB | - | NC ANTIVIRALS |
| SUNOSI TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Alphabetical Index

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| Drug Name | Special Code | Tier Category |
|------------------------|---------------------|--|
| SUPRAX CAP | - | 3 CEPHALOSPORINS |
| SUPRAX CAP | - | NC CEPHALOSPORINS |
| SUPRAX CHEW TAB | - | 3 CEPHALOSPORINS |
| SUPRAX SUSP | - | NC CEPHALOSPORINS |
| SUPRAX SUSP 500MG/5ML | - | 3 CEPHALOSPORINS |
| SUPREP BOWEL PREP PACK | - | NC LAXATIVES |
| SURMONTIL CAP | - | NC ANTIDEPRESSANTS |
| SUSTIVA CAP | - | NC ANTIVIRALS |
| SUSTIVA TAB | - | NC ANTIVIRALS |
| SUSTOL INJ | - | NC ANTIEMETICS |
| SUTAB TAB | - | NC LAXATIVES |
| SUTENT CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYLATRON INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | 3 ULCER DRUGS |
| SYMBICORT INHALER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMBYAX CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SYMDEKO TAB | - | NC RESPIRATORY AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| SYMFI (LO) TAB | - | NC ANTIVIRALS |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 1 VASOPRESSORS |
| SYMLINPEN INJ | - | NC ANTIDIABETICS |
| SYMPAZAN ORAL FILM | - | NC ANTICONVULSANTS |
| SYMPROIC TAB | PA | 2 GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | NC ANTIVIRALS |
| SYNAGIS INJ | - | NC PASSIVE IMMUNIZING AGENTS |
| SYNAREL NASAL SOLN | - | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNDROS SOLN | - | NC ANTIEMETICS |
| SYNERA PATCH | - | 3 DERMATOLOGICALS |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| SYNRIBO INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYNTHROID TAB | - | 3 THYROID AGENTS |
| SYNVEXIA TC CREAM | - | NC DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| SYPRINE CAP | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| TABLOID TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TABRECTA TAB (QL= 4 tabs/day) | PA-QL-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TACLONEX OINT | - | NC DERMATOLOGICALS |
| tacrolimus cap (PROGRAF equiv) | - | 1 ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) | - | EX CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) | PA-TMSP | SP CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, tamsulosin cap, or dustasteride/tamsulosin cap) | QL-ST | 1 CARDIOVASCULAR AGENTS - MISC. |
| TADLIQ SUSP (Members age 9 or older require Prior Authorization) | MSP-PA | SP CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day) | PA-QL | 2 OPHTHALMIC AGENTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| TAGAMET TAB | - | NC ULCER DRUGS |
| TAGRISSE TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ | - | NC HEMATOLOGICAL AGENTS - MISC. |
| TALICIA CAP | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| TALTZ INJ | - | NC DERMATOLOGICALS |
| TALZENNA CAP 0.25MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAMIFLU CAP | - | NC ANTIVIRALS |
| TAMIFLU CAP 30MG | - | NC ANTIVIRALS |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| TANZEUM INJ | - | NC ANTIDIABETICS |
| TAPAZOLE TAB | - | NC THYROID AGENTS |
| TARCEVA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| TARGRETIN CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | - | NC DERMATOLOGICALS |
| TARKA TAB | - | NC ANTIHYPERTENSIVES |
| TARPEYO CAP | - | NC CORTICOSTEROIDS |
| TASCENSO ODT TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TASIGNA CAP | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tasimelteon cap (HETLIOZ equiv) | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| TASMAR TAB | - | NC ANTIPARKINSON AGENTS |
| TASOPROL CREAM KIT | - | NC DERMATOLOGICALS |
| tavaborole soln (KERYDIN equiv) | - | NC DERMATOLOGICALS |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP HEMATOLOGICAL AGENTS - MISC. |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | SP HEMATOLOGICAL AGENTS - MISC. |
| TAYTULLA CAP | - | 3 CONTRACEPTIVES |
| tazarotene cream 0.1% (TAZORAC equiv) | - | NC DERMATOLOGICALS |
| tazarotene gel (TAZORAC equiv) | - | NC DERMATOLOGICALS |
| TAZORAC CREAM | - | NC DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| TAZORAC CREAM 0.05% | - | 3 DERMATOLOGICALS |
| TAZORAC GEL | - | NC DERMATOLOGICALS |
| TAZVERIK TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB | - | NC ANTIVIRALS |
| TEGRETOL SUSP | - | NC ANTICONVULSANTS |
| TEGRETOL TAB | - | NC ANTICONVULSANTS |
| TEGRETOL XR TAB | - | NC ANTICONVULSANTS |
| TEGSEDI INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TEKTURNA HCT TAB | - | NC ANTIHYPERTENSIVES |
| TEKTURNA TAB | - | NC ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 1 ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC ANTIHYPERTENSIVES |
| telmisartan/hydrochlorothiazide tab (MICARDIS HC equiv) | - | NC ANTIHYPERTENSIVES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| temazepam cap 15mg (RESTORIL equiv) | - | 1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| TEMODAR CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TEMOVATE CREAM | - | NC DERMATOLOGICALS |
| TEMOVATE OINT | - | NC DERMATOLOGICALS |
| temozolomide cap (TEMODAR equiv) | TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | SP ANTIVIRALS |
| TENORETIC TAB | - | NC ANTIHYPERTENSIVES |
| TENORMIN TAB | - | NC BETA BLOCKERS |
| TEPMETKO TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TERAZOL CREAM | - | NC VAGINAL PRODUCTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERIPARATIDE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TESSALON CAP | - | NC | COUGH / COLD / ALLERGY |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category | |
|---|---------------------|----------------------|---|
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| testosterone gel 2% (FORTESTA equiv) | - | NC | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TETANUS/DIPHThERIA TOXOID INJ | VAC | \$0 | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | PA-TMSP | SP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap | - | 3 | TETRACYCLINES |
| TEXACORT SOLN | - | NC | DERMATOLOGICALS |
| TEZSPIRE INJ | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THALITONE TAB | - | NC | DIURETICS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| THALOMID CAP | MSP-PA | SP ASSORTED CLASSES |
| THEO-24 CAP | - | 3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline tab er (THEOPHYLLINE ER equiv) | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| THIOLA EC TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| THIOLA TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| thioridazine tab (MELLARIL equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| THYROLAR TAB | - | 2 THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | 2 ANTICONVULSANTS |

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| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| TIAZAC CAP | - | NC CALCIUM CHANNEL BLOCKERS |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| TICOVAC INJ | VAC | \$0 VACCINES |
| TIGAN CAP | - | NC ANTIEMETICS |
| TIGLUTIK SUSP | - | NC NEUROMUSCULAR AGENTS |
| TIKOSYN CAP | - | NC ANTIARRHYTHMICS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 OPHTHALMIC AGENTS |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 3 OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 BETA BLOCKERS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | NC OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | NC OPHTHALMIC AGENTS |
| TIMOPTIC OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| TIMOPTIC-XE OPHTH GEL | - | NC OPHTHALMIC AGENTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| TINDAMAX TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| tinidazole tab (TINDAMAX equiv) | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| tiopronin tab (THIOLA equiv) | PA-TMSP | SP GENITOURINARY AGENTS - MISCELLANEOUS |
| TIROSINT CAP | - | NC THYROID AGENTS |
| TIROSINT-SOL | - | NC THYROID AGENTS |
| TIVICAY PD TAB | - | 2 ANTIVIRALS |
| TIVICAY TAB | - | 2 ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 2 MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER (Only available through Walgreens 888-347-3416) | LD-PA | SP AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 OPHTHALMIC AGENTS |
| TOBRADEX OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-TMSP | SP AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 OPHTHALMIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBEX OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| TOBEX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| TOFRANIL TAB | - | NC | ANTIDEPRESSANTS |
| TOLAZAMIDE TAB | - | NC | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | NC | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | NC | ANTIPARKINSON AGENTS |
| TOLMETIN CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLSURA CAP | - | NC | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| TOLVAPTAN TAB | MSP | SP | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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|---|---------------------|--|
| tolvaptan tab (SAMSCA equiv) | MSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TOPAMAX SPRINKLE CAP | - | NC ANTICONVULSANTS |
| TOPAMAX TAB | - | NC ANTICONVULSANTS |
| TOPICORT CREAM | - | NC DERMATOLOGICALS |
| TOPICORT GEL | - | NC DERMATOLOGICALS |
| TOPICORT OINT | - | NC DERMATOLOGICALS |
| topiramate ER cap (QUDEXY equiv) | - | NC ANTICONVULSANTS |
| topiramate er cap (TROKENDI XR CAP equiv) | - | NC ANTICONVULSANTS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 ANTICONVULSANTS |
| TOPROL XL TAB | - | NC BETA BLOCKERS |
| toremifene tab (FARESTON equiv) | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torsemide tab (DEMADEX equiv) | - | 1 DIURETICS |
| torsemide tab 20mg (SOANZ equiv) | - | 1 DIURETICS |
| TOSYMRA SOLN | - | NC MIGRAINE PRODUCTS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 ANTIDIABETICS |
| TOVET KIT | - | NC DERMATOLOGICALS |
| TOVIAZ TAB | - | 3 URINARY ANTISPASMODICS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|----------------------------------|
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| TRACLEER TAB 62.5MG, 125MG | - | NC CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC DERMATOLOGICALS |
| TRAMADOL ER CAP | - | NC ANALGESICS - OPIOID |
| tramadol ER tab (ULTRAM ER equiv) | - | 3 ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB | - | 3 ANALGESICS - OPIOID |
| tramadol hcl tab 100mg | - | NC ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | 1 ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | NC ANTIHYPERTENSIVES |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC ANTIHYPERTENSIVES |
| tranexamic acid inj (CYKLOKAPRON equiv) | M | M HEMOSTATICS |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 HEMOSTATICS |
| TRANSDERM-SCOP PATCH | - | NC ANTIEMETICS |
| TRANXENE-T TAB | - | NC ANTIANXIETY AGENTS |
| tranylcypromine tab (PARNATE equiv) | - | 2 ANTIDEPRESSANTS |
| TRAVATAN Z DROPS | - | NC OPHTHALMIC AGENTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC ANTIDEPRESSANTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| TREANDA INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRECATOR TAB (Restricted to Infectious Disease Specialist) | RS | 3 ANTIMYCOBACTERIAL AGENTS |
| TRELEGY ELLIPTA INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TRELSTAR INJ | INF | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREMFYA INJ | - | NC DERMATOLOGICALS |
| treprostinil inj 10mg/ml (REMODULIN equiv) | - | NC CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 1mg/ml (REMODULIN equiv) | - | NC CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) | - | NC CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 5mg/ml (REMODULIN equiv) | - | NC CARDIOVASCULAR AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ | - | 2 ANTIDIABETICS |
| TRESIBA INJ | - | 2 ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | TMSP | SP ANTINEOPLASTICS |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 DERMATOLOGICALS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| TRETIN-X CREAM | - | NC | DERMATOLOGICALS |
| TREXALL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC | ANALGESICS - OPIOID |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH / THROAT / DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | NC | DERMATOLOGICALS |
| TRIAMINIC SYRUP | OTC | NC | COUGH / COLD / ALLERGY |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| TRIANEX OINT | - | NC | DERMATOLOGICALS |
| triazolam tab (HALCION equiv) | - | NC | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| TRIBENZOR TAB | - | NC | ANTIHYPERTENSIVES |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC | ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| TRICOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trientine cap (SYPRINE equiv) (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | SP | MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC | ANTIHYPERLIPIDEMICS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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|--|---------------------|--|
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHXYPHENIDYL SOLN | - | 1 ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| TRIKAFTA TAB | - | NC RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 CONTRACEPTIVES |
| TRILEPTAL SUSP | - | NC ANTICONVULSANTS |
| TRILEPTAL TAB | - | NC ANTICONVULSANTS |
| TRILIPIX CAP | - | NC ANTIHYPERLIPIDEMICS |
| TRILOCICLO KIT | - | NC DERMATOLOGICALS |
| TRI-LUMA CREAM | - | EX DERMATOLOGICALS C |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | 1 ANTIEMETICS |

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|--|---------------------|-----------------------------------|
| TRIMETHOPRIM TAB | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 3 ANTIDEPRESSANTS |
| TRI-NORINYL TAB | - | NC CONTRACEPTIVES |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-¢ | 3 ANTIDEPRESSANTS |
| TRIONEX PACK | - | NC DERMATOLOGICALS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 CONTRACEPTIVES |
| TRIUMEQ PD TAB | - | NC ANTIVIRALS |
| TRIUMEQ TAB | - | NC ANTIVIRALS |
| TRIZIVIR TAB | - | NC ANTIVIRALS |
| TROKENDI XR CAP | - | NC ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| trosipium chloride SR cap (SANCTURA XR equiv) | - | 2 URINARY ANTISPASMODICS |
| trosipium tab (SANCTURA equiv) | - | 1 URINARY ANTISPASMODICS |
| TRUDHESA NASAL SPRAY | - | NC MIGRAINE PRODUCTS |
| TRULANCE TAB | PA | 2 GASTROINTESTINAL AGENTS - MISC. |

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|--|---------------------|---|
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 ANTIDIABETICS |
| TRUMENBA INJ | VAC | \$0 VACCINES |
| TRUSELTIQ PACK 100MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSELTIQ PACK 50MG, 125MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSELTIQ PACK 75MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSOPT OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| TUDORZA PRESSAIR INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TUKYSA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TUSNEL SYRUP | - | 3 COUGH / COLD / ALLERGY |
| TUSSICAPS | - | NC COUGH / COLD / ALLERGY |
| tussigon tab (HYCODAN equiv) | - | 1 COUGH / COLD / ALLERGY |
| TUSSIONEX SUSP | - | NC COUGH / COLD / ALLERGY |
| TUXARIN ER TAB | - | NC COUGH / COLD / ALLERGY |
| TUZISTRA XR SUSP | - | NC COUGH / COLD / ALLERGY |
| TWINRIX INJ | VAC | \$0 VACCINES |

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|--|---------------------|--|
| TWIRLA PATCH | - | \$0 CONTRACEPTIVES |
| TWYNEO CREAM | - | NC DERMATOLOGICALS |
| TWYNSTA TAB | - | NC ANTIHYPERTENSIVES |
| TYBLUME TAB | - | \$0 CONTRACEPTIVES |
| TYBOST TAB | - | NC ANTIVIRALS |
| TYKERB TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYLENOL/CODEINE TAB | - | NC ANALGESICS - OPIOID |
| TYMLOS INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYPHIM VI INJ | VAC | \$0 VACCINES |
| TYRVAYA SOLN | - | NC OPHTHALMIC AGENTS |
| TYSABRI INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TYVASO DPI POWDER | - | NC CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | - | NC CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | - | NC CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32MCC | - | NC CARDIOVASCULAR AGENTS - MISC. |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|----------------------------------|
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| UBRELVY TAB | - | NC MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM | PA | 3 ANORECTAL AGENTS |
| UCERIS TAB | - | NC CORTICOSTEROIDS |
| UDENYCA INJ | - | NC HEMATOPOIETIC AGENTS |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 DERMATOLOGICALS |
| ULORIC TAB | - | NC GOUT AGENTS |
| ULTRACET TAB | - | NC ANALGESICS - OPIOID |
| ULTRAM TAB | - | NC ANALGESICS - OPIOID |
| ULTRAVATE CREAM | - | NC DERMATOLOGICALS |
| ULTRAVATE LOTION | - | NC DERMATOLOGICALS |
| ULTRAVATE OINT | - | NC DERMATOLOGICALS |
| ULTRAVATE PAC KIT | - | NC DERMATOLOGICALS |
| UMECTA EMULSION | - | NC DERMATOLOGICALS |
| UMECTA SUSP | - | NC DERMATOLOGICALS |
| UNIRETIC TAB | - | NC ANTIHYPERTENSIVES |
| UNIVASC TAB | - | NC ANTIHYPERTENSIVES |
| UPNEEQ SOLN | - | EX OPHTHALMIC AGENTS C |
| UPTRAVI INJ | - | NC CARDIOVASCULAR AGENTS - MISC. |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|-----------------------------------|---------------------|--|
| URAMAXIN CREAM | - | NC DERMATOLOGICALS |
| URAMAXIN GEL | - | NC DERMATOLOGICALS |
| urea cream | - | NC DERMATOLOGICALS |
| UREA EMULSION | - | NC DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | NC DERMATOLOGICALS |
| UREA NAIL KIT | - | NC DERMATOLOGICALS |
| UREA SUSP | - | NC DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | NC DERMATOLOGICALS |
| URECHOLINE TAB | - | NC URINARY ANTISPASMODICS |
| URELIEF PLUS TAB | - | NC URINARY ANTISPASMODICS |
| UROCIT-K TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| UROXATRAL TAB | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| URSO FORTE TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ursodiol cap (ACTIGALL equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| URSODIOL CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 GASTROINTESTINAL AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| UTA CAP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| UTIBRON NEOHALER CAP | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| VAGIFEM TAB | - | NC VAGINAL PRODUCTS |
| valacyclovir tab (VALTREX equiv) | - | 1 ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL | SP DERMATOLOGICALS |
| VALCYTE SOLN | - | NC ANTIVIRALS |
| VALCYTE TAB | - | NC ANTIVIRALS |
| valganciclovir soln (VALCYTE equiv) | - | 2 ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 2 ANTIVIRALS |
| VALIUM TAB | - | NC ANTI-ANXIETY AGENTS |
| valproate inj (DEPAICON equiv) | - | NC ANTICONVULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 ANTICONVULSANTS |
| VALSARTAN ORAL SOLN | - | NC ANTIHYPERTENSIVES |
| valsartan tab (DIOVAN equiv) | - | 1 ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 ANTIHYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 ANTICONVULSANTS |
| VALTREX TAB | - | NC ANTIVIRALS |

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

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| VANCOGIN CAP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill) | QL | 1 ANTI-INFECTIVE AGENTS MISC. |
| vancomycin hcl soln (VANCOMYCIN equiv) | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| VANCOMYCIN SOLN | - | 1 ANTI-INFECTIVE AGENTS MISC. |
| VANCOMYCIN SOLN | - | NC OPHTHALMIC AGENTS |
| VANDAZOLE GEL | - | 1 VAGINAL AND RELATED PRODUCTS |
| VANIQA CREAM | - | EX DERMATOLOGICALS C |
| VANOS CREAM | - | NC DERMATOLOGICALS |
| varafenafil ODT (STAXYN equiv) | - | EX CARDIOVASCULAR C AGENTS - MISC. |
| varafenafil tab (LEVITRA equiv) | - | EX CARDIOVASCULAR C AGENTS - MISC. |
| VARENICLINE PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARIVAX INJ | VAC | \$0 VACCINES |
| VAROPHEN KIT | - | NC DERMATOLOGICALS |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 ANTIEMETICS |
| VASCEPA CAP (QL= 4 caps/day) | QL | 2 ANTIHYPERLIPIDEMICS |
| VASERETIC TAB | - | NC ANTIHYPERTENSIVES |
| vasolex oint (XENADERM equiv) | - | NC DERMATOLOGICALS |
| VASOTEC TAB | - | NC ANTIHYPERTENSIVES |
| VAXNEUVANCE INJ | VAC | \$0 VACCINES |
| V-C FORTE CAP | - | 3 MULTIVITAMINS |
| VECAMYL TAB | - | NC ANTIHYPERTENSIVES |
| VECTICAL OINT | - | NC DERMATOLOGICALS |
| VELIVET PAK | - | \$0 CONTRACEPTIVES |
| VELPHORO CHEW TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| VEMLIDY TAB | - | 2 ANTIVIRALS |
| VENCLEXTA STARTER PACK | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| VENCLEXTA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 ANTIDEPRESSANTS |
| venlafaxine ER tab | - | NC ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 ANTIDEPRESSANTS |
| VENLAFAXINE TAB | - | NC ANTIDEPRESSANTS |
| VENNGEL ONE KIT | - | NC DERMATOLOGICALS |
| VENTAVIS INH SOLN | - | NC CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days | QL | 1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| VERAPAMIL ER CAP 100MG | - | 1 CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | 1 CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | 1 CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 1 CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--------------------------------|---------------------|---|
| verapamil tab (CALAN equiv) | - | 1 CALCIUM CHANNEL BLOCKERS |
| VERDESO FOAM | - | NC DERMATOLOGICALS |
| VERDROCET TAB 2.5MG-325MG | - | NC ANALGESICS - OPIOID |
| VEREGEN OINT | - | NC DERMATOLOGICALS |
| VERELAN CAP | - | NC CALCIUM CHANNEL BLOCKERS |
| VERELAN PM CAP | - | NC CALCIUM CHANNEL BLOCKERS |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 CALCIUM CHANNEL BLOCKERS |
| VERELAN SR CAP 360mg | - | 3 CALCIUM CHANNEL BLOCKERS |
| VERQUVO TAB | - | NC CARDIOVASCULAR AGENTS - MISC. |
| VERSACLOZ SUSP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| VERZENIO TAB (QL= 2 tabs/day) | PA-QL-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP | - | NC URINARY ANTISPASMODICS |
| VESICARE TAB | - | NC URINARY ANTISPASMODICS |
| VFEND SUSP | - | NC ANTIFUNGALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--------------------------------------|
| VFEND TAB | - | NC ANTIFUNGALS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| VIBERZI TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| VIBRAMYCIN CAP | - | NC TETRACYCLINES |
| VIBRAMYCIN SUSP | - | NC TETRACYCLINES |
| VIBRAMYCIN SYRUP | - | 3 TETRACYCLINES |
| VICOPROFEN TAB | - | NC ANALGESICS - OPIOID |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 ANTIDIABETICS |
| VIDEX EC CAP | - | NC ANTIVIRALS |
| VIDEX SOLN | - | NC ANTIVIRALS |
| VIEKIRA PAK TAB | - | NC ANTIVIRALS |
| VIEKIRA XR TAB | - | NC ANTIVIRALS |
| vigabatrin powder pack (SABRIL POWDER equiv) | - | NC ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) | - | NC ANTICONVULSANTS |
| vigadrone powder pack | - | NC ANTICONVULSANTS |
| VIGAMOX OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT | - | NC ANTIDEPRESSANTS |
| VIIBRYD TAB | - | NC ANTIDEPRESSANTS |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | SP MISCELLANEOUS THERAPEUTIC CLASSES |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| vilazodone hcl tab (VIIBRYD equiv) | PA | 2 ANTIDEPRESSANTS |
| VIMOVO TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | NC ANTICONVULSANTS |
| VIMPAT TAB | - | NC ANTICONVULSANTS |
| violele tab, kariva tab (MIRCETTE equiv) | - | \$0 CONTRACEPTIVES |
| VIRACEPT TAB | - | SP ANTIVIRALS |
| VIRAMUNE SUSP | - | NC ANTIVIRALS |
| VIRAMUNE TAB | - | NC ANTIVIRALS |
| VIRAMUNE XR TAB | - | NC ANTIVIRALS |
| VIREAD TAB | - | NC ANTIVIRALS |
| VIREAD TAB | - | SP ANTIVIRALS |
| VISTARIL CAP | - | NC ANTIANXIETY AGENTS |
| VISTOGARD PAK | - | NC ANTIDOTES |
| VITAFOL STRIPS | - | 3 MULTIVITAMINS |
| vitamin D cap (Rx covered Only) | - | 1 VITAMINS |
| vitamin D cap 1000unit | OTC | NC VITAMINS |
| vitamin D cap 400unit | OTC | NC VITAMINS |
| VITAMIN D TAB 400UNIT | OTC | NC VITAMINS |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB | - | NC MULTIVITAMINS |
| VITRECYL TAB | - | NC MULTIVITAMINS |
| VIVELLE-DOT PATCH | - | NC ESTROGENS |
| VIVITROL INJ | TMSP | SP ANTIDOTES |
| VIVJOA CAP | - | NC ANTIFUNGALS |
| VIVLODEX CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| VIVOTIF CAP | VAC | EX VACCINES C |
| VIZIMPRO TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOCABRIA TAB | - | NC ANTIVIRALS |
| VOGELXO PUMP | - | NC ANDROGENS-ANABOLIC |
| VOLTAREN GEL | OTC | EX DERMATOLOGICALS C |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOPAC 5 CREAM | - | NC DERMATOLOGICALS |
| VOPAC CREAM | - | NC DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC DERMATOLOGICALS |

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| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| VOQUEZNA DUAL PAK | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| VOQUEZNA TRIP PAK | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| voriconazole susp (VFEND equiv) | - | 3 ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | 2 ANTIFUNGALS |
| VOSEVI TAB | - | NC ANTIVIRALS |
| VOTRIENT TAB | PA-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VP-PNV-DHA CAP | - | 1 MULTIVITAMINS |
| VRAYLAR CAP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| VRAYLAR PACK | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| VSL #3 CAP | - | NC ANTIDIARRHEALS |
| VTAMA CREAM | - | NC DERMATOLOGICALS |
| VTOL SOLN | - | NC ANALGESICS - NONNARCOTIC |
| VUITY OPHTH SOLN | - | NC OPHTHALMIC AGENTS |

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

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.

Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| VUMERITY CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYNDAMAX CAP | - | NC CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| VYTONE CREAM 1.9-1% | - | NC DERMATOLOGICALS |
| VYTORIN TAB | - | NC ANTIHYPERLIPIDEMICS |
| VYVANSE CAP | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| VYVANSE CHEW TAB | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| VYZULTA SOLN | - | NC OPHTHALMIC AGENTS |
| WAKIX TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 ANTICOAGULANTS |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| WEGOVY INJ | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| WELCHOL PACK | - | NC ANTIHYPERLIPIDEMICS |
| WELCHOL TAB | - | NC ANTIHYPERLIPIDEMICS |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WELLBUTRIN SR TAB | - | NC ANTIDEPRESSANTS |
| WELLBUTRIN XL TAB | - | NC ANTIDEPRESSANTS |
| WESTCORT OINT | - | NC DERMATOLOGICALS |
| WINLEVI CREAM | - | NC DERMATOLOGICALS |
| WOUND-DRESSING GELS | - | NC DERMATOLOGICALS |
| WPR PLUS | - | NC DERMATOLOGICALS |
| wymzya FE tab (FEMCON FE equiv) | - | \$0 CONTRACEPTIVES |
| WYNZORA CREAM | - | NC DERMATOLOGICALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary Cont.

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| Drug Name | Special Code | Tier Category |
|--------------------------------|---------------------|--|
| XACIATO GEL | - | NC VAGINAL AND RELATED PRODUCTS |
| XADAGO TAB | - | NC ANTIPARKINSON AGENTS |
| XALATAN OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| XALIX SOL | - | NC DERMATOLOGICALS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XANAX TAB | - | NC ANTIANXIETY AGENTS |
| XANAX XR TAB | - | NC ANTIANXIETY AGENTS |
| XAQUIL XR TAB | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| XARELTO STARTER PACK | - | 2 ANTICOAGULANTS |
| XARELTO SUSP | - | 2 ANTICOAGULANTS |
| XARELTO TAB | - | 2 ANTICOAGULANTS |
| XARTEMIS XR TAB | - | NC ANALGESICS - OPIOID |
| XATMEP SOLN | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XCOPRI PAK 100-150MG | - | NC ANTICONVULSANTS |
| XCOPRI PAK 150-200MG | - | NC ANTICONVULSANTS |
| XCOPRI PAK 50-200MG | - | NC ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG | - | NC ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG | - | NC ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG | - | NC ANTICONVULSANTS |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--------------------------------|---------------------|---|
| XCOPRI TITRATION PAK 150-200MG | - | NC ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG | - | NC ANTICONVULSANTS |
| XELJANZ SOLN | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| XELPROS OPHTH EMULSION | - | NC OPHTHALMIC AGENTS |
| XELSTRYM PAD | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| XEMBIFY INJ | - | NC PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| XENADERM OINT | - | NC DERMATOLOGICALS |
| XENAZINE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
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| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| XENLETA TAB | - | NC ANTI-INFECTIVE AGENTS - MISC. |
| XEPI CREAM | - | NC DERMATOLOGICALS |
| XERESE CREAM | - | NC DERMATOLOGICALS |
| XERMELO TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| XGEVA INJ | PA-TMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XHANCE NASAL EXHALER | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days) | QL | 2 ANTI-INFECTIVE AGENTS - MISC. |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| XIIDRA OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| XOFLUZA TAB (QL= 2 tabs/fill) | QL | 3 ANTIVIRALS |
| XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill) | QL | 3 ANTIVIRALS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill) | QL | 3 | ANTIVIRALS |
| XOLAIR SYRINGE | - | NC | ASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLEGEL | - | NC | DERMATOLOGICALS |
| XOPENEX NEB SOLN | - | NC | ASTHMATIC AND BRONCHODILATOR AGENTS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPOVIO PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XRYLIX PAK | - | NC | DERMATOLOGICALS |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 | ANALGESICS - OPIOID |
| XTANDI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 40MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 80MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 | ANTIDIABETICS |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| XURIDEN POWDER | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XYOSTED INJ | - | NC ANDROGENS-ANABOLIC |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYWAV SOLN | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN | - | NC ANTIHISTAMINES |
| XYZAL TAB | - | NC ANTIHISTAMINES |
| XYZBAC TAB | - | EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS |
| YAZ TAB, YASMIN 28 TAB | - | NC CONTRACEPTIVES |
| YBUPHEN TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| YONSA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YOSPRALA TAB | - | NC HEMATOLOGICAL AGENTS - MISC. |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| YUPELRI SOLN | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ZADITOR OPHTH SOLN | OTC | NC OPHTHALMIC AGENTS |
| zafemy patch (XULANE equiv) | - | \$0 CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ZANAFLEX CAP | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| ZANAFLEX TAB | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| ZANOSAR INJ | M | M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZANTAC CAP | - | NC ULCER DRUGS |
| ZANTAC EFFER TAB | - | NC ULCER DRUGS |
| ZANTAC SYRUP | - | NC ULCER DRUGS |
| ZANTAC TAB | - | NC ULCER DRUGS |
| ZARONTIN CAP | - | NC ANTICONVULSANTS |
| ZARONTIN SOLN | - | NC ANTICONVULSANTS |
| ZARXIO INJ | TMSP | SP HEMATOPOIETIC AGENTS |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| ZAVESCA CAP | - | NC HEMATOPOIETIC AGENTS |
| ZECUITY PAD | - | NC MIGRAINE PRODUCTS |
| ZEGALOGUE INJ | - | NC ANTIDIABETICS |
| ZEGERID CAP | - | NC ULCER DRUGS |
| ZEGERID CAP OTC | OTC | 1 ULCER DRUGS |
| ZEGERID POWDER PACK | - | NC ULCER DRUGS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | NC ANTIPARKINSON AGENTS |
| ZELBORAF TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELNORM TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| ZEMPLAR CAP | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZENZEDI TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| ZEPATIER TAB | - | NC ANTIVIRALS |
| ZEPOSIA CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT CAP | - | NC ANTIVIRALS |
| ZERVIAE OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| ZESTORETIC TAB | - | NC ANTIHYPERTENSIVES |
| ZETIA TAB | - | NC ANTIHYPERLIPIDEMICS |
| ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ZIAC TAB | - | NC ANTIHYPERTENSIVES |
| ZIAGEN SOLN | - | NC ANTIVIRALS |
| ZIAGEN TAB | - | NC ANTIVIRALS |
| ZIANA GEL | - | NC DERMATOLOGICALS |
| zidovudine cap (RETROVIR equiv) | - | 1 ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 1 ANTIVIRALS |

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| Drug Name | Special Code | Tier Category |
|-------------------------------------|---------------------|--|
| zidovudine tab (RETROVIR equiv) | - | 1 ANTIVIRALS |
| ZIEXTENZO INJ | TMSP | SP HEMATOPOIETIC AGENTS |
| ZILACAINE PAK | - | NC DERMATOLOGICALS |
| zileuton ER tab (ZYFLO CR equiv) | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ZILRETTA INJ | - | NC CORTICOSTEROIDS |
| ZILXI FOAM | - | NC DERMATOLOGICALS |
| ZIMHI SOLN | - | 2 ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ZINBRYTA INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| zinc sulfate cap | - | 1 MINERALS & ELECTROLYTES |
| ZIOPTAN OPHTH SOLN (QL= 1 vial/day) | PA-QL | 3 OPHTHALMIC AGENTS |
| ziprasidone cap (GEODON equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ZIPSOR CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ZIRGAN OPHTH GEL | - | 2 OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 MACROLIDES |
| ZITHROMAX SUSP | - | NC MACROLIDES |
| ZITHROMAX TAB | - | NC MACROLIDES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| ZOCOR TAB | - | NC ANTIHYPERLIPIDEMICS |
| ZOFRAN ODT | - | NC ANTIEMETICS |
| ZOFRAN SOLN | - | NC ANTIEMETICS |
| ZOFRAN TAB | - | NC ANTIEMETICS |
| ZOHYDRO ER CAP | - | NC ANALGESICS - OPIOID |
| ZOKINVY CAP | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| ZOLINZA CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 MIGRAINE PRODUCTS |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| ZOLOFT CONC | - | NC ANTIDEPRESSANTS |
| ZOLOFT TAB | - | NC ANTIDEPRESSANTS |
| ZOLPAK KIT | - | NC DERMATOLOGICALS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 HYPNOTICS |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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Community Health Choice Narrow Formulary Cont.

Alphabetical Index

Last Updated 3/1/2023

| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ZOLPIMIST SPRAY | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ZOMETA INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZOMIG TAB | - | NC MIGRAINE PRODUCTS |
| ZOMIG ZMT | - | NC MIGRAINE PRODUCTS |
| ZONEGRAN CAP | - | NC ANTICONVULSANTS |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 ANTICONVULSANTS |
| ZONTIVITY TAB | - | NC HEMATOLOGICAL AGENTS - MISC. |
| ZORTRESS TAB | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| ZORVOLEX CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ZORYVE CREAM | - | NC DERMATOLOGICALS |
| ZOVIRAX CAP | - | NC ANTIVIRALS |
| ZOVIRAX CREAM | - | NC DERMATOLOGICALS |

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Community Health Choice Narrow Formulary Cont.

Alphabetical Index

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|--|---------------------|---|
| ZOVIRAX OINT | - | NC DERMATOLOGICALS |
| ZOVIRAX SUSP | - | NC ANTIVIRALS |
| ZOVIRAX TAB | - | NC ANTIVIRALS |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | SP ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | 2 ANALGESICS - OPIOID |
| ZUPLENZ SL FILM | - | NC ANTIEMETICS |
| ZURAMPIC TAB | - | NC GOUT AGENTS |
| ZUTRIPRO LIQUID | - | NC COUGH / COLD / ALLERGY |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYCLARA CREAM | - | NC DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO CR TAB | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYFLO TAB | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA CAP (QL= 3 caps/day) | PA-QL-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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Alphabetical Index

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| Drug Name | Special Code | Tier Category |
|------------------------------|---------------------|--|
| ZYKADIA TAB (QL= 3 tabs/day) | PA-QL-SF-TMSP | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP | - | NC OPHTHALMIC AGENTS |
| ZYLOPRIM TAB | - | NC GOUT AGENTS |
| ZYLOTROL-L KIT | - | NC DERMATOLOGICALS |
| ZYMAXID OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| ZYPITAMAG TAB | - | NC ANTIHYPERLIPIDEMICS |
| ZYPREXA RELPREVV INJ | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ZYPREXA TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ZYPREXA ZYDIS TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC ANTIHISTAMINES |
| ZYTIGA TAB 250MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYTIGA TAB 500MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYVOX SUSP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| ZYVOX TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |

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Community Health Choice Narrow Formulary

Category/Class

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|--|---------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| methamphetamine tab (DESOXYN equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 |
| ADDERALL TAB | - | NC |
| ADDERALL XR CAP | - | NC |
| ADZENYS ER SUSP | - | NC |
| ADZENYS XR TAB | - | NC |
| amphetamine tab (EVEKEO equiv) | - | NC |
| DESOXYN TAB | - | NC |
| DEXEDRINE CAP | - | NC |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) | - | NC |
| DYANAVEL XR CHEW | - | NC |
| EVEKEO ODT | - | NC |
| EVEKEO TAB | - | NC |

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|---|---------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| MYDAYIS CAP | - | NC |
| XELSTRYM PAD | - | NC |
| ZENZEDI TAB | - | NC |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALEPTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old | - | 2 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| benzphetamine tab | - | EXC |
| DIETHYLPROPION ER TAB | - | EXC |
| diethylpropion tab | - | EXC |
| LOMAIRA TAB | - | EXC |
| PHENDIMETRAZINE ER TAB | - | EXC |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC |
| PLENITY CAP | - | EXC |
| ANTI-OBESITY AGENTS | | |
| WEGOVY INJ | - | EXC |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC |
| XENICAL CAP | - | EXC |
| IMCIVREE INJ | - | NC |

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Category/Class

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| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| clonidine ER tab (KAPVAY equiv) | - | 2 |
| atomoxetine cap (STRATTERA equiv) | - | NC |
| INTUNIV TAB | - | NC |
| KAPVAY TAB | - | NC |
| QELBREE ER CAP | - | NC |
| STRATTERA CAP | - | NC |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB | - | NC |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB | - | NC |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| METHYLIN SOLN | - | 2 |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 |
| methylphenidate ER tab | - | 2 |

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Category/Class

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 |
| methylphenidate soln (METHYLIN equiv) | - | 2 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 3 |
| methylphenidate chew tab (METHYLIN equiv) | - | 3 |
| AZSTARYS CAP | - | NC |
| CONCERTA TAB, RITALIN SR TAB | - | NC |
| COTEMPLA XR ODT | - | NC |
| DAYTRANA PATCH | - | NC |
| FOCALIN TAB | - | NC |
| FOCALIN XR CAP | - | NC |
| methylphenidate ER cap (APTENSIO XR equiv) | - | NC |
| METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG | - | NC |
| METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG | - | NC |
| METHYLPHENIDATE ER TAB 72MG | - | NC |
| methylphenidate td patch (DAYTRANA equiv) | - | NC |
| NUVIGIL TAB | - | NC |
| PROVIGIL TAB | - | NC |
| QUILLIVANT XR SUSP | - | NC |
| RITALIN LA CAP | - | NC |
| RITALIN TAB | - | NC |

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont. | | |
| ODACTRA SL TAB | PA | 3 |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| ALTERNATIVE MEDICINES | | |
| ALTERNATIVE MEDICINE - R'S | | |
| RESERVAPAK SYRUP | - | NC |
| AMEBICIDES | | |
| AMEBICIDES | | |
| SOLOSEC GRANULES PACKET | - | NC |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| neomycin tab | - | 1 |
| BETHKIS NEB SOLN, TOBI NEB SOLN | - | NC |
| HUMATIN CAP | - | NC |
| KITABIS PAK NEB SOLN | - | NC |
| paromomycin cap (HUMATIN equiv) | - | NC |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | SP |
| TOBI PODHALER (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-TMSP | SP |
| ANALGESICS - ANTI-INFLAMMATORY | | |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT TAB | - | NC |
| RINVOQ ER TAB | - | NC |
| XELJANZ SOLN | - | NC |
| XELJANZ TAB | - | NC |
| XELJANZ XR TAB | - | NC |
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| RHEUMATREX TAB | - | 3 |
| REDITREX INJ | - | NC |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| AMJEVITA AUTO-INJECTOR | - | NC |
| AMJEVITA INJ | - | NC |
| SIMPONI ARIA INJ | - | NC |
| SIMPONI AUTO-INJECTOR 100MG | - | NC |
| SIMPONI AUTO-INJECTOR 50MG | - | NC |
| SIMPONI INJ 100MG | - | NC |
| SIMPONI INJ 50MG | - | NC |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | PA-QL-TMSP | SP |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP |
| HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP | SP |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | PA-QL-TMSP | SP |
| GOLD COMPOUNDS | | |
| RIDAURA CAP | - | NC |
| INTERLEUKIN-1 BLOCKERS | | |
| ARCALYST INJ | - | NC |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ | - | NC |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA IV INJ | M | M |
| KEVZARA INJ | - | NC |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | PA-QL-TMSP | SP |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | PA-QL-TMSP | SP |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) | - | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| etodolac tab | - | 1 |
| FLURBIPROFEN TAB | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab (Rx covered Only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 |
| naproxen sodium tab (ANAPROX equiv) | - | 2 |
| oxaprozin tab (DAYPRO equiv) | - | 2 |
| etodolac ER tab (LODINE XL equiv) | - | 3 |
| fenoprofen calcium tab | - | 3 |

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| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| FENOPROFEN TAB | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| MECLOFENAMATE CAP | - | 3 |
| TOLMETIN CAP | - | 3 |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 |
| TOLMETIN TAB | - | 3 |
| ANAPROX TAB | - | NC |
| ARTHROTEC TAB | - | NC |
| CELEBREX CAP | - | NC |
| DAYPRO TAB | - | NC |
| DICLOFENAC CAP | - | NC |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | NC |
| DUEXIS TAB | - | NC |
| FELDENE CAP | - | NC |
| fenoprofen calcium cap (NALFON equiv) | - | NC |
| FENOPROFEN CAP | - | NC |
| IBU 600-EZS KIT | - | NC |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |

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| LD | Limited Distribution | M | Medical Benefit |
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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| INFLATHERM PAK | - | NC |
| KETOPROFEN CAP | - | NC |
| ketoprofen cap (ORUDIS equiv) | - | NC |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| mefenamic acid cap (PONSTEL equiv) | - | NC |
| meloxicam cap (VIVLODEX equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| MELOXICAM SUSP | - | NC |
| MOBIC TAB | - | NC |
| MOTRIN SUSP | - | NC |
| NAFLON CAP | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPROSYN EC TAB | - | NC |
| NAPROSYN EC TAB 500MG | - | NC |
| NAPROSYN SUSP | - | NC |
| NAPROSYN TAB | - | NC |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| NAPROXEN SUSP | - | NC |
| naproxen susp (NAPROSYN equiv) | - | NC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC |
| PONSTEL CAP | - | NC |
| QMIIZ ODT TAB | - | NC |
| RELAFEN DS TAB | - | NC |
| SPRIX NASAL SPRAY | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK | - | NC |
| OTEZLA TAB | - | NC |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |
| ARAVA TAB | - | NC |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ | - | NC |
| ORENCIA SC INJ 125MG/ML | - | NC |
| ORENCIA SC INJ 50MG/0.4ML | - | NC |
| ORENCIA SC INJ 87.5MG/0.7ML | - | NC |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |

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|---|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | PA-QL-TMSP | SP |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | PA-QL-TMSP | SP |
| ENBREL MINI INJ (QL= 4 inj/28 days) | PA-QL-TMSP | SP |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | PA-QL-TMSP | SP |
| ANALGESICS - NONNARCOTIC | | |
| ANALGESIC COMBINATIONS | | |
| ALLZITAL TAB | - | NC |
| BUTALBITAL/ACETAMINOPHEN CAP | - | NC |
| butalbital/acetaminophen/caffeine soln | - | NC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |
| VTOL SOLN | - | NC |
| SALICYLATES | | |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |

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| ANALGESICS - NONNARCOTIC Cont. | | |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 2 |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| codeine sulfate tab | - | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |
| methadone soln | - | 1 |
| methadone tab (DOLOPHINE equiv) | - | 1 |
| methadose tab | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 |
| morphine sulfate soln | - | 1 |
| MORPHINE SULFATE TAB | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| fentanyl patch (DURAGESIC equiv) | - | 2 |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 1 cap/day) | QL | 2 |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 2 |
| MORPHINE SULFATE SUPP | - | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 |
| oxycodone conc (ROXICODONE equiv) | - | 2 |
| OXYCODONE ER TAB (QL= 2 tabs/day) | QL | 2 |

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| ANALGESICS - OPIOID Cont. | | |
| oxycodone soln (ROXICODONE equiv) | - | 2 |
| OXYIR CAP | - | 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, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day) | QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |
| MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day) | QL | 3 |
| NUCYNTA TAB | - | 3 |
| OPANA ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day) | QL | 3 |
| tramadol ER tab (ULTRAM ER equiv) | - | 3 |
| TRAMADOL HCL ER TAB | - | 3 |
| ACTIQ LOZENGE | - | NC |
| ARYMO ER TAB | - | NC |
| DEMEROL TAB | - | NC |
| DILAUDID TAB | - | NC |
| DOLOPHINE TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| DURAGESIC PATCH | - | NC |
| EMBEDA CAP | - | NC |
| EXALGO TAB | - | NC |

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|---|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| fentanyl citrate lollipop (ACTIQ equiv) | - | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| HYDROCODONE BITARTRATE ER CAP | - | NC |
| HYDROMORPHONE SUPP | - | NC |
| KADIAN CAP | - | NC |
| levorphanol tab (LEVORPHANOL equiv) | - | NC |
| MEPERIDINE TAB | - | NC |
| meperidine tab (DEMEROL equiv) | - | NC |
| METHADOSE CONC | - | NC |
| MORPHABOND TAB | - | NC |
| MORPHINE SULFATE ER CAP | - | NC |
| morphine sulfate ER cap (KADIAN equiv) | - | NC |
| MS CONTIN TAB | - | NC |
| OPANA ER TAB | - | NC |
| OPANA TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| QDOLO SOLN, TRAMADOL SOLN | - | NC |
| ROXICODONE TAB | - | NC |
| ROXYBOND TAB | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |

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|---|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| TRAMADOL ER CAP | - | NC |
| tramadol hcl tab 100mg | - | NC |
| ULTRAM TAB | - | NC |
| ZOXYDOL 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 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 3 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 |
| HYDROCODONE/IBUPROFEN TAB | - | 3 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 |

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|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| LORTAB ELIXIR | - | 3 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 3 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC |
| APADAZ TAB | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| LORTAB | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC |
| PERCOCET TAB | - | NC |
| PRIMLEV TAB 10-300MG | - | NC |
| PRIMLEV TAB 5-300MG | - | NC |
| PROLATE TAB 7.5-300MG | - | NC |
| SEGLENTIS TAB | - | NC |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC |
| TYLENOL/CODEINE TAB | - | NC |
| ULTRACET TAB | - | NC |
| VERDROCET TAB 2.5MG-325MG | - | NC |

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| ANALGESICS - OPIOID Cont. | | |
| VICOPROFEN TAB | - | NC |
| XARTEMIS XR TAB | - | NC |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 |
| ZUBSOLV SL TAB | - | 2 |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 3 |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC |
| buprenorphine SL tab (SUBUTEX equiv) | - | NC |
| BUTRANS PATCH | - | NC |
| nalbuphine inj | - | NC |
| SUBLOCADE INJ | - | NC |
| SUBOXONE SL FILM | - | NC |
| ANDROGENS-ANABOLIC | | |
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANADROL TAB | - | 3 |
| OXANDRIN TAB | - | NC |

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|--|---------------------|-------------|
| ANDROGENS-ANABOLIC Cont. | | |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 |
| danazol cap (DANOCRINE equiv) | - | 2 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| METHITEST TAB | PA | 3 |
| methyltestosterone cap | PA | 3 |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 |
| ANDROGEL 1% 25MG | - | NC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | - | NC |
| ANDROGEL 1.62% 1.25GM | - | NC |
| ANDROGEL 1.62% 2.5GM | - | NC |
| ANDROGEL PUMP 1% | - | NC |
| ANDROGEL PUMP 1.62% | - | NC |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANDROGENS-ANABOLIC Cont. | | |
| DEPO-TESTOSTERONE INJ | - | NC |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | NC |
| NATESTO NASAL GEL | - | NC |
| STRIANT FILM | - | NC |
| testosterone gel 2% (FORTESTA equiv) | - | NC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC |
| VOGELXO PUMP | - | NC |
| XYOSTED INJ | - | NC |
| ANORECTAL AGENTS | | |
| INTRARECTAL STEROIDS | | |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTIFOAM | - | 3 |
| UCERIS RECTAL FOAM | PA | 3 |
| CORTENEMA | - | NC |
| RECTAL COMBINATIONS | | |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 |
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |
| ANALPRAM-HC CREAM | - | NC |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC |
| pramoxine/hydrocortisone cream (ANALPRAM-HC equiv) | - | NC |
| PROCORT CREAM | - | NC |

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| ANORECTAL AGENTS Cont. | | |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| ANUSOL-HC CREAM | - | NC |
| ANUSOL-HC SUPP | - | NC |
| hydrocortisone supp (ANUSOL HC equiv) | - | NC |
| VASODILATING AGENTS | | |
| RECTIV OINT | - | 3 |
| ANORECTAL AND RELATED PRODUCTS | | |
| RECTAL COMBINATIONS | | |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC |
| RECTAL LOCAL ANESTHETICS | | |
| LIDOCAINE SUPP | - | NC |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| BENZNIDAZOLE TAB | PA | 2 |
| ivermectin tab (STROMECTOL equiv) | - | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| albendazole tab (ALBENZA equiv) | - | 3 |
| ALBENZA TAB | - | NC |
| BILTRICIDE TAB | - | NC |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |
| STROMECTOL TAB | - | NC |

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| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| ranolazine tab (RANEXA equiv) | - | 2 |
| ASPRUZYO SPRINKLE GRANULES | - | NC |
| RANEXA TAB | - | NC |
| NITRATES | | |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| ISOSORBIDE MONONITRATE TAB | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| DILATRATE SR CAP | - | 3 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 |
| NITROMIST SPRAY | - | 3 |
| GONITRO POWDER | - | NC |
| ISORDIL TITRADOSE TAB | - | NC |
| NITRO-DUR PATCH | - | NC |
| NITROLINGUAL PUMP SPRAY | - | NC |

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| ANTIANGINAL AGENTS Cont. | | |
| NITROSTAT SL TAB | - | NC |
| ANTIANSXIETY AGENTS | | |
| ANTIANSXIETY AGENTS - MISC. | | |
| bupirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| HYDROXYZINE PAMOATE CAP 100MG | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| meprobamate tab (MILTOWN equiv) | - | 3 |
| VISTARIL CAP | - | NC |
| BENZODIAZEPINES | | |
| alprazolam tab (XANAX equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| alprazolam ODT (NIRAVAM equiv) | - | 3 |
| ATIVAN TAB | - | NC |
| chlordiazepoxide cap (LIBRIUM equiv) | - | NC |
| clorazepate tab (TRANXENE-T equiv) | - | NC |

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| ANTIANSXIETY AGENTS Cont. | | |
| LOREEV XR CAP | - | NC |
| NIRAVAM ODT | - | NC |
| oxazepam cap (SERAX equiv) | - | NC |
| TRANXENE-T TAB | - | NC |
| VALIUM TAB | - | NC |
| XANAX TAB | - | NC |
| XANAX XR TAB | - | NC |
| 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 |
| procainamide inj | M | M |
| NORPACE CAP | - | NC |
| QUINIDINE SULFATE TAB | - | NC |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine hcl cap | - | 2 |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |

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| ANTIARRHYTHMICS Cont. | | |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 |
| RYTHMOL SR CAP | - | NC |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 2 |
| CORDARONE TAB | - | NC |
| MULTAQ TAB | - | NC |
| TIKOSYN CAP | - | NC |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA PEN INJ | - | NC |
| NUCALA INJ | - | NC |
| TEZSPIRE INJ | - | NC |
| XOLAIR SYRINGE | - | NC |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | NC |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 2 |
| LONHALA MAGNAIR SOLN | - | 2 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR or FLUTICASONE/SALMETEROL) | QL-ST | 2 |
| SPIRIVA HANDIHALER (For use with Handihaler device) | PA | 3 |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | PA | 3 |
| INCRUSE ELLIPTA INHALER | - | NC |
| SEEBRI NEOHALER CAP | - | 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 |
| ACCOLATE TAB | - | NC |
| SINGULAIR CHEW TAB | - | NC |
| SINGULAIR GRANULE PACK | - | NC |
| SINGULAIR TAB | - | NC |
| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO CR TAB | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| roflumilast tab (DALIRESP equiv) | - | 2 |
| DALIRESP TAB | - | NC |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| AEROSPAN INH | - | NC |
| ALVESCO INHALER | - | NC |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC |
| ARMONAIR RESPICLICK | - | NC |
| FLUTICASONE HFA INHALER | - | NC |
| PULMICORT FLEXHALER | - | NC |
| PULMICORT INH SUSP | - | NC |
| QVAR INHALER | - | NC |
| QVAR REDIHALER | - | NC |
| SYMPATHOMIMETICS | | |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol neb soln | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 |

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| METAPROTERENOL SYRUP | - | 1 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| SYMBICORT INHALER | - | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| ARCAPTA NEOHALER | - | 3 |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 |
| METAPROTERENOL TAB | - | 3 |
| PERFOROMIST NEB SOLN | - | 3 |
| AIRDUO POWDER INHALER W/SENSOR | - | NC |
| AIRDUO RESPICLICK | - | NC |
| ALBUTEROL HFA INHALER | - | NC |
| ANORO ELLIPTA INHALER | - | NC |
| arformoterol tartrate neb soln (BROVANA equiv) | - | NC |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| BEVESPI AEROSPHERE INHALER | - | NC |
| BREO ELLIPTA INHALER | - | NC |
| BREZTRI AEROSPHERE INHALER | - | NC |
| BROVANA NEB SOLN | - | NC |
| BUDESONIDE/FORMOTEROL INHALER | - | NC |
| DUAKLIR INHALER | - | NC |
| DULERA INHALER | - | NC |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC |
| FLUTICASONE/VILANTEROL INHALER | - | NC |
| PROAIR HFA INHALER, PROVENTIL HFA INHALER | - | NC |
| PROAIR RESPICLICK INHALER | - | NC |
| STIOLTO INHALER | - | NC |
| STRIVERDI RESPIMAT INHALER | - | NC |
| TRELEGY ELLIPTA INHALER | - | NC |
| UTIBRON NEOHALER CAP | - | NC |
| XOPENEX NEB SOLN | - | NC |
| XANTHINES | | |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| theophylline tab er (THEOPHYLLINE ER equiv) | - | 2 |
| THEO-24 CAP | - | 3 |

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| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| COUMADIN TAB | - | NC |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO SUSP | - | 2 |
| XARELTO TAB | - | 2 |
| SAVAYSA TAB | - | NC |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) | - | 2 |
| fondaparinux inj (ARIXTRA equiv) | - | 2 |
| FRAGMIN INJ | - | 3 |
| heparin porcine inj | M | M |
| ARIXTRA INJ | - | NC |
| FRAGMIN INJ | - | NC |
| LOVENOX INJ | - | NC |
| THROMBIN INHIBITORS | | |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 |
| PRADAXA CAP 75MG, 150MG | - | 3 |
| PRADAXA CAP 110MG | - | NC |
| PRADAXA PELLET PACK | - | NC |

ANTICONVULSANTS

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB | - | NC |
| FYCOMPA SUSP | - | NC |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 |
| clobazam susp (ONFI equiv) | - | NC |
| clobazam tab (ONFI equiv) | - | NC |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | NC |
| KLONOPIN TAB | - | NC |
| NAYZILAM SPRAY | - | 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) (QL= 9 caps/day) | QL | 1 |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 |

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|------------------------|--|--------------------------------|
| EXC | Plan Exclusion | INF |
| LD | Limited Distribution | M |
| MSP | Mandatory Specialty Pharmacy Program | OTC |
| PA | Prior Authorization | QL |
| RDX | Restricted to Diagnosis | RS |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG |
| SP | Available through Specialty Pharmacy Program | ST |
| TMSP | Available through Specialty Network | VAC |
| | | Infertility |
| | | Medical Benefit |
| | | Over-the-Counter |
| | | Quantity Limit |
| | | Restricted to Specialist |
| | | Smoking Cessation |
| | | Step Therapy |
| | | Vaccine Program |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| lacosamide oral solution (VIMPAT equiv) | - | 1 |
| lacosamide tab (VIMPAT equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| POTIGA TAB 50MG (QL= 9 tabs/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| rufinamide tab (BANZEL equiv) | PA | 2 |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 |
| APTIOM TAB | - | NC |
| BANZEL SUSP | - | NC |
| BANZEL TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| CARBATROL CAP | - | NC |
| DIACOMIT CAP | - | NC |
| DIACOMIT POWDER PACK | - | NC |
| ELEPSIA XR TAB | - | NC |
| FINTEPLA SOLN | - | NC |
| KEPPRA SOLN | - | NC |
| KEPPRA TAB | - | NC |
| KEPPRA XR TAB | - | NC |

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|------------------------|--|-------------------------------|--------------------------|--------------------------------|--|
| EXC | Plan Exclusion | INF | Infertility | | |
| LD | Limited Distribution | M | Medical Benefit | | |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | | |
| PA | Prior Authorization | QL | Quantity Limit | | |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | | |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | | |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | | |
| TMSP | Available through Specialty Network | VAC | Vaccine Program | | |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|------------------------------|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| LAMICTAL CHEW TAB | - | NC |
| LAMICTAL ODT | - | NC |
| LAMICTAL ODT KIT | - | NC |
| LAMICTAL STARTER KIT | - | NC |
| LAMICTAL TAB | - | NC |
| LAMICTAL XR TAB | - | NC |
| LYRICA CAP | - | NC |
| LYRICA CAP 225MG | - | NC |
| LYRICA CAP 300MG | - | NC |
| LYRICA SOLN | - | NC |
| MYSOLINE TAB | - | NC |
| NEURONTIN CAP | - | NC |
| NEURONTIN SOLN | - | NC |
| NEURONTIN TAB 600MG | - | NC |
| NEURONTIN TAB 800MG | - | NC |
| OXTELLAR XR TAB | - | NC |
| QUDEXY XR CAP | - | NC |
| SPRITAM TAB | - | NC |
| TEGRETOL SUSP | - | NC |
| TEGRETOL TAB | - | NC |
| TEGRETOL XR TAB | - | NC |
| TOPAMAX SPRINKLE CAP | - | NC |

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| TOPAMAX TAB | - | NC |
| topiramate ER cap (QUDEXY equiv) | - | NC |
| topiramate er cap (TROKENDI XR CAP equiv) | - | NC |
| TRILEPTAL SUSP | - | NC |
| TRILEPTAL TAB | - | NC |
| TROKENDI XR CAP | - | NC |
| VIMPAT SOLN | - | NC |
| VIMPAT TAB | - | NC |
| ZONEGRAN CAP | - | NC |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | SP |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| FELBATOL SUSP | - | NC |
| FELBATOL TAB | - | NC |
| XCOPRI PAK 100-150MG | - | NC |
| XCOPRI PAK 150-200MG | - | NC |
| XCOPRI PAK 50-200MG | - | NC |
| XCOPRI TAB 150MG, 200MG | - | NC |
| XCOPRI TAB 50MG, 100MG | - | NC |
| XCOPRI TITRATION PAK 12.5-25MG | - | NC |

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|------|--|-------------------------------|--------------------------------|
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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| XCOPRI TITRATION PAK 150-200MG | - | NC |
| XCOPRI TITRATION PAK 50-100MG | - | NC |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| GABITRIL TAB | - | NC |
| SABRIL POWDER PACK | - | NC |
| SABRIL TAB | - | NC |
| vigabatrin powder pack (SABRIL POWDER equiv) | - | NC |
| vigabatrin tab (SABRIL equiv) | - | NC |
| vigadrone powder pack | - | 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 |
| DILANTIN CAP 100MG | - | NC |
| DILANTIN INFATABS | - | NC |
| DILANTIN SUSP | - | NC |
| SUCCINIMIDES | | |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| CELONTIN CAP | - | 2 |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| ZARONTIN CAP | - | NC |
| ZARONTIN SOLN | - | NC |
| 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 |
| DEPAKENE CAP | - | NC |
| DEPAKENE SYRUP | - | NC |
| DEPAKOTE ER TAB | - | NC |
| DEPAKOTE SPRINKLE CAP | - | NC |
| DEPAKOTE TAB | - | 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 |
| REMERON SOLUTAB | - | NC |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| REMERON TAB | - | NC |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY TAB | - | NC |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB | - | 1 |
| APLENZIN TAB | - | NC |
| FORFIVO XL TAB | - | NC |
| WELLBUTRIN SR TAB | - | NC |
| WELLBUTRIN XL TAB | - | NC |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| PHENELZINE SULFATE TAB | - | 1 |
| phenelzine tab (NARDIL equiv) | - | 1 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB 15MG | - | 3 |
| MARPLAN TAB | - | NC |
| PARNATE TAB | - | NC |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN | - | NC |

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| 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 |
| FLUOXETINE TAB | - | 3 |
| paroxetine oral susp (PAXIL equiv) | - | 3 |
| PAXIL ORAL SUSP | - | 3 |
| CELEXA TAB | - | NC |
| CITALOPRAM CAP | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| LEXAPRO TAB | - | NC |
| PAXIL CR TAB | - | NC |

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|---|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| PAXIL TAB | - | NC |
| PEXEVA TAB | - | NC |
| PROZAC CAP | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SERTRALINE CAP | - | NC |
| ZOLOFT CONC | - | NC |
| ZOLOFT TAB | - | NC |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| vilazodone hcl tab (VIIBRYD equiv) | PA | 2 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL- ϕ | 3 |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| VIIBRYD TAB | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| CYMBALTA CAP | - | NC |

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|---|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| DESVENLAFAXINE ER TAB | - | NC |
| DRIZALMA DR CAP | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| EFFEXOR XR CAP | - | NC |
| FETZIMA CAP | - | NC |
| FETZIMA TITRATION PACK | - | NC |
| PRISTIQ TAB | - | NC |
| venlafaxine ER tab | - | NC |
| VENLAFAXINE TAB | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| NORTRIPTYLINE SOLN | - | 2 |
| clomipramine cap (ANAFRANIL equiv) | - | 3 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 |
| protriptyline tab (VIVACTIL equiv) | - | 3 |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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|--|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| trimipramine cap (SURMONTIL equiv) | - | 3 |
| ANAFRANIL CAP | - | NC |
| NORPRAMIN TAB | - | NC |
| PAMELOR CAP | - | NC |
| SURMONTIL CAP | - | NC |
| TOFRANIL TAB | - | NC |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (MIGLITOL equiv) | - | 3 |
| GLYSET TAB | - | NC |
| PRECOSE TAB | - | NC |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN INJ | - | NC |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |

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|------|--|-------------------------------|--------------------------------|
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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| DrugName | Special Code | Tier |
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| ANTIDIABETICS Cont. | | |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 |
| ACTOPLUS MET XR TAB | - | 3 |
| ACTOPLUS MET TAB | - | NC |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC |
| DUETACT TAB | - | NC |
| GLUCOVANCE 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 |

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| ANTIDIABETICS Cont. | | |
| REPAGLINIDE TAB | - | NC |
| SEGLUROMET TAB | - | NC |
| STEGLUJAN TAB | - | NC |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| metformin soln (RIOMET equiv) | - | 3 |
| RIOMET ER SUSP | - | 3 |
| GLUCOPHAGE TAB | - | NC |
| GLUCOPHAGE XR TAB | - | NC |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC |
| METFORMIN TAB | - | NC |
| RIOMET SOLN | - | NC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |

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| ANTIDIABETICS Cont. | | |
| diazoxide susp (PROGLYCEM equiv) | - | 3 |
| PROGLYCEM SUSP | - | NC |
| ZEGALOGUE INJ | - | NC |
| KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA-QL | SP |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-ϕ | 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 | | |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| ADLYXIN INJ | - | NC |
| BYDUREON BCISE AUTO INJ | - | NC |
| BYDUREON INJ | - | NC |

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| ANTIDIABETICS Cont. | | |
| BYDUREON PEN INJ | - | NC |
| BYETTA INJ | - | NC |
| TANZEUM INJ | - | NC |
| INSULIN | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| FIASP PENFILL INJ | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 |
| NOVOLIN 70/30 INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN N INJ | OTC | 2 |
| NOVOLIN R FLEXPEN INJ | OTC | 2 |

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| ANTIDIABETICS Cont. | | |
| NOVOLIN R INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| SEMGLEE INJ (SINGLE PEN) | - | 2 |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN N INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN R INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| ADMELOG INJ, INSULIN LISPRO INJ | - | NC |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | - | NC |
| APIDRA INJ | - | NC |
| APIDRA SOLOSTAR INJ | - | NC |

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| ANTIDIABETICS Cont. | | |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ | - | NC |
| DEGLUDEC FLEXTOUCH INJ | - | NC |
| DEGLUDEC INJ | - | NC |
| HUMALOG INJ | - | NC |
| HUMALOG KWIKPEN INJ | - | NC |
| HUMALOG MIX INJ | - | NC |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | - | NC |
| HUMALOG PEN INJ | - | NC |
| LANTUS INJ, INSULIN GLARGINE INJ | - | NC |
| LYUMJEV INJ | - | NC |
| LYUMJEV KWIKPEN INJ | - | NC |
| SEMGLEE SOLN | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| ACTOS TAB | - | NC |
| MEGLITINIDE ANALOGUES | | |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| nateglinide tab (STARLIX equiv) | - | NC |
| PRANDIN TAB | - | NC |
| STARLIX TAB | - | NC |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |

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| ANTIDIABETICS Cont. | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| INVOKANA TAB | - | NC |
| STEGLATRO TAB | - | NC |
| SULFONYLUREAS | | |
| 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 |
| AMARYL TAB | - | NC |
| GLUCOTROL TAB | - | NC |
| GLUCOTROL XL TAB | - | NC |
| GLYNASE TAB | - | NC |
| TOLAZAMIDE TAB | - | NC |
| TOLBUTAMIDE TAB | - | NC |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 |
| loperamide soln (LOPERAMIDE equiv) | OTC | NC |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |

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|---|---------------------|-------------|
| ANTIDIARRHEALS Cont. | | |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| MOTOFEN TAB | - | 3 |
| opium tincture | - | 3 |
| LOMOTIL TAB | - | NC |
| loperamide cap | - | NC |
| PAREGORIC TINCTURE | - | NC |
| ANTIDOTES | | |
| ANTIDOTES | | |
| VISTOGARD PAK | - | NC |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP |
| OPIOID ANTAGONISTS | | |
| naloxone inj | - | 1 |
| naltrexone tab (REVIA equiv) | - | 1 |
| EVZIO INJ | - | NC |
| VIVITROL INJ | TMSP | SP |

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| | | Infertility |
| | | Medical Benefit |
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| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | - | NC |
| deferasirox tab (EXJADE equiv) | - | NC |
| deferasirox tab 180mg (JADENU equiv) | - | NC |
| deferasirox tab 90mg, 360mg (JADENU equiv) | - | NC |
| EXJADE TAB | - | NC |
| FERRIPROX TAB 1000MG (TWICE DAILY) | - | NC |
| FERRIPROX TAB 500MG | - | NC |
| JADENU SPRINKLE | - | NC |
| JADENU TAB 180MG | - | NC |
| JADENU TAB 90MG, 360MG | - | NC |
| deferiprone tab (FERRIPROX equiv) (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP |

ANTIDOTES AND SPECIFIC ANTAGONISTS

| | | |
|-------------|---|----|
| CETYLEV TAB | - | NC |
|-------------|---|----|

OPIOID ANTAGONISTS

| | | |
|---|----|---|
| naloxone hcl nasal spray (NARCAN equiv) | - | 1 |
| naloxone prefilled inj | - | 1 |
| KLOXXADO NASAL SPRAY | - | 2 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| ZIMHI SOLN | - | 2 |

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| ANTIDOTES AND SPECIFIC ANTAGONISTS Cont. | | |
| NARCAN NASAL SPRAY | - | 3 |
| EVZIO INJ | - | NC |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |
| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ONDANSETRON TAB | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| KYTRIL TAB | - | NC |
| SUSTOL INJ | - | NC |
| ZOFTRAN ODT | - | NC |
| ZOFTRAN SOLN | - | NC |
| ZOFTRAN TAB | - | NC |
| ZUPLENZ SL FILM | - | NC |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| meclizine chew tab (BONINE equiv) | OTC | 1 |
| meclizine tab (ANTIVERT equiv) | OTC | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIEMETICS Cont. | | |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 2 |
| MECLIZINE 50MG TAB | - | NC |
| TIGAN CAP | - | NC |
| TRANSDERM-SCOP PATCH | - | NC |
| ANTIEMETICS - MISCELLANEOUS | | |
| dronabinol cap (MARINOL equiv) | PA | 2 |
| CESAMET CAP | - | 3 |
| AKYNZEO CAP | - | NC |
| DICLEGIS TAB | - | NC |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |
| MARINOL CAP | - | NC |
| SYNDROS SOLN | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND PAK | - | NC |
| EMEND SUSP | - | NC |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) | | |
| micafungin inj (MYCAMINE equiv) | M | M |
| MYCAMINE INJ | M | M |

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|---|-------------------------------|--------------------------------|
| EXC Plan Exclusion | INF Infertility | |
| LD Limited Distribution | M Medical Benefit | |
| MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | |
| PA Prior Authorization | QL Quantity Limit | |
| RDX Restricted to Diagnosis | RS Restricted to Specialist | |
| SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | |
| SP Available through Specialty Pharmacy Program | ST Step Therapy | |
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|--|---------------------|-------------|
| ANTIFUNGALS Cont. | | |
| BREXAFEMME TAB | - | NC |
| ANTIFUNGALS | | |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 |
| ANCOBON CAP | - | NC |
| GRIS-PEG TAB | - | NC |
| LAMISIL TAB | - | NC |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | - | 2 |
| voriconazole tab (VFEND equiv) | - | 2 |
| itraconazole soln (SPORANOX equiv) | PA | 3 |
| NOXAFIL PAK | - | 3 |
| posaconazole DR tab (NOXAFIL equiv) | - | 3 |
| voriconazole susp (VFEND equiv) | - | 3 |

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|---|---------------------|-------------|
| ANTIFUNGALS Cont. | | |
| CRESEMBA CAP | - | NC |
| DIFLUCAN SUSP | - | NC |
| DIFLUCAN TAB | - | NC |
| NOXAFIL SUSP | - | NC |
| NOXAFIL TAB | - | NC |
| SPORANOX CAP | - | NC |
| SPORANOX SOLN | - | NC |
| TOLSURA CAP | - | NC |
| VFEND SUSP | - | NC |
| VFEND TAB | - | NC |
| VIVJOA CAP | - | NC |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| DEXCHLORPHENIRAMINE SYRUP | - | NC |
| MICLARA LIQUID | - | NC |
| RYCLORA SOLN | - | NC |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| diphenhydramine inj (BENADRYL equiv) | - | 2 |
| CARBINOXAMINE SOLN | - | 3 |
| carbinoxamine tab (PALGIC equiv) | - | 3 |
| CLEMASTINE TAB | - | 3 |

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| | | Infertility |
| | | Medical Benefit |
| | | Over-the-Counter |
| | | Quantity Limit |
| | | Restricted to Specialist |
| | | Smoking Cessation |
| | | Step Therapy |
| | | Vaccine Program |

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|--|---------------------|-------------|
| ANTIHISTAMINES Cont. | | |
| clemastine tab (TAVIST equiv) | - | 3 |
| KARBINAL ER SUSP | - | NC |
| RYVENT TAB | - | NC |
| ANTIHISTAMINES - NON-SEDATING | | |
| CLARINEX SYRUP | PA | 3 |
| levocetirizine soln (XYZAL equiv) | - | 3 |
| levocetirizine tab (XYZAL equiv) | - | 3 |
| CLARITIN CHEW TAB | OTC | EXC |
| DESLORATADINE ODT | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |
| loratadine cap (CLARITIN equiv) | OTC | EXC |
| ALLEGRA ODT | OTC | NC |
| cetirizine chew tab (ZYRTEC equiv) | OTC | NC |
| CLARINEX REDITAB | - | NC |
| CLARINEX TAB | - | NC |
| XYZAL SOLN | - | NC |
| XYZAL TAB | - | NC |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |

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|--|---------------------|-------------|
| ANTIHISTAMINES Cont. | | |
| PROMETHEGAN SUPP | - | 2 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERSLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL TAB | - | NC |
| ANTIHYPERSLIPIDEMICS - COMBINATIONS | | |
| EZETIMIBE/ATORVASTATIN TAB | - | NC |
| ezetimibe/simvastatin tab (VYTORIN equiv) | - | NC |
| NEXLIZET TAB | - | NC |
| OMEGA-3 RX PAK COMPLETE | - | NC |
| ROSZET TAB | - | NC |
| VYTORIN TAB | - | NC |
| ANTIHYPERSLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 |
| VASCEPA CAP (QL= 4 caps/day) | QL | 2 |
| icosapent ethyl cap (VASCEPA equiv) | - | NC |
| KYNAMRO INJ | - | NC |
| LOVAZA CAP | - | NC |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |

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| ANTIHYPERLIPIDEMICS Cont. | | |
| 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 |
| COLESTID GRANULE | - | NC |
| COLESTID POWDER PACK | - | NC |
| COLESTID TAB | - | NC |
| QUESTRAN LITE POWDER | - | NC |
| QUESTRAN POWDER | - | NC |
| QUESTRAN POWDER PACK | - | NC |
| WELCHOL PACK | - | NC |
| WELCHOL TAB | - | NC |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC |

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|--|---------------------|-------------|
| ANTIHYPERLIPIDEMICS Cont. | | |
| 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 |
| FENOGLIDE TAB | - | NC |
| LOPID TAB | - | NC |
| TRICOR TAB | - | NC |
| TRIGLIDE TAB | - | NC |
| TRILIPIX CAP | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab (LIPITOR equiv) | - | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| fluvastatin cap (LESCOL equiv) | - | 2 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 |
| ADVICOR TAB | - | NC |
| ALTOPREV TAB | - | NC |
| CRESTOR TAB | - | NC |

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Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| EZALLOR SPRINKLE CAP | - | NC |
| FLOLIPID SUSP | - | NC |
| LESCOL CAP | - | NC |
| LESCOL XL TAB | - | NC |
| LIPITOR TAB | - | NC |
| PRAVACHOL TAB | - | NC |
| SIMCOR TAB | - | NC |
| SIMVASTATIN SUSP | - | NC |
| simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage) | - | NC |
| ZOCOR TAB | - | 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 |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 |

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|---|---------------------|-------------|
| ANTIHYPERLIPIDEMICS Cont. | | |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| PERINDOPRIL TAB | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 2 |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for membe age 9 or older) | PA | 3 |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| ACCUPRIL TAB | - | NC |
| ACEON TAB | - | NC |
| ALTACE CAP | - | NC |
| LOTENSIN TAB | - | NC |
| MAVIK TAB | - | NC |
| moexipril tab (UNIVASC equiv) | - | NC |
| PRINIVIL TAB, ZESTRIL TAB | - | NC |

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|--|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| trandolapril tab (MAVIK equiv) | - | NC |
| UNIVASC TAB | - | NC |
| VASOTEC TAB | - | NC |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLINe equiv) | - | 2 |
| DEMSER CAP | - | NC |
| DIBENZYLINe CAP | - | NC |
| metyrosine cap (DEMSER equiv) | - | NC |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| candesartan tab (ATACAND equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| ATACAND TAB | - | NC |
| AVAPRO TAB | - | NC |
| BENICAR TAB | - | NC |
| COZAAR TAB | - | NC |
| DIOVAN TAB | - | NC |
| EDARBI TAB | - | NC |
| MICARDIS TAB | - | NC |

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| ANTIHYPERTENSIVES Cont. | | |
| VALSARTAN ORAL SOLN | - | NC |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| METHYLDOPA TAB | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |
| CARDURA TAB | - | NC |
| CATAPRES TAB | - | NC |
| CATAPRES-TTS PATCH | - | NC |
| MINIPRESS CAP | - | NC |
| NEXICLON XR TAB | - | NC |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 |
| ACCURETIC TAB | - | NC |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | NC |
| ATACAND HCT TAB | - | NC |
| AVALIDE TAB | - | NC |
| BENICAR HCT TAB | - | NC |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | NC |
| BYVALSON TAB | - | NC |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | - | NC |
| DIOVAN HCT TAB | - | NC |
| DUTOPROL TAB | - | NC |
| EDARBYCLOR TAB | - | NC |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | NC |
| EXFORGE HCT TAB | - | NC |
| EXFORGE TAB | - | NC |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | NC |
| HYZAAR TAB | - | NC |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | NC |
| LOPRESSOR HCT TAB | - | NC |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | NC |
| LOTENSIN HCT TAB | - | NC |
| LOTREL CAP | - | NC |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | NC |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | NC |
| MICARDIS HCT TAB | - | NC |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | - | NC |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | NC |
| PRESTALIA TAB | - | NC |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | NC |
| QUINAPRIL/HCTZ TAB | - | NC |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC |
| TARKA TAB | - | NC |
| TEKTURNA HCT TAB | - | NC |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC |
| TENORETIC TAB | - | NC |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC |
| TRIBENZOR TAB | - | NC |
| TWYNSTA TAB | - | NC |
| UNIRETIC TAB | - | NC |
| VASERETIC TAB | - | NC |

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| ANTIHYPERTENSIVES Cont. | | |
| ZESTORETIC TAB | - | NC |
| ZIAC TAB | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | - | NC |
| TEKTURNA TAB | - | NC |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | - | 1 |
| INSPRA TAB | - | NC |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| TRIMETHOPRIM TAB | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days) | QL | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| PRIMSOL SOLN | - | 3 |
| tinidazole tab (TINDAMAX equiv) | - | 3 |

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| DrugName | Special Code | Tier |
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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| AEMCOLO TAB | - | NC |
| FLAGYL CAP | - | NC |
| FLAGYL TAB | - | NC |
| IMPAVIDO CAP | - | NC |
| metronidazole cap (FLAGYL equiv) | - | NC |
| NEBUPENT NEB SOLN | - | NC |
| TINDAMAX TAB | - | NC |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| BACTRIM DS TAB | - | NC |
| HYOPHEN TAB | - | NC |
| UTA CAP | - | NC |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| atovaquone susp (MEPRON equiv) | - | 2 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 |
| ALINIA TAB | - | NC |
| LAMPIT TAB | - | NC |
| MEPRON SUSP | - | NC |
| CARBAPENEMS | | |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| meropenem inj (MERREM equiv) | - | 3 |
| GLYCOPEPTIDES | | |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| vancomycin hcl soln (VANCOMYCIN equiv) | - | 1 |
| VANCOMYCIN SOLN | - | 1 |
| VANCOCIN CAP | - | NC |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| CLEOCIN CAP | - | NC |
| CLEOCIN SOLN | - | NC |
| MONOBACTAMS | | |
| CAYSTON INH SOLN | - | NC |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| SIVEXTRO TAB | - | NC |
| ZYVOX SUSP | - | NC |
| ZYVOX TAB | - | NC |
| PLEUROMUTILINS | | |

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| DrugName | Special Code | Tier |
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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| XENLETA TAB | - | 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 |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 3 |
| HIPREX TAB | - | NC |
| MACROBID CAP | - | NC |
| MACRODANTIN CAP | - | NC |
| MONUROL GRANULE PACK | - | NC |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| COARTEM TAB | - | NC |
| MALARONE TAB | - | NC |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |

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| ANTIMALARIALS Cont. | | |
| primaquine tab (PRIMAQUINE equiv) | - | 1 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| ARAKODA TAB | - | NC |
| DARAPRIM TAB | - | NC |
| KRINTAFEL TAB | - | NC |
| PLAQUENIL TAB | - | NC |
| PRIMAQUINE TAB | - | NC |
| QUALAQUIN CAP | - | NC |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 |
| GUANIDINE TAB | - | 3 |
| pyridostigmine soln (MESTINON equiv) | - | 3 |
| MESTINON TAB | - | NC |
| MESTINON TIMESPAN TAB | - | NC |
| PYRIDOSTIGMINE TAB 30MG | - | NC |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | SP |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |

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| ANTIMYCOBACTERIAL AGENTS Cont. | | |
| RIFAMATE CAP | - | 2 |
| RIFATER TAB | - | NC |
| ANTIMYCOBACTERIAL AGENTS | | |
| ISONIAZID TAB | - | 1 |
| pyrazinamide tab | - | 1 |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| ISONIAZID SYRUP | - | 3 |
| TRECTOR TAB (Restricted to Infectious Disease Specialist) | RS | 3 |
| CAPASTAT INJ | M | M |
| CYCLOSERINE CAP | - | NC |
| cycloserine cap (CYCLOSERINE equiv) | - | NC |
| MYAMBUTOL TAB | - | NC |
| MYCOBUTIN CAP | - | NC |
| PASER GRANULE | - | NC |
| RIFADIN CAP | - | NC |
| SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS-SP | SP |
| ANTINEOPLASTICS | | |
| ANTINEOPLASTICS MISC. | | |

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| ANTINEOPLASTICS Cont. | | |
| tretinoin cap (VESANOID equiv) | TMSP | SP |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | PA-TMSP | SP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide cap | - | 2 |
| CYCLOPHOSPHAMIDE TAB | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| melphalan tab (ALKERAN equiv) | - | 2 |
| ALKERAN INJ | M | M |
| melphalan inj (ALKERAN equiv) | M | M |
| ZANOSAR INJ | M | M |
| ALKERAN TAB | - | NC |
| CYCLOPHOSPHAMIDE CAP | - | NC |
| TEMODAR CAP | - | NC |
| TREANDA INJ | - | NC |
| MYLERAN TAB | TMSP | SP |
| temozolomide cap (TEMODAR equiv) | TMSP | SP |
| ANTIMETABOLITES | | |
| methotrexate inj | - | 1 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| methotrexate tab (Trexall equiv) | - | 1 |
| mercaptopurine tab (Purinethol equiv) | - | 2 |
| fludarabine inj | M | M |
| ONUREG TAB | - | NC |
| PURIXAN SUSP | - | NC |
| TABLOID TAB | - | NC |
| TREXALL TAB | - | NC |
| XATMEP SOLN | - | NC |
| capecitabine tab (Xeloda equiv) | TMSP | SP |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-S F | SP |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | SP |
| ANTINEOPLASTIC - ANTIBODIES | | |
| RITUXAN INJ | M | M |
| GAZYVA INJ | - | NC |
| RIABNI SOLN | - | NC |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA TAB | - | NC |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK | - | NC |
| VENCLEXTA TAB | - | NC |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TAGRISSE TAB | - | NC |
| TARCEVA TAB | - | NC |
| VIZIMPRO TAB | - | NC |
| erlotinib tab (TARCEVA equiv) | PA-SF-TMSP | SP |
| EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO TAB | - | NC |
| ERIVEDGE CAP | - | NC |
| ODOMZO CAP | - | NC |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| EMCYT CAP | - | 2 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| EULEXIN CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC |
| ARIMIDEX TAB | - | NC |
| AROMASIN TAB | - | NC |
| CASODEX TAB | - | NC |
| FARESTON TAB | - | NC |
| FEMARA TAB | - | NC |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| LUPRON DEPOT INJ | - | NC |
| nilutamide tab (NILANDRON equiv) | - | NC |
| NUBEQA TAB | - | NC |
| ORGOVYX TAB | - | NC |
| ORSERDU TAB | - | NC |
| TRELSTAR INJ | INF | NC |
| XTANDI CAP | - | NC |
| XTANDI TAB 40MG | - | NC |
| XTANDI TAB 80MG | - | NC |
| YONSA TAB | - | NC |
| ZYTIGA TAB 250MG | - | NC |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZYTIGA TAB 500MG | - | NC |
| abiraterone tab 250mg (ZYTIGA equiv) | TMSP | SP |
| ERLEADA TAB (QL= 4 tabs/day) | PA-QL-TMSP | SP |
| leuprolide inj (LUPRON equiv) | INF-TMSP | SP |
| LUPRON DEPOT INJ | TMSP | SP |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | SP |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP | - | NC |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK | - | NC |
| ANTINEOPLASTIC COMBINATIONS | | |
| HERCEPTIN HYLECTA INJ | - | NC |
| INQOVI TAB | - | NC |
| KISQALI PAK | - | NC |
| LONSURF TAB | - | NC |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| AFINITOR DISPERZ TAB | - | NC |
| AFINITOR TAB | - | NC |
| ALUNBRIG PAK | - | NC |

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|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| BRUKINSA CAP | - | NC |
| CABOMETYX TAB | - | NC |
| CAPRELSA TAB | - | NC |
| COMETRIQ KIT | - | NC |
| FOTIVDA CAP | - | NC |
| GLEEVEC TAB | - | NC |
| IMBRUVICA SUSP | - | NC |
| IMBRUVICA TAB 140MG | - | NC |
| IMBRUVICA TAB 280MG | - | NC |
| INREBIC CAP | - | NC |
| JAKAFI TAB | - | NC |
| JAYPIRCA TAB | - | NC |
| KISQALI TAB | - | NC |
| KOSELUGO CAP | - | NC |
| KOSELUGO CAP 10MG | - | NC |
| KRAZATI TAB | - | NC |
| LUMAKRAS TAB | - | NC |
| LYTGOBI TAB | - | NC |
| NEXAVAR TAB | - | NC |
| RETEVMO CAP | - | NC |
| REZLIDHIA CAP | - | NC |
| SCEMBLIX TAB | - | NC |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| SUTENT CAP | - | NC |
| TALZENNA CAP 0.25MG | - | NC |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | - | NC |
| TAZVERIK TAB | - | NC |
| TEPMETKO TAB | - | NC |
| TRUSELTIQ PACK 100MG | - | NC |
| TRUSELTIQ PACK 50MG, 125MG | - | NC |
| TRUSELTIQ PACK 75MG | - | NC |
| TYKERB TAB | - | NC |
| ZELBORAF TAB | - | NC |
| ZOLINZA CAP | - | NC |
| ALECENSA CAP (QL= 8 caps/day) | PA-QL-TMSP | SP |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | SP |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | SP |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | SP |
| BOSULIF TAB | MSP-PA-SF | SP |

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Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmac 877-977-9118) | LD-PA-QL | SP |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | SP |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | PA-QL-TMSP | SP |
| everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day) | PA-QL-TMSP | SP |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | PA-QL-SF-TMS P | SP |
| GAVRETO CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | SP |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | SP |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | SP |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | SP |
| imatinib tab (GLEEVEC equiv) | TMSP | SP |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmac 877-977-9118) | LD-PA-QL | SP |

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| EXC | Plan Exclusion | INF |
| LD | Limited Distribution | M |
| MSP | Mandatory Specialty Pharmacy Program | OTC |
| PA | Prior Authorization | QL |
| RDX | Restricted to Diagnosis | RS |
| SF | Limited to two 15 day fills per month fo first 3 months | SMKG |
| SP | Available through Specialty Pharmacy Program | ST |
| TMSP | Available through Specialty Network | VAC |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP |
| lapatinib ditosylate tab (TYKERB equiv) | PA-TMSP | SP |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-S F | SP |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-S F | SP |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | SP |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | SP |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | PA-QL-TMSP | SP |
| MEKINIST TAB 2MG (QL= 1 tab/day) | PA-QL-TMSP | SP |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | SP |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA | SP |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| PIQRAY TAB | PA-SF-TMSP | SP |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| ROZLYTREK CAP (QL= 3 caps/day) | PA-QL-TMSP | SP |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | SP |
| RYDAPT CAP (QL= 56 caps/28 days) | PA-QL-TMSP | SP |
| sorafenib tosylate tab (NEXAVAR equiv) | MSP-PA-SF | SP |

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| LD | Limited Distribution | M Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA | Prior Authorization | QL Quantity Limit |
| RDX | Restricted to Diagnosis | RS Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST Step Therapy |
| TMSP | Available through Specialty Network | VAC Vaccine Program |

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Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| SPRYCEL TAB | PA-SF-TMSP | SP |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-S F | SP |
| sunitinib malate cap (SUTENT equiv) | PA-SF-TMSP | SP |
| TABRECTA TAB (QL= 4 tabs/day) | PA-QL-SF-TMS P | SP |
| TAFINLAR CAP (QL= 4 caps/day) | PA-QL-TMSP | SP |
| TASIGNA CAP | PA-SF-TMSP | SP |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| VERZENIO TAB (QL= 2 tabs/day) | PA-QL-TMSP | SP |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | SP |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | SP |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | SP |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| VOTRIENT TAB | PA-SF-TMSP | SP |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-S F | SP |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |

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| LD | Limited Distribution | M |
| MSP | Mandatory Specialty Pharmacy Program | OTC |
| PA | Prior Authorization | QL |
| RDX | Restricted to Diagnosis | RS |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG |
| SP | Available through Specialty Pharmacy Program | ST |
| TMSP | Available through Specialty Network | VAC |
| | | Infertility |
| | | Medical Benefit |
| | | Over-the-Counter |
| | | Quantity Limit |
| | | Restricted to Specialist |
| | | Smoking Cessation |
| | | Step Therapy |
| | | Vaccine Program |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP |
| ZYKADIA CAP (QL= 3 caps/day) | PA-QL-SF-TMS P | SP |
| ZYKADIA TAB (QL= 3 tabs/day) | PA-QL-SF-TMS P | SP |
| ANTINEOPLASTICS MISC. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| BESREMI INJ | - | NC |
| HYDREA CAP | - | NC |
| PROLEUKIN INJ | - | NC |
| SYLATRON INJ | - | NC |
| SYNRIBO INJ | - | NC |
| TARGRETIN CAP | - | NC |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | SP |
| ALFERON-N INJ | TMSP | SP |
| bexarotene cap (TARGRETIN equiv) | PA-SF-TMSP | SP |
| INTRON-A INJ | MSP | SP |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | TMSP | SP |
| MITOTIC INHIBITORS | | |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ETOPOSIDE CAP | TMSP | SP |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 2 |
| LODOSYN TAB | - | NC |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| COMTAN TAB | - | NC |
| TASMAR TAB | - | NC |
| tolcapone tab (TASMAR equiv) | - | NC |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |

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|---|---------------------|-------------|
| ANTIPARKINSON AGENTS Cont. | | |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | NC |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| MIRAPEX ER TAB | - | NC |
| MIRAPEX TAB | - | NC |
| PARLODEL CAP | - | NC |
| PARLODEL TAB | - | NC |
| REQUIP TAB | - | NC |
| REQUIP XL TAB | - | NC |
| RYTARY CAP | - | NC |
| SINEMET CR TAB | - | NC |
| SINEMET TAB | - | NC |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | ϕ | 2 |
| AZILECT TAB | - | NC |
| ELDEPYRL CAP | - | NC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPARKINSON AGENTS Cont. | | |
| XADAGO TAB | - | NC |
| ZELAPAR ODT | - | NC |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| NOURIANZ TAB | - | NC |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| TRIHXYPHENIDYL SOLN | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP | - | NC |
| ANTIPARKINSON DOPAMINERGICS | | |
| CARBIDOPA/LEVODOPA ODT | - | 1 |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 |
| APOKYN INJ | - | NC |
| apomorphine inj (APOKYN equiv) | - | NC |
| DHIVY TAB | - | NC |
| INBRIJA INH POWDER | - | NC |
| KYNMOBI FILM | - | NC |
| KYNMOBI TITRATION KIT | - | NC |
| OSMOLEX ER TAB | - | NC |
| STALEVO TAB | - | NC |

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| LITHIUM CARBONATE CAP | - | 1 |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| LITHIUM CITRATE SOLN | - | 1 |
| LITHOBID TAB | - | NC |
| ANTIPSYCHOTICS - MISC. | | |
| lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day) | QL- ϕ | 1 |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| LATUDA TAB (QL= 1 tab/day) | QL- ϕ | 2 |
| CAPLYTA CAP | - | NC |
| GEODON CAP | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) | - | 2 |
| RISPERDAL CONSTA INJ | - | 2 |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| INVEGA SUSTENNA INJ | - | 3 |
| INVEGA TRINZA INJ | - | 3 |
| FANAPT TAB | - | NC |
| FANAPT TITRATION PACK | - | NC |
| INVEGA HAFYERA INJ | - | NC |
| INVEGA TAB | - | NC |
| RISPERDAL M ODT | - | NC |
| RISPERDAL SOLN | - | NC |
| RISPERDAL TAB | - | NC |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| haloperidol decanoate inj (HALDOL equiv) | - | 2 |
| haloperidol lactate inj (HALDOL equiv) | - | 2 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | PA-QL | 2 |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| olanzapine ODT (ZYPREXA equiv) | - | 2 |
| ZYPREXA RELPREVV INJ | - | 3 |
| ADASUVE INHALER | - | NC |
| CLOZAPINE ODT | - | NC |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | NC |
| CLOZAPINE ODT, FAZACLO ODT | - | NC |
| CLOZARIL TAB | - | NC |
| FAZACLO ODT 12.5MG, 25MG, 100MG | - | NC |
| QUETIAPINE TAB | - | NC |
| SAPHRIS SL TAB | - | NC |
| SECUADO PATCH | - | NC |
| SEROQUEL TAB | - | NC |
| SEROQUEL XR TAB | - | NC |
| VERSACLOZ SUSP | - | NC |
| ZYPREXA TAB | - | NC |
| ZYPREXA ZYDIS TAB | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| fluphenazine decanoate inj | - | 2 |
| CHLORPROMAZINE CONC | - | NC |
| perphenazine tab (TRILAFON equiv) | - | NC |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| ABILIFY MAINTENA INJ | - | 3 |
| aripiprazole soln (ABILIFY equiv) | PA | 3 |
| REXULTI TAB (QL= 1 tab/day) | PA-QL | 3 |
| ABILIFY MYCITE PACK | - | NC |
| ABILIFY MYCITE TAB | - | NC |
| ABILIFY TAB | - | NC |
| aripiprazole ODT (ABILIFY equiv) | - | NC |
| ARISTADA INJ | - | NC |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |
| ANTISEPTICS & DISINFECTANTS | | |
| ANTISEPTICS & DISINFECTANTS | | |
| HYLAMEND GEL FIRST AID | - | NC |

IODINE ANTISEPTICS

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| ANTISEPTICS & DISINFECTANTS Cont. | | |
| IODOFLEX PAD | - | NC |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 |
| lamivudine soln (EPIVIR equiv) | - | 1 |
| lamivudine tab (EPIVIR equiv) | - | 1 |
| zidovudine cap (RETROVIR equiv) | - | 1 |
| zidovudine syrup (RETROVIR equiv) | - | 1 |
| zidovudine tab (RETROVIR equiv) | - | 1 |
| CIMDUO TAB | - | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 3 |
| ISENTRESS CHEW TAB | - | 3 |
| ISENTRESS POWDER PACK | - | 3 |
| NORVIR CAP | - | 3 |
| NORVIR POWDER PACK | - | 3 |
| NORVIR SOLN | - | 3 |
| APTIVUS CAP | - | NC |
| APTIVUS SOLN | - | NC |

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| ANTIVIRALS Cont. | | |
| ATRIPLA TAB | - | NC |
| BIKTARVY TAB | - | NC |
| CABENUVA IM SUSP | - | NC |
| COMBIVIR TAB | - | NC |
| DELSTRIGO TAB | - | NC |
| DESCOVY TAB | - | NC |
| didanosine DR cap (VIDEX EC equiv) | - | NC |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | NC |
| DOVATO TAB | - | NC |
| EMTRIVA CAP | - | NC |
| EPIVIR SOLN | - | NC |
| EPIVIR TAB | - | NC |
| EPZICOM TAB | - | NC |
| GENVOYA TAB | - | NC |
| INVIRASE CAP | - | NC |
| INVIRASE TAB | - | NC |
| JULUCA TAB | - | NC |
| KALETRA SOLN | - | NC |
| LEXIVA TAB | - | NC |
| NEVIRAPINE SUSP | - | NC |
| nevirapine tab (VIRAMUNE equiv) | - | NC |
| NORVIR TAB | - | NC |

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| ANTIVIRALS Cont. | | |
| ODEFSEY TAB | - | NC |
| PIFELTRO TAB | - | NC |
| RESCRIPTOR TAB | - | NC |
| RETROVIR CAP | - | NC |
| RETROVIR SYRUP | - | NC |
| RETROVIR TAB | - | NC |
| REYATAZ CAP | - | NC |
| RUKOBIA ER TAB | - | NC |
| STAVUDINE CAP | - | NC |
| stavudine cap (ZERIT equiv) | - | NC |
| STRIBILD TAB | - | NC |
| SUNLENCA TAB | - | NC |
| SUSTIVA CAP | - | NC |
| SUSTIVA TAB | - | NC |
| SYMFI (LO) TAB | - | NC |
| SYMITUZA TAB | - | NC |
| TRIUMEQ PD TAB | - | NC |
| TRIUMEQ TAB | - | NC |
| TRIZIVIR TAB | - | NC |
| TYBOST TAB | - | NC |
| VIDEX EC CAP | - | NC |
| VIDEX SOLN | - | NC |

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| ANTIVIRALS Cont. | | |
| VIRAMUNE SUSP | - | NC |
| VIRAMUNE TAB | - | NC |
| VIRAMUNE XR TAB | - | NC |
| VIREAD TAB | - | NC |
| VOCABRIA TAB | - | NC |
| ZERIT CAP | - | NC |
| ZIAGEN SOLN | - | NC |
| ZIAGEN TAB | - | NC |
| abacavir soln (ZIAGEN equiv) | - | SP |
| abacavir tab (ZIAGEN equiv) | - | SP |
| abacavir/lamivudine tab (EPZICOM equiv) | - | SP |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | SP |
| atazanavir cap (REYATAZ equiv) | - | SP |
| COMPLERA TAB | - | SP |
| CRIXIVAN CAP | - | SP |
| EDURANT TAB | - | SP |
| efavirenz cap (SUSTIVA equiv) | - | SP |
| efavirenz tab (SUSTIVA equiv) | - | SP |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | SP |
| emtricitabine cap (EMTRIVA equiv) | - | SP |
| EMTRIVA SOLN | - | SP |
| etravirine tab (INTELENCE equiv) | - | SP |

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| ANTIVIRALS Cont. | | |
| EVOTAZ TAB | SP | SP |
| fosamprenavir tab (LEXIVA equiv) | - | SP |
| FUZEON INJ | TMSP | SP |
| INTELENCE TAB | - | SP |
| KALETRA TAB | - | SP |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | SP |
| LEXIVA SUSP | - | SP |
| lopinavir/ritonavir soln (KALETRA equiv) | - | SP |
| lopinavir/ritonavir tab (KALETRA equiv) | - | SP |
| maraviroc tab (SELZENTRY equiv) | - | SP |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | SP |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | SP |
| PREZCOBIX TAB | - | SP |
| PREZISTA SUSP | - | SP |
| PREZISTA TAB | - | SP |
| REYATAZ POWDER PACK | - | SP |
| SELZENTRY SOLN | - | SP |
| SELZENTRY TAB | - | SP |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | SP |
| VIRACEPT TAB | - | SP |
| VIREAD TAB | - | SP |
| ANTIVIRAL COMBINATIONS | | |

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| ANTIVIRALS Cont. | | |
| PAXLOVID TAB (QL= 20 tabs/fill) | QL | \$0 |
| PAXLOVID TAB (QL= 30 tabs/fill) | QL | \$0 |
| CMV AGENTS | | |
| valganciclovir soln (VALCYTE equiv) | - | 2 |
| valganciclovir tab (VALCYTE equiv) | - | 2 |
| VALCYTE SOLN | - | NC |
| VALCYTE TAB | - | NC |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months) | PA-QL-TMSP | SP |
| HEPATITIS AGENTS | | |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 1 |
| ribavirin cap (REBETOL equiv) | TMSP | 1 |
| ribavirin tab (COPEGUS equiv) | TMSP | 1 |
| VEMLIDY TAB | - | 2 |
| adefovir dipivoxil tab (HEPSERA equiv) | - | NC |
| BARACLUDE SOLN | - | NC |
| BARACLUDE TAB | - | NC |
| DAKLINZA TAB | - | NC |
| EPCLUSA PAK | - | NC |
| EPCLUSA TAB | - | NC |
| EPIVIR HBV TAB | - | NC |
| HARVONI PELLETT PAK | - | NC |

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| ANTIVIRALS Cont. | | |
| HARVONI TAB | - | NC |
| HEPSERA TAB | - | NC |
| MAVYRET PAK | - | NC |
| MAVYRET TAB | - | NC |
| MODERIBA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |
| RIBAVIRIN TAB 400MG | - | NC |
| SOVALDI PELLETT PAK | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| VIEKIRA PAK TAB | - | NC |
| VIEKIRA XR TAB | - | NC |
| VOSEVI TAB | - | NC |
| ZEPATIER TAB | - | NC |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | SP |
| EPIVIR HBV SOLN | - | SP |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | PA-QL-TMSP | SP |
| PEGASYS INJ | TMSP | SP |
| PEG-INTRON INJ | TMSP | SP |
| REBETOL SOLN | TMSP | SP |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | PA-QL-TMSP | SP |

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| ANTIVIRALS Cont. | | |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 2 |
| SITAVIG TAB | - | NC |
| VALTREX TAB | - | NC |
| ZOVIRAX CAP | - | NC |
| ZOVIRAX SUSP | - | NC |
| ZOVIRAX TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RIMANTADINE TAB | - | 3 |
| XOFLUZA TAB (QL= 2 tabs/fill) | QL | 3 |
| XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill) | QL | 3 |
| XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill) | QL | 3 |
| FLUMADINE TAB | - | NC |
| RELENZA DISKHALER | - | NC |
| TAMIFLU CAP | - | NC |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| TAMIFLU CAP 30MG | - | NC |
| MISC. ANTIVIRALS | | |
| MOLNUIRAVIR CAP (QL= 40 caps/fill) | QL | \$0 |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| THALOMID CAP | MSP-PA | SP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| CELLCEPT CAP | - | NC |
| CELLCEPT SUSP | - | NC |
| CELLCEPT TAB | - | NC |
| ENVARUSUS XR TAB | - | NC |
| IMURAN TAB | - | NC |
| MYFORTIC TAB | - | NC |
| NEORAL CAP | - | NC |
| NEORAL SOLN | - | NC |
| PROGRAF CAP | - | NC |
| RAPAMUNE TAB | - | NC |

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| ASSORTED CLASSES Cont. | | |
| SANDIMMUNE CAP | - | NC |
| cyclosporine cap (SANDIMMUNE equiv) | - | SP |
| cyclosporine modified cap (NEORAL equiv) | - | SP |
| cyclosporine modified soln (NEORAL equiv) | - | SP |
| mycophenolate DR tab (MYFORTIC equiv) | - | SP |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | SP |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | SP |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | SP |
| SANDIMMUNE SOLN 100MG/ML | - | SP |
| sirolimus tab (RAPAMUNE equiv) | - | SP |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 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 |
| COREG TAB | - | NC |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |

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|--|---------------------|-------------|
| BETA BLOCKERS Cont. | | |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 2 |
| KAPSPARGO CAP | - | NC |
| KERLONE TAB | - | NC |
| LOPRESSOR TAB | - | NC |
| TENORMIN TAB | - | NC |
| TOPROL XL TAB | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| nadolol tab (CORGARD equiv) | - | 2 |
| BETAPACE AF TAB | - | NC |
| BETAPACE TAB | - | NC |

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| BETA BLOCKERS Cont. | | |
| CORGARD TAB | - | NC |
| HEMANGEOL SOLN | - | NC |
| INDERAL LA CAP | - | NC |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC |
| pindolol tab (VISKEN equiv) | - | NC |
| SOTYLIZE SOLN | - | NC |
| SOTYLIZE SOLN 5MG/ML | - | NC |
| BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| GRASTEK SL TAB | - | NC |
| ORALAIR SL TAB | - | NC |
| RAGWITEK SL TAB | - | NC |
| BIOLOGICALS MISC | | |
| ADAGEN INJ | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| CONSENSI TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 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 |

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| CALCIUM CHANNEL BLOCKERS Cont. | | |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| VERAPAMIL ER CAP 100MG | - | 1 |
| VERAPAMIL ER CAP 200MG | - | 1 |
| VERAPAMIL ER CAP 300MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| nicardipine cap (CARDENE equiv) | - | 3 |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |
| ADALAT CC TAB | - | NC |
| CALAN SR TAB | - | NC |
| CALAN TAB | - | NC |
| CARDIZEM CD CAP | - | NC |
| CARDIZEM LA TAB | - | NC |
| CARDIZEM TAB | - | NC |

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| CALCIUM CHANNEL BLOCKERS Cont. | | |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC |
| DILACOR XR CAP | - | NC |
| isradipine cap (DYNACIRC equiv) | - | NC |
| KATERZIA SUSP | - | NC |
| nimodipine cap (NIMOTOP equiv) | - | NC |
| nisoldipine ER tab (SULAR equiv) | - | NC |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | NC |
| NISOLDIPINE ER TAB 25.5MG | - | NC |
| NORVASC TAB | - | NC |
| NYMALIZE SOLN | - | NC |
| PROCARDIA CAP | - | NC |
| SULAR TAB | - | NC |
| TIAZAC CAP | - | NC |
| VERELAN CAP | - | NC |
| VERELAN PM CAP | - | NC |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| DIGOXIN SOLN | - | 1 |
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC |
| LANOXIN TAB | - | NC |

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|---|---------------------|-------------|
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIAC MYOSIN INHIBITORS | | |
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | SP |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 |
| amlodipine/atorvastatin tab (CADUET equiv) | - | NC |
| BIDIL TAB | - | NC |
| CADUET TAB | - | NC |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | - | NC |
| IMPOTENCE AGENTS | | |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, tamsulosin cap, or dustasteride/tamsulosin cap) | QL-ST | 1 |
| CIALIS TAB | - | EXC |
| LEVITRA TAB | - | EXC |
| sildenafil tab (VIAGRA equiv) | - | EXC |
| tadalafil tab (CIALIS equiv) | - | EXC |
| vardeafil ODT (STAXYN equiv) | - | EXC |
| vardeafil tab (LEVITRA equiv) | - | EXC |
| CIALIS TAB 2.5MG, 5MG | - | NC |
| PERIPHERAL VASODILATORS | | |
| isoxsuprine tab | - | 2 |
| PROSTAGLANDIN VASODILATORS | | |

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| LD | Limited Distribution | M Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA | Prior Authorization | QL Quantity Limit |
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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| 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 |
| TYVASO DPI POWDER | - | NC |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | - | NC |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | - | NC |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | - | NC |
| VENTAVIS INH SOLN | - | NC |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| LETAIRIS TAB | - | NC |
| OPSUMIT TAB | - | NC |
| TRACLEER TAB 62.5MG, 125MG | - | NC |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Walgreen 888-347-3416) | LD-PA-QL | SP |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreen 888-347-3416) | LD-PA-QL | SP |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 |
| ADCIRCA TAB | - | NC |
| REVATIO SUSP | - | NC |
| REVATIO TAB | - | NC |
| tadalafil tab (PAH) (ADCIRCA equiv) | PA-TMSP | SP |
| TADLIQ SUSP (Members age 9 or older require Prior Authorization) | MSP-PA | SP |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI INJ | - | NC |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB | - | NC |
| SINUS NODE INHIBITORS | | |
| CORLANOR SOLN | - | NC |
| CORLANOR TAB | - | NC |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP | - | NC |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | SP |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO TAB | - | NC |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| CEFADROXIL TAB | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| CEPHALEXIN CAP | - | NC |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC |
| CEPHALEXIN TAB | - | NC |
| KEFLEX CAP | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFACLOR CAP | - | 3 |
| cefaclor cap (CECLOR equiv) | - | 3 |
| CEFACLOR ER TAB | - | 3 |

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|--|---------------------|-------------|
| CEPHALOSPORINS Cont. | | |
| CEFACLOR SUSP | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| CEFDITOREN TAB | - | 3 |
| cefixime cap (SUPRAX equiv) | - | 3 |
| cefixime susp (SUPREX 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 |
| OMNICEF SUSP | - | NC |
| SUPRAX CAP | - | NC |
| SUPRAX SUSP | - | NC |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| amethyst tab (LYBREL equiv) | - | \$0 |
| aranelle tab (TRI-NORINYL equiv) | - | \$0 |
| aviane tab (ALESSE equiv) | - | \$0 |
| BALCOLTRA TAB | - | \$0 |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| CONTRACEPTIVES Cont. | | |
| cesia tab (CYCLESSA equiv) | - | \$0 |
| cryselle tab | - | \$0 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| LO LOESTRIN TAB | - | \$0 |
| NATAZIA TAB | - | \$0 |
| NEXTSTELLIS TAB | - | \$0 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| VELIVET PAK | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |

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| PA | Prior Authorization | QL | Quantity Limit |
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| CONTRACEPTIVES Cont. | | |
| wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| BEYAZ TAB | - | 3 |
| SAFYRAL TAB | - | 3 |
| TAYTULLA CAP | - | 3 |
| DESOGEN TAB | - | NC |
| ESTROSTEP FE TAB | - | NC |
| FALESSA KIT | - | NC |
| FEMCON FE CHEW TAB | - | NC |
| MINASTRIN CHEW TAB | - | NC |
| MIRCETTE TAB | - | NC |
| ORTHO TRI-CYCLEN (LO) TAB | - | NC |
| ORTHO-CYCLEN TAB | - | NC |
| OVCON 35 TAB | - | NC |
| SEASONIQUE TAB | - | NC |
| TRI-NORINYL TAB | - | NC |
| YAZ TAB, YASMIN 28 TAB | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| TWIRLA PATCH | - | \$0 |
| zafemy patch (XULANE equiv) | - | \$0 |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 |
| NUVARING | - | \$0 |

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| CONTRACEPTIVES Cont. | | |
| eluryng vaginal ring (NUVARING equiv) | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| PLAN B TAB | OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON IMPLANT | - | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| DEPO-PROVERA INJ | - | NC |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | - | \$0 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| SLYND TAB | - | \$0 |
| NOR-QD TAB | - | NC |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |

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| CORTICOSTEROIDS Cont. | | |
| dexamethasone sodium phosphate inj | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| DEXAMETHASONE TAB | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 |
| prednisolone soln | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| MEDROL TAB | - | 2 |
| prednisolone ODT (ORAPRED equiv) | - | 2 |
| PREDNISOLONE ODT TAB | - | 2 |
| PREDNISONE SOLN | - | 2 |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 2 |
| SOLU-MEDROL INJ 2GM | - | 2 |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 |

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| CORTICOSTEROIDS Cont. | | |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 |
| budesonide ER tab (QL=1 tab/day) | PA-QL | 3 |
| ORAPRED ODT TAB | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| ALKINDI SPRINKLE CAP | - | NC |
| CORTEF TAB | - | NC |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| FLO-PRED SUSP | - | NC |
| HEMADY TAB | - | NC |
| LIDOLOG KIT | - | NC |
| MEDROL DOSE PACK | - | NC |
| MEDROL TAB | - | NC |
| MILLIPRED DP PAK | - | NC |
| MILLIPRED TAB | - | NC |
| ORAPRED SOLN | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisone pack | - | NC |

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| CORTICOSTEROIDS Cont. | | |
| PREDNISONE/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| SOLU-MEDROL INJ | - | NC |
| TARPEYO CAP | - | NC |
| UCERIS TAB | - | NC |
| ZILRETTA INJ | - | NC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| tussigon tab (HYCODAN equiv) | - | 1 |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC |
| HYCODAN SYRUP | - | NC |
| TESSALON CAP | - | NC |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| promethazine DM syrup | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |

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| COUGH/COLD/ALLERGY Cont. | | |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/ days) | QL | 3 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days) | QL | 3 |
| TUSNEL SYRUP | - | 3 |
| SEMPREX-D CAP | - | EXC |
| BROVEX PEB LIQUID | OTC | NC |
| CLARINEX-D TAB | - | NC |
| DECON-A LIQUID | OTC | NC |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC |
| HYCOFENIX SOLN | - | NC |
| INTENSE COUGH LIQUID | - | NC |
| lohist liquid (DECON-A equiv) | OTC | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| TRIAMINIC SYRUP | OTC | NC |
| TUSSICAPS | - | NC |
| TUSSIONEX SUSP | - | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| ZUTRIPRO LIQUID | - | NC |

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|---|---------------------|-------------|
| COUGH/COLD/ALLERGY Cont. | | |
| EXPECTORANTS | | |
| potassium iodide oral soln (SSKI equiv) | - | 2 |
| SSKI ORAL SOLN | - | 3 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |
| MUCINEX TAB | - | NC |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 |
| HYPER-SAL NEB SOLN | - | NC |
| NEBUSAL NEB SOLN | - | NC |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |

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| DERMATOLOGICALS Cont. | | |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 |
| ERY PAD | - | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 |
| PRASCION RA CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| ABSORICA CAP | - | NC |
| ABSORICA LD CAP | - | NC |
| ACZONE GEL | - | NC |
| ADAPALENE SOLN | - | NC |
| ADAPALENE LOTION | - | NC |

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| DERMATOLOGICALS Cont. | | |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC |
| AKLIEF CREAM | - | NC |
| ALTRENO LOTION | - | NC |
| AMZEEQ FOAM | - | NC |
| ARAZLO LOTION | - | NC |
| ATRALIN GEL, RETIN-A GEL | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR GEL | - | NC |
| AVAR PAD | - | NC |
| AVAR-E LS CREAM 10-2% | - | NC |
| AZELEX CREAM | - | NC |
| BENZAC WASH | - | NC |
| BENZACLIN GEL | - | NC |
| BENZAMYCIN GEL | - | NC |
| BENZAMYCIN GEL PACK | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLARIFOAM EF FOAM | - | NC |
| CLENIA PLUS SUSP | - | NC |
| CLEOCIN-T GEL | - | NC |
| CLEOCIN-T LOTION | - | NC |

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| DERMATOLOGICALS Cont. | | |
| CLEOCIN-T PAD | - | NC |
| CLEOCIN-T SOLN | - | NC |
| CLINDACIN KIT | - | NC |
| clindamycin foam (EVOCLIN equiv) | - | NC |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC |
| CLINDAVIX KIT | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| DAPSONE GEL 7.5% | - | NC |
| DIFFERIN CREAM | - | NC |
| DIFFERIN GEL | - | NC |
| DIFFERIN LOTION | - | NC |
| DUAC GEL | - | NC |
| EPIDUO GEL 0.1-2.5% | - | NC |
| EPSOLAY CREAM | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC |
| KLARON LOTION | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |
| ONEXTON GEL | - | NC |

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| DERMATOLOGICALS Cont. | | |
| PLEXION CREAM 9.8-4.8% | - | NC |
| PLEXION LOTION | - | NC |
| RETIN-A CREAM | - | NC |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| ROSULA EMULSION | - | NC |
| ROSULA GEL | - | NC |
| ROSULA WASH | - | NC |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | NC |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | NC |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | NC |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv) | - | NC |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | NC |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 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/sulfur susp (SUMAXIN equiv) | - | NC |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | NC |

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| DERMATOLOGICALS Cont. | | |
| SUMADEN XLT KIT | - | NC |
| SUMAXIN PAD | - | NC |
| SUMAXIN WASH | - | NC |
| TRETIN-X CREAM | - | NC |
| TWYNEO CREAM | - | NC |
| WINLEVI CREAM | - | NC |
| ZIANA GEL | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |
| ANALGESICS - TOPICAL | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| ALTABAX OINT | - | NC |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 |
| EXELDERM SOLN | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| MENTAX CREAM | - | 3 |
| naftifine cream (NAFTIN equiv) | - | 3 |
| naftifine gel (NAFTIN equiv) | - | 3 |
| NIZORAL A-D SHAMPOO | OTC | EXC |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC |
| ALCORTIN A GEL | - | NC |
| ALOQUIN GEL | - | NC |
| clotrimazole cream (LOTRIMIN AF equiv) | OTC | NC |
| ECONASIL KIT | - | NC |
| ECOZA FOAM | - | NC |
| ERTACZO CREAM | - | NC |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC |
| HIXDEFRIMA SOLN | - | NC |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 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 |
| LOPROX CREAM | - | NC |
| LOPROX SHAMPOO | - | NC |
| LOTRIMIN AF CREAM | - | NC |

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| DERMATOLOGICALS Cont. | | |
| LOTRISONE CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| NAFTIFINE CREAM | - | NC |
| NAFTIN CREAM | - | NC |
| NAFTIN GEL | - | NC |
| NIZORAL SHAMPOO | - | NC |
| NYATA KIT | - | NC |
| ONYCHO-MED KIT | - | NC |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC |
| OXISTAT CREAM | - | NC |
| OXISTAT LOTION | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| tavaborole soln (KERYDIN equiv) | - | NC |
| VYTONA CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 |
| VOLTAREN GEL | OTC | EXC |

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| DERMATOLOGICALS Cont. | | |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC |
| diclofenac sodium soln (XRYLIX equiv) | - | NC |
| DICLONA GEL | - | NC |
| DICLOTREX PAK | - | NC |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC |
| INFLAMMA-K KIT | - | NC |
| LICART PATCH | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| REXAPHENAC CREAM | - | NC |
| VAROPHEN KIT | - | NC |
| VENNGEL ONE KIT | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| XRYLIX PAK | - | NC |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 2 |
| FLUOROPLEX CREAM | - | 2 |
| FLUOROURACIL SOLN | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |
| CARAC CREAM | - | NC |
| EFUDEX CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| KLISYRI OINT | - | NC |
| PANRETIN GEL | - | NC |
| ROAOXIA GEL | - | NC |
| SOLARAVIX PAK | - | NC |
| TARGRETIN GEL | - | NC |
| bexarotene gel (TARGRETIN equiv) | PA-TMSP | SP |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL | SP |
| ANTIPRURITICS - TOPICAL | | |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | PA | 3 |
| ANTIPSORIATICS | | |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| METHOXSALEN CAP | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| CALCITRIOL OINT | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| DRITHO-SCALP CREAM | - | 3 |
| TAZORAC CREAM 0.05% | - | 3 |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC |
| COSENTYX INJ (1-PACK) | - | NC |
| COSENTYX INJ (2-PACK) | - | NC |
| DOVONEX CREAM | - | NC |
| NUDERMRXPAK PAK | - | NC |
| OXSORALEN ULTRA CAP | - | NC |
| SILIQ INJ | - | NC |
| SKYRIZI INJ 150MG/ML | - | NC |
| SKYRIZI INJ 75MG/0.83ML | - | NC |
| SORIATANE CAP | - | NC |
| SOTYKTU TAB | - | NC |
| STELARA INJ | - | NC |
| TALTZ INJ | - | NC |
| tazarotene cream 0.1% (TAZORAC equiv) | - | NC |
| tazarotene gel (TAZORAC equiv) | - | NC |
| TAZORAC CREAM | - | NC |
| TAZORAC GEL | - | NC |
| TREMFYA INJ | - | NC |
| TRIONEX PACK | - | NC |
| VECTICAL OINT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| VTAMA CREAM | - | NC |
| ZORYVE CREAM | - | NC |
| STELARA INJ (QL= 1 inj/84 days) | PA-QL-TMSP | SP |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide lotion | OTC | 1 |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| ESKATA SOLN | - | NC |
| OVACE PLUS CREAM | - | NC |
| OVACE PLUS GEL | - | NC |
| OVACE PLUS LOTION | - | NC |
| OVACE PLUS SHAMPOO | - | NC |
| OVACE PLUS FOAM | - | NC |
| OVACE WASH | - | NC |
| PROMISEB CREAM | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| SELRX SHAMPOO 2.3% | - | NC |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | NC |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | NC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 |

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| DERMATOLOGICALS Cont. | | |
| DENAVIR CREAM | - | 3 |
| penciclovir cream (DENAVIR equiv) | - | 3 |
| acyclovir cream (ZOVIRAX equiv) | - | NC |
| XERESE CREAM | - | NC |
| ZOVIRAX CREAM | - | NC |
| ZOVIRAX OINT | - | NC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |
| SILVADENE CREAM | - | NC |
| SULFAMYLON PACK | - | NC |
| CORTICOSTEROIDS - TOPICAL | | |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| betamethasone augmented gel | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |

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| DERMATOLOGICALS Cont. | | |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| hydrocortisone 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 |

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| DERMATOLOGICALS Cont. | | |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 |
| clobetasol foam (OLUX equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 |
| clobetasol shampoo (CLOBEX equiv) | - | 2 |
| clobetasol spray (CLOBEX equiv) | - | 2 |
| DERMA-SMOOTH/FS OIL | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint | - | 2 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone oint (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| AMCINONIDE LOTION | - | 3 |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| CORDRAN TAPE | - | 3 |
| NUCORT LOTION | - | 3 |
| ALA-SCALP LOTION | - | NC |
| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE OINT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| BESER KIT 0.05% | - | NC |
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | NC |
| BRYHALI LOTION | - | NC |
| calcipotriene/betamethasone dipropionate susp | - | NC |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC |
| CAPEX SHAMPOO | - | NC |
| clobetasol E foam (OLUX E equiv) | - | NC |
| CLOBETAVIX KIT | - | NC |
| CLOBEX LOTION | - | NC |
| CLOBEX SHAMPOO | - | NC |
| CLOBEX SPRAY | - | NC |
| CLOCORTOLONE CREAM | - | NC |
| clocortolone pivalate cream | - | NC |
| CLODERM CREAM | - | NC |
| CORDRAN CREAM | - | NC |
| CORDRAN CREAM 0.025% | - | NC |

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| DERMATOLOGICALS Cont. | | |
| CORDRAN LOTION | - | NC |
| CORDRAN OINTMENT | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DESONATE GEL | - | NC |
| desonide gel | - | NC |
| desonide lotion | - | NC |
| DESOWEN CREAM | - | NC |
| DESOWEN CREAM KIT | - | NC |
| DESOWEN LOTION | - | NC |
| DESOWEN LOTION KIT | - | NC |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC |
| desoximetasone gel (TOPICORT equiv) | - | NC |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC |
| diflorasone oint | - | NC |
| DIPROLENE AF CREAM | - | NC |
| DIPROLENE OINT | - | NC |
| DUOBRII LOTION | - | NC |
| ELOCON CREAM | - | NC |

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| DERMATOLOGICALS Cont. | | |
| ELOCON OINT | - | NC |
| ENSTILAR FOAM | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| flurandrenolide cream (CORDRAN equiv) | - | NC |
| flurandrenolide lotion (CORDRAN equiv) | - | NC |
| flurandrenolide oint (CORDRAN equiv) | - | NC |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| halcinonide cream (HALOG equiv) | - | NC |
| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| HALOG SOLN | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC BUTYRATE CREAM | - | NC |
| HC BUTYRATE SOLN | - | NC |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC |
| hydrocortisone lotion (LOCOID equiv) | - | NC |

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| DERMATOLOGICALS Cont. | | |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC |
| hydrocortisone valerate cream | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |
| hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv) | - | NC |
| IMPEKLO LOTION | - | NC |
| IMPOYZ CREAM | - | NC |
| KENALOG SPRAY | - | NC |
| LEXETTE FOAM | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |
| LOCOID LOTION | - | 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 |
| OLUX FOAM | - | NC |
| PANDEL CREAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 1% | - | NC |

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| DERMATOLOGICALS Cont. | | |
| PRAMOSONE CREAM 2.5-1% | - | NC |
| PRAMOSONE E CREAM | - | NC |
| PRAMOSONE LOTION | - | NC |
| PRAMOSONE OINT | - | NC |
| PROCTOCORT CREAM | - | NC |
| QUINIXIL PAK | - | NC |
| QUINOSONE KIT | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TACLONEX OINT | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TEMOVATE CREAM | - | NC |
| TEMOVATE OINT | - | NC |
| TEXACORT SOLN | - | NC |
| TOPICORT CREAM | - | NC |
| TOPICORT GEL | - | NC |
| TOPICORT OINT | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetone oint (TRIANEX equiv) | - | NC |
| triamcinolone spray (KENALOG equiv) | - | NC |
| TRIANEX OINT | - | NC |
| TRILOCICLO KIT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| ULTRAVATE CREAM | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE OINT | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |
| WYNZORA CREAM | - | NC |
| ECZEMA AGENTS | | |
| DUPIXENT INJ | - | NC |
| DUPIXENT PEN INJ | - | NC |
| OPZELURA CREAM | - | NC |
| ADBRY INJ (QL= 4 inj/28 days) | MSP-PA-QL | SP |
| CIBINQO TAB (QL= 1 tab/day) | PA-QL-TMSP | SP |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| CARMOL LOTION | - | NC |
| GORDON'S UREA OINT 40% | - | NC |
| KERAFOAM | - | NC |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |

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| DERMATOLOGICALS Cont. | | |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| urea emulsion | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |
| urea susp 40% (UMECTA equiv) | - | NC |
| EMOLLIENTS | | |
| LACTIC ACID LOTION | - | 1 |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | EXC |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC |
| HYLINATE LOTION | - | NC |
| LAC-HYDRIN CREAM | - | NC |
| LAC-HYDRIN LOTION | - | NC |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | NC |
| XENADERM OINT | - | NC |
| HAIR GROWTH AGENTS | | |
| bimatoprost ophth soln | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| HAIR REDUCTION AGENTS | | |

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| DERMATOLOGICALS Cont. | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| ALDARA CREAM | - | NC |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| ELIDEL CREAM | - | NC |
| HYFTOR GEL | - | NC |
| OXIANUJO CREAM | - | NC |
| PROTOPIC OINT | - | NC |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| SALEX SHAMPOO | - | 3 |
| ATRIX SYSTEM KIT | - | NC |
| CONDYLOX GEL | - | NC |
| GEAMETDRAY GEL | - | NC |
| METDRAY GEL | - | NC |

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| DERMATOLOGICALS Cont. | | |
| SALEX LOTION KIT | - | NC |
| SALEX SHAMPOO | - | NC |
| salicyclic acid soln | - | NC |
| salicyclic acid cream (CERAVE PSORIASIS equiv) | - | NC |
| SALIMEZ FORTE CREAM | - | NC |
| XALIX SOL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| lidocaine gel (GLYDO equiv) | - | 1 |
| lidocaine gel (XYLOCAINE equiv) | - | 1 |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| LIDOCAINE GEL | - | 2 |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 |
| SYNERA PATCH | - | 3 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |
| APRIZIO PAK KIT | - | NC |
| BENZOCAINE/LIDOCAINE/TETRACAINE OINT | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| DERMALID PAK | - | NC |

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| DERMATOLOGICALS Cont. | | |
| GEN7T LOTION | - | NC |
| GEN7T PLUS LOTION | - | NC |
| GEN7T PLUS PAD | - | NC |
| L.E.T. GEL | - | NC |
| LIDAMANTLE LOTION | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL equiv) | - | NC |
| lidocaine lotion (LIDAMANTLE equiv) | - | NC |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | - | NC |
| lidocaine patch 3.5% (GEN7T equiv) | - | NC |
| lidocaine/prilocaine cream (EMLA equiv) | - | NC |
| LIDOCAINE/TETRACAINE CREAM | - | NC |
| LIDOCIN GEL | - | NC |
| LIDODERM PATCH | - | NC |
| LIDOSTREAM KIT | - | NC |
| LIDOTRAL CREAM | - | NC |
| LIDOTREX GEL | - | NC |
| LIDOVEX CREAM | - | NC |
| LMR PLUS KIT | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| MENTHOREAL10 THERAPY PACK | - | NC |
| MICROVIX LP PAK | - | NC |

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| DERMATOLOGICALS Cont. | | |
| NENDRUX GEL | - | NC |
| nulido pad (NULIDO equiv) | - | NC |
| NUVAKAAN II KIT | - | NC |
| PLIAGLIS CREAM | - | NC |
| PLIAGLIS KIT | - | NC |
| SILVERA PAD | - | NC |
| SOLAICE PATCH | - | NC |
| SOLARCAINE EXTRA GEL | - | NC |
| SYNVEXIA TC CREAM | - | NC |
| WPR PLUS | - | NC |
| ZILACAINE PAK | - | NC |
| ZYLOTROL-L KIT | - | NC |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| EPICERAM EMULSION | - | NC |
| NEOSALUS FOAM | - | NC |
| MISC. TOPICAL | | |
| DRYSOL SOLN | - | 1 |
| DERMACINRX CREAM | - | NC |
| HYCLODEX SOLN | - | NC |
| QBREXZA PAD | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA OINT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |
| metronidazole cream (METROCREAM equiv) | - | 1 |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 |
| metronidazole gel (METROGEL equiv) | - | 2 |
| metronidazole lotion (METROLOTION equiv) | - | 2 |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC |
| MIRVASO GEL | - | EXC |
| RHOFADE CREAM | - | EXC |
| azelaic acid gel (FINACEA equiv) | - | NC |
| DAZOMON GEL | - | NC |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC |
| FINACEA FOAM | - | NC |
| FINACEA GEL | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| METROCREAM | - | NC |
| METROGEL 1% | - | NC |
| METROLOTION | - | NC |
| NORITATE CREAM | - | NC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| EURAX CREAM | - | 2 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| CROTAN LOTION | - | 3 |
| IVERMECTIN LOTION (QL= 1 tube/fill) | PA-QL | 3 |
| LINDANE SHAMPOO | - | 3 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 |
| ELIMITE CREAM | - | NC |
| EURAX LOTION | - | NC |
| OVIDE LOTION | - | NC |
| SKLICE LOTION | - | NC |
| SCAR TREATMENT PRODUCTS | | |
| SCARCIN GEL | - | NC |
| scarcin gel (SCARCIN equiv) | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| SILIPAC KIT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| ALEVICYN SOLN DERMAL | - | NC |
| BIAFINE EMULSION | - | NC |
| cicatrace kit (REXASIL equiv) | - | NC |
| COLLANEX | - | NC |
| KERAMATRIX | - | NC |
| KERASTAT CREAM | - | NC |
| KERASTAT GEL | - | NC |
| WOUND-DRESSING GELS | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC BIOLOGICALS | | |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | 2 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | NC |
| DIAGNOSTIC TESTS | | |
| COVID-19 TEST (QL= 8 tests/30 days) | OTC-QL | \$0 |
| CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days) | OTC-QL | \$0 |
| CUE HEALTH MONITOR (QL= 1 kit/year) | OTC-QL | \$0 |

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| DIAGNOSTIC PRODUCTS Cont. | | |
| 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 |
| ONETOUCH TEST STRIP | OTC | 2 |
| ONETOUCH VERIO TEST STRIP | OTC | 2 |
| FREESTYLE INSULINX TEST STRIP | OTC | NC |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | NC |
| FREESTYLE TEST STRIP | OTC | NC |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC |
| PRECISION XTRA TEST STRIP | OTC | NC |
| TEST STRIP (all other test strips) | OTC | NC |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| OMNIPAQUE SOLN | - | NC |
| SITZMARKS CAP | - | NC |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| ASTAMED MYO CAP | - | EXC |
| DEPLIN CAP | - | EXC |

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| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont. | | |
| ELIGEN B12 TAB | - | EXC |
| FALESSA TAB | - | EXC |
| FOLTANX TAB | - | EXC |
| GLYGEST PAK | - | EXC |
| L-METHYLFOLATE TAB | - | EXC |
| LUVIRA CAP | - | EXC |
| METANX CAP | - | EXC |
| OLLIZAC POWDER | - | EXC |
| PODIAPN CAP | - | EXC |
| XAQUIL XR TAB | - | EXC |
| XYZBAC TAB | - | EXC |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | NC |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC |
| PANCRELIPASE CAP | - | NC |
| SUCRAID SOLN | - | NC |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide tab | - | 1 |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |

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| DIURETICS Cont. | | |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC |
| KEVEYIS TAB | - | NC |
| NEPTAZANE TAB | - | NC |
| DIURETIC COMBINATIONS | | |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |
| ALDACTAZIDE TAB 50-50MG | - | 3 |
| ALDACTAZIDE TAB | - | NC |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | NC |
| MAXZIDE TAB | - | NC |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| toremide tab (DEMADEX equiv) | - | 1 |
| toremide tab 20mg (SOANZ equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| DEMADEX TAB | - | NC |
| EDECIN TAB | - | NC |
| LASIX TAB | - | NC |

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| DIURETICS Cont. | | |
| SOAAZ TAB | - | NC |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-QL | SP |
| OSMOTIC DIURETICS | | |
| mannitol soln (OSMITROL equiv) | - | NC |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| ALDACTONE TAB | - | NC |
| CAROSPIR SUSP | - | NC |
| DYRENIUM CAP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| CHLOROTHIAZIDE TAB | - | 1 |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| chlorthalidone tab | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| METHYCLOTHIAZIDE TAB | - | NC |

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| DIURETICS Cont. | | |
| MICROZIDE CAP | - | NC |
| THALITONE TAB | - | NC |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB 10MG | - | NC |
| ISTURISA TAB 1MG | - | NC |
| ISTURISA TAB 5MG | - | NC |
| RECORLEV TAB | - | NC |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| FORTICAL NASAL SPRAY | - | 2 |
| risedronate tab (ACTONEL equiv) | - | 2 |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 |
| ALENDRONATE SOLN | - | 3 |
| ETIDRONATE DISODIUM TAB 400MG | - | 3 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 |
| pamidronate inj | M | M |
| ACTONEL TAB | - | NC |
| ATELVIA TAB | - | NC |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| BINOSTO TAB | - | NC |
| BONIVA TAB 150MG | - | NC |
| calcitonin inj (MIACALCIN equiv) | - | NC |
| FORTEO INJ | - | NC |
| FOSAMAX TAB | - | NC |
| FOSAMAX+D TAB | - | NC |
| MIACALCIN INJ | - | NC |
| MIACALCIN NASAL SPRAY | - | NC |
| PROLIA INJ | - | NC |
| TERIPARATIDE INJ | - | NC |
| TYMLOS INJ | - | NC |
| ZOMETA INJ | - | NC |
| NATPARA INJ (Only available through Accredo-800-803-2523 or Walgreens-888-347-3416) | LD-PA | SP |
| XGEVA INJ | PA-TMSP | SP |
| CORTICOTROPIN | | |
| ACTHAR GEL INJ | - | NC |
| FERTILITY REGULATORS | | |
| PREGNYL INJ | INF-M | M |
| CLOMID TAB | - | NC |
| CLOMIPHENE CITRATE POWDER | INF | NC |
| CLOMIPHENE TAB | - | NC |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| FOLLISTIM AQ INJ | INF | NC |
| GONAL-F RFF INJ | INF | NC |
| MENOPUR INJ | INF | NC |
| OVIDREL INJ | INF | NC |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| cetrorelix acetate for inj kit (CETROTIDE equiv) | INF | NC |
| CETROTIDE INJ KIT | INF | NC |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ | - | NC |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC |
| OMNITROPE INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC |
| GENOTROPIN INJ | PA-TMSP | SP |
| SKYTROFA INJ | PA-TMSP | SP |
| HORMONE RECEPTOR MODULATORS | | |

raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) - \$0

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| EVISTA TAB | - | NC |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | SP |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | 2 |
| FENSOLVI INJ | - | NC |
| LUPANETA PACK | - | NC |
| LUPRON DEPOT PED INJ | TMSP | SP |
| LUPRON DEPOT-PED INJ | TMSP | SP |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 |
| ALDURAZYME INJ | - | NC |
| BUPHENYL POWDER | - | NC |
| BUPHENYL TAB | - | NC |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| CALCITRIOL INJ | - | NC |
| CARBAGLU TAB | - | NC |
| carglumic acid tab (CARBAGLU equiv) | - | NC |
| CARNITOR SOLN | - | NC |
| CARNITOR TAB | - | NC |
| cinacalcet tab (SENSIPAR equiv) | - | NC |
| CITRULLINE EASY TAB | - | NC |
| CYSTADANE POWDER | - | NC |
| FABRAZYME INJ | - | NC |
| GALAFOLD CAP | - | NC |
| HECTOROL CAP | - | NC |
| KUVAN POWDER PACK | - | NC |
| KUVAN TAB | - | NC |
| MYALEPT INJ | - | NC |
| nitisinone cap (ORFADIN equiv) | - | NC |
| NITYR TAB | - | NC |
| ORFADIN CAP | - | NC |
| ORFADIN SUSP | - | NC |
| PALYNZIQ INJ | - | NC |
| paricalcitol cap (ZEMPLAR equiv) | - | NC |
| PHEBURANE ORAL PELLETS | - | NC |
| RAVICTI LIQUID | - | NC |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| RAYALDEE CAP | - | NC |
| ROCALTROL CAP | - | NC |
| ROCALTROL SOLN | - | NC |
| SENSIPAR TAB | - | NC |
| STRENSIQ INJ | - | NC |
| XURIDEN POWDER | - | NC |
| ZEMPLAR CAP | - | NC |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD | SP |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | PA-TMSP | SP |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | PA-TMSP | SP |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TAB | - | NC |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | SP |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | 2 |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 2 |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| STIMATE NASAL SOLN | - | 2 |
| DDAVP NASAL SOLN | - | 3 |
| DDAVP INJ | - | NC |

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| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| DDAVP NASAL SPRAY | - | NC |
| DDAVP TAB | - | NC |
| NOCDURNA SL TAB | - | NC |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| mifepristone tab (MIFIPREX equiv) | - | 1 |
| MIFIPREX TAB | - | 3 |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |
| SANDOSTATIN INJ | - | NC |
| SANDOSTATIN LAR INJ KIT | - | NC |
| SIGNIFOR INJ | - | NC |
| SOMATULINE INJ | - | NC |
| octreotide inj (SANDOSTATIN equiv) | TMSP | SP |
| OCTREOTIDE INJ 100MCG | TMSP | SP |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| SAMSCA TAB | - | NC |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| SAMSCA TAB 15MG | MSP | SP |
| TOLVAPTAN TAB | MSP | SP |
| tolvaptan tab (SAMSCA equiv) | MSP | SP |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| PREFEST TAB | - | 3 |
| ACTIVEVELLA TAB | - | NC |
| ANGELIQ TAB | - | NC |
| BIJUVA CAP | - | NC |
| CLIMARA PRO PATCH | - | NC |
| COMBIPATCH | - | NC |
| DUAVEE TAB | - | NC |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | NC |
| ESTRATEST TAB | - | NC |
| FEMHRT TAB | - | NC |
| MYFEMBREE TAB | - | NC |
| ORIAHNN CAP | - | NC |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | 1 |

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| ESTROGENS Cont. | | |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |
| estropipate tab (OGEN equiv) | - | 1 |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| DELESTROGEN INJ (QL= 5ml/fill) | QL | 3 |
| MENEST TAB | - | 3 |
| CLIMARA PATCH | - | NC |
| DIVIGEL GEL | - | NC |
| DIVIGEL GEL, ELESTRIN GEL | - | NC |
| ESTRACE TAB | - | NC |
| estradiol td gel (DIVIGEL equiv) | - | NC |
| EVAMIST SPRAY | - | NC |
| MENOSTAR PATCH | - | NC |
| VIVELLE-DOT PATCH | - | NC |
| FLUROQUINOLONES | | |
| FLUROQUINOLONES | | |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |

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| FLUOROQUINOLONES Cont. | | |
| 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 |
| AVELOX TAB | - | NC |
| CIPRO TAB | - | NC |
| FACTIVE TAB | - | NC |
| LEVAQUIN TAB | - | NC |
| PROQUIN XR TAB | - | NC |

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

| | | |
|---------------|----|---|
| MOTEGRITY TAB | PA | 3 |
|---------------|----|---|

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

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

BILE ACID SYNTHESIS DISORDER AGENTS

| | | |
|-------------|---|----|
| CHOLBAM CAP | - | NC |
|-------------|---|----|

FARNESOID X RECEPTOR (FXR) AGONISTS

| | | |
|-------------|---|----|
| OCALIVA TAB | - | NC |
|-------------|---|----|

GALLSTONE SOLUBILIZING AGENTS

| | | |
|-------------------------------|---|---|
| ursodiol cap (ACTIGALL equiv) | - | 1 |
|-------------------------------|---|---|

| | | |
|-----------------------------------|---|---|
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
|-----------------------------------|---|---|

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| ACTIGALL CAP | - | NC |
| RELTONE CAP | - | NC |
| URSO FORTE TAB | - | NC |
| URSODIOL CAP | - | NC |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROCROM CONC | - | NC |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| AMITIZA CAP | - | NC |
| lubiprostone cap (AMITIZA equiv) | - | NC |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| GIMOTI NASAL SPRAY | - | NC |
| METZOZOLV ODT | - | NC |
| REGLAN TAB | - | NC |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY CAP 1200MCG | - | NC |
| BYLVAY CAP 400MCG | - | NC |
| BYLVAY SPRINKLE CAP 200MCG | - | NC |
| BYLVAY SPRINKLE CAP 600MCG | - | NC |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | SP |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| DIPENTUM CAP | - | 3 |
| mesalamine tab (ASACOL equiv) | - | 3 |
| SFROWASA ENEMA | - | 3 |
| APRISO CAP | - | NC |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| AZULFIDINE EN TAB | - | NC |
| AZULFIDINE TAB | - | NC |
| COLAZAL CAP | - | NC |
| DELZICOL CAP | - | NC |
| LIALDA TAB | - | NC |
| mesalamine ER cap (PENTASA CR equiv) | - | NC |
| PENTASA CAP | - | NC |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| PENTASA CR CAP | - | NC |
| ROWASA KIT | - | NC |
| CIMZIA INJ (QL= 2 inj/28 days) | PA-QL-TMSP | SP |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | PA-QL-TMSP | SP |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | PA-QL-SP | SP |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | PA-QL-SP | SP |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXON equiv) | - | 3 |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 |
| IBSRELA TAB | - | NC |
| LOTROXON TAB | - | NC |
| VIBERZI TAB | - | NC |
| ZELNORM TAB | - | NC |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| alvimopan cap (ENTEREG equiv) | - | NC |
| ENTEREG CAP | - | NC |
| RELISTOR INJ | - | NC |
| RELISTOR INJ KIT | - | NC |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| RELISTOR TAB | - | NC |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| calcium acetate tab (ELIPHOS equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 |
| PHOSLYRA SOLN | - | 2 |
| SEVELAMER CARBONATE TAB | - | 2 |
| sevelamer powder pak (RENVELA equiv) | - | 2 |
| sevelamer tab (RENVELA TAB equiv) | - | 2 |
| AURYXIA TAB | - | 3 |
| RENAGEL TAB | - | 3 |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | 3 |
| ELIPHOS TAB | - | NC |
| FOSRENOL CHEW TAB | - | NC |
| PHOSLO CAP | - | NC |
| RENAGEL TAB 800MG | - | NC |
| RENVELA TAB | - | NC |
| VELPHORO CHEW TAB | - | NC |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT | - | NC |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| XERMELO TAB | - | NC |
| GENERAL ANESTHETICS | | |
| ANESTHETICS - MISC. | | |
| KETAMINE HCL TROCHES | - | NC |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | - | 1 |
| CYTRA-3 SYRUP | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate/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 |
| UROCIT-K TAB | - | NC |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP | - | NC |
| PROCYSBI GRANULES PACKET | - | NC |
| GENITOURINARY IRRIGANTS | | |
| RENACIDIN SOLN | - | NC |
| sodium chloride 0.9% irr soln | - | NC |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI TAB | - | NC |

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| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | 2 |
| PENTOSAN CAP | - | NC |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| silodosin cap (RAPAFLO equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| AVODART CAP | - | NC |
| CARDURA XL TAB | - | NC |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC |
| ENTADFI CAP | - | NC |
| FLOMAX CAP | - | NC |
| JALYN CAP | - | NC |
| PROSCAR TAB | - | NC |
| RAPAFLO CAP | - | NC |
| UROXATRAL TAB | - | NC |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 |
| phenazopyridine tab 95mg (AZO equiv) | OTC | 1 |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | 1 |

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| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | 1 |
| AZO URINARY TAB | OTC | NC |
| PYRIDIDIUM TAB | - | NC |
| URINARY STONE AGENTS | | |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |
| THIOLA TAB | - | NC |
| tiopronin tab (THIOLA equiv) | PA-TMSP | SP |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| DUZALLO TAB | - | NC |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| colchicine tab (COLCRYS equiv) | - | 2 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 |
| ALLOPURINOL TAB | - | NC |
| COLCRYS TAB | - | NC |
| GLOPERBA SOLN | - | NC |
| MITIGARE CAP, COLCHICINE CAP | - | NC |
| ULORIC TAB | - | NC |
| ZURAMPIC TAB | - | NC |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| GOUT AGENTS Cont. | | |
| ZYLOPRIM TAB | - | NC |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| AFSTYLA KIT | - | NC |
| HEMLIBRA INJ | PA-TMSP | SP |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| FIRAZYR INJ | - | NC |
| icatibant inj (FIRAZYR equiv) | - | NC |
| COMPLEMENT INHIBITORS | | |
| EMPAVELI INJ | - | NC |
| BERINERT INJ (Only available through Accredo 800-803-2523) | LD-PA | SP |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| HAEGARDA INJ (Only available through Accredo 800-803-2523) | LD-PA | SP |
| RUCONEST INJ (Only available through Accredo 800-803-2523) | LD-PA | SP |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | SP |
| HEMATAOLOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
| PLASMA KALLIKREIN INHIBITORS | | |
| ORLADEYO CAP | - | NC |

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| TMSP | Available through Specialty Network | VAC |
| | | Infertility |
| | | Medical Benefit |
| | | Over-the-Counter |
| | | Quantity Limit |
| | | Restricted to Specialist |
| | | Smoking Cessation |
| | | Step Therapy |
| | | Vaccine Program |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| TAKHZYRO INJ | - | NC |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | 2 |
| BRILINTA TAB | - | 2 |
| AGGRENOX CAP | - | NC |
| AGRYLIN CAP | - | NC |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC |
| CABLIVI INJ KIT | - | NC |
| CLOPIDOGREL THERAPY PACK | - | NC |
| EFFIENT TAB | - | NC |
| PLAVIX TAB 75MG | - | NC |
| YOSPRALA TAB | - | NC |
| ZONTIVITY TAB | - | NC |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |

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|--|---------------------|-------------|
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA CAP | - | NC |
| miglustat cap (ZAVESCA equiv) | - | NC |
| ZAVESCA CAP | - | NC |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| SIKLOS TAB | - | NC |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI POWDER PACK | - | NC |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| NASCOBAL NASAL SPRAY | - | 3 |
| CALOMIST NASAL SPRAY | - | NC |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| EPOGEN INJ | - | 2 |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| PROCRIT INJ | - | 2 |
| RETACRIT INJ | - | 2 |
| ARANESP INJ | - | NC |
| FYLNETRA INJ | - | NC |
| GRANIX INJ | - | NC |
| LEUKINE INJ | - | NC |
| MIRCERA INJ | - | NC |
| MULPLETA TAB | - | NC |
| NEULASTA INJ | - | NC |
| NEUPOGEN INJ | - | NC |
| NYVEPRIA INJ | - | NC |
| PROMACTA POWDER | - | NC |
| PROMACTA TAB | - | NC |
| REBLOZYL INJ | - | NC |
| RELEUKO INJ | - | NC |
| RELEUKO PREFILLED SYRINGE INJ | - | NC |
| STIMUFEND INJ | - | NC |
| UDENYCA INJ | - | NC |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| FULPHILA INJ | TMSP | SP |
| NIVESTYM INJ | TMSP | SP |
| ZARXIO INJ | TMSP | SP |

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| HEMATOPOIETIC AGENTS Cont. | | |
| ZIEXTENZO INJ | TMSP | SP |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| folbee tab | - | 1 |
| IRON POLYSACCH/THREONIC ACID/B12/FA CAP | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| FERREX 28 TAB | - | 3 |
| multivitamin tab | - | 3 |
| BENTIVITE TAB | - | NC |
| BIFERARX TAB | - | NC |
| B-SERENE PAD | - | NC |
| CORVITE TAB | - | NC |
| CYFOLEX CAP | - | NC |
| FEONYX TAB | - | NC |
| FERRO-PLEX TAB | - | NC |
| FOLITE TAB | - | NC |
| folvite-d tab (GENICIN equiv) | - | NC |
| FOLVITE-FE TAB | - | NC |

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|--|---------------------|-------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| MULTIVITAMIN TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |
| IRON | | |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | OTC | \$0 |
| ACCRUFER CAP | - | NC |
| STEM CELL MOBILIZERS | | |
| MOZOBIL INJ | M | M |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| aminocaproic acid tab (AMICAR equiv) | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| CYKLOKAPRON INJ | M | M |
| tranexamic acid inj (CYKLOKAPRON equiv) | M | M |
| AMICAR SOLN | - | NC |
| AMICAR TAB | - | NC |
| LYSTEDA TAB | - | NC |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |

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| EXC | Plan Exclusion | INF |
| LD | Limited Distribution | M |
| MSP | Mandatory Specialty Pharmacy Program | OTC |
| PA | Prior Authorization | QL |
| RDX | Restricted to Diagnosis | RS |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG |
| SP | Available through Specialty Pharmacy Program | ST |
| TMSP | Available through Specialty Network | VAC |
| | | Infertility |
| | | Medical Benefit |
| | | Over-the-Counter |
| | | Quantity Limit |
| | | Restricted to Specialist |
| | | Smoking Cessation |
| | | Step Therapy |
| | | Vaccine Program |

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|--|---------------------|-------------|
| HYPNOTICS Cont. | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | NC |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| BUTISOL TAB | - | 3 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| doxepin tab (SILENOR equiv) | - | NC |
| NON-BARBITURATE HYPNOTICS | | |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 |
| SOMNOTE CAP | - | 3 |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 |

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| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 |
| AMBIEN CR TAB | - | NC |
| AMBIEN TAB | - | NC |
| DORAL TAB | - | NC |
| EDLUAR SL TAB | - | NC |
| estazolam tab (PROSOM equiv) | - | NC |
| HALCION TAB | - | NC |
| INTERMEZZO SL TAB | - | NC |
| LUNESTA TAB | - | NC |
| RESTORIL CAP 15MG | - | NC |
| RESTORIL CAP 22.5MG | - | NC |
| RESTORIL CAP 30MG | - | NC |
| RESTORIL CAP 7.5MG | - | NC |
| triazolam tab (HALCION equiv) | - | NC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC |
| ZOLPIMIST SPRAY | - | NC |
| OREXIN RECEPTOR ANTAGONISTS | | |
| DAYVIGO TAB | - | NC |
| QUVIVIQ TAB | - | NC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| HETLIOZ CAP | - | NC |
| HETLIOZ SUSP | - | NC |

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|---|---------------------|-------------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| ramelteon tab (ROZEREM equiv) | - | NC |
| ROZEREM TAB | - | NC |
| tasimelteon cap (HETLIOZ equiv) | - | NC |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| CLENPIQ SOLN | - | 2 |
| gavilyte-h kit | - | NC |
| HALFLYTELY BOWEL PREP KIT | - | NC |
| MOVIPREP SOLN | - | NC |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) | - | NC |
| PLENVU SOLN | - | NC |
| PREPOPIK PAK | - | NC |
| sodium/potassium/magnesium soln (SUPREP BOWEL PREP PACK equiv) | - | NC |

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|---|---------------------|-------------|
| LAXATIVES Cont. | | |
| SUCLEAR KIT | - | NC |
| SUPREP BOWEL PREP PACK | - | NC |
| SUTAB TAB | - | NC |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| GIALAX KIT | - | NC |
| KRISTALOSE PACK, LACTULOSE PACK | - | NC |
| KRISTALOSE PACKET | - | NC |
| MIRALAX | OTC | NC |
| MIRALAX PACKET | OTC | NC |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | NC |
| polyethylene glycol packet (MIRALAX equiv) | OTC | NC |
| SALINE LAXATIVES | | |
| OSMOPREP TAB | - | NC |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| ZITHROMAX SUSP | - | NC |

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|---|---------------------|-------------|
| MACROLIDES Cont. | | |
| ZITHROMAX TAB | - | NC |
| CLARITHROMYCIN | | |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYCIN SUSP | - | 2 |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 |
| BIAXIN TAB | - | NC |
| ERYTHROMYCINS | | |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 |
| erythromycin tab (ERY-TAB equiv) | - | 3 |
| PCE TAB | - | 3 |
| ERYPED SUSP | - | NC |
| FIDAXOMICIN | | |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 |

MEDICAL DEVICES

PARENTERAL THERAPY SUPPLIES

| | | |
|--------------------------------|---|----|
| INPEN INSULIN INJECTION DEVICE | - | NC |
|--------------------------------|---|----|

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| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

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|---|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| FEMALE CONDOMS | OTC | \$0 |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 |
| ACCU-CHEK NANO METER | OTC | \$0 |
| ONETOUCH METER | OTC | \$0 |
| ONETOUCH VERIO FLEX METER | OTC | \$0 |
| ONETOUCH VERIO IQ METER | OTC | \$0 |
| ONETOUCH VERIO METER | OTC | \$0 |
| ONETOUCH VERIO REFLECT METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| LANCET DEVICE | OTC | 1 |
| LANCET KIT | OTC | 1 |
| LANCETS | OTC | 1 |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year) | QL | 2 |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 |

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| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 |
| ONETOUCH DELICA LANCETS | OTC | 2 |
| ONETOUCH DELICA PLUS LANCETS | OTC | 2 |
| ONETOUCH DELICA ULTRASOFT LANCETS | 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 2 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 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 |
| DEXCOM G7 RECEIVER | - | NC |
| DEXCOM G7 SENSOR | - | NC |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| FREESTLY LITE METER | OTC | NC |
| FREESTYLE FREEDOM LITE METER | OTC | NC |
| FREESTYLE INSULINX METER | OTC | NC |
| FREESTYLE PRECISION NEO METER | OTC | NC |

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| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| PRECISION XTRA METER | 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 |
| CARETOUCH MIS | OTC | 1 |
| NOVOFINE PEN NEEDLE | OTC | 1 |
| NOVOTWIST PEN NEEDLE | OTC | 1 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 |
| CEQUR SIMPLICITY | - | NC |
| INSULIN SYRINGE | OTC | NC |
| PEN NEEDLE | OTC | NC |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| AEROCHAMBER SUPPLIES | - | 2 |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AJOVY INJ | - | NC |
| QULIPTA TAB | - | NC |

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|--|---------------------|-------------|
| MIGRAINE PRODUCTS Cont. | | |
| MIGRAINE COMBINATIONS | | |
| ergotamine tartrate/caffeine tab (CAFERGOT equiv) | - | 3 |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | NC |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | NC |
| MIGERGOT SUPP | - | NC |
| PRODRIN TAB | - | NC |
| SUMANSETRON PAK | - | NC |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC |
| TREXIMET TAB | - | NC |
| MIGRAINE PRODUCTS | | |
| ERGOMAR SL TAB | - | 3 |
| D.H.E. INJ | - | NC |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| MIGRANAL SPRAY | - | NC |
| TRUDHESA NASAL SPRAY | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ | - | NC |
| AJOVY INJ | - | NC |
| EMGALITY INJ | - | NC |

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|---|---------------------|-------------|
| MIGRAINE PRODUCTS Cont. | | |
| EMGALITY INJ 100MG/ML | - | NC |
| UBRELVY TAB | - | NC |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER | - | NC |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | NC |
| ELYXYB SOLN | - | NC |
| SEROTONIN AGONISTS | | |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| almotriptan tab (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 |

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| MIGRAINE PRODUCTS Cont. | | |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC |
| AMERGE TAB | - | NC |
| AXERT TAB | - | NC |
| FROVA TAB | - | NC |
| frovatriptan tab (FROVA equiv) | - | NC |
| IMITREX INJ | - | NC |
| IMITREX TAB | - | NC |
| IMITREX VIAL INJ | - | NC |
| MAXALT MLT TAB | - | NC |
| MAXALT TAB | - | NC |
| ONZETRA XSAIL | - | NC |
| RELPAX TAB | - | NC |
| REYVOW TAB | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |
| ZOMIG TAB | - | NC |
| ZOMIG ZMT | - | NC |
| MINERALS & ELECTROLYTES | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MINERALS & ELECTROLYTES Cont. | | |
| FLUORIDE | | |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| MAGNESIUM | | |
| magnesium sulfate inj | M | M |
| PHOSPHATE | | |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| K-PHOS TAB | - | 2 |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 2 |
| K-PHOS NEUTRAL TAB | - | NC |
| POTASSIUM | | |
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |

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| MINERALS & ELECTROLYTES Cont. | | |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| POTASSIUM CHLORIDE TAB ER | - | 1 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| SODIUM | | |
| sodium chloride inj | M | M |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| CUPRIMINE CAP | - | NC |
| DEPEN TITRATAB | - | NC |
| penicilliamine cap (CUPRIMINE equiv) | - | NC |
| SYPRINE CAP | - | NC |
| trientine cap (SYPRINE equiv) (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | SP |
| IMMUNOMODULATORS | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | SP |

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| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist) | LD-QL-RS | SP |
| REZUROCK TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| ASTAGRAF XL CAP | - | NC |
| azathioprine tab 100mg (AZASAN equiv) | - | NC |
| azathioprine tab 75mg (AZASAN equiv) | - | NC |
| ENSPRYNG INJ | - | NC |
| PROGRAF PACKET | - | NC |
| RAPAMUNE SOLN | - | NC |
| ZORTRESS TAB | - | NC |
| everolimus tab (ZORTRESS equiv) | PA | SP |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 c PantheRx Pharmacy 855-726-8479) | LD-PA-QL | SP |
| sirolimus soln (RAPAMUNE equiv) | - | SP |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | SP |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | SP |
| POTASSIUM REMOVING AGENTS | | |
| SPS SUSP | - | 1 |
| LOKELMA PAK | - | NC |
| VELTASSA POWDER | - | NC |
| PROGERIA TREATMENT AGENTS | | |

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| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| ZOKINVY CAP | - | NC |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | PA-QL-TMSP | SP |
| BENLYSTA INJ (QL= 4 inj/28 day) | PA-QL-TMSP | SP |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 |
| FIRST MOUTHWASH BLM | - | 3 |
| LIDOCAINE ORAL SOLN 4% | - | NC |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| ORAVIG TAB | - | 3 |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| DEBACTEROL SOLN | - | NC |
| PERIDEX SOLN | - | NC |
| DENTAL PRODUCTS | | |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; - All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| FLUORIDEX SENSITIVITY PASTE | - | 1 |

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| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 |
| PREVIDENT GEL | - | 2 |
| PREVIDENT PASTE | - | 2 |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
| THROAT PRODUCTS - MISC. | | |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| cevimeline cap (EVOXAC equiv) | - | 2 |
| EVOXAC CAP | - | NC |
| GELCLAIR GEL | - | NC |
| PROTHELIAL PASTE | - | NC |
| SALAGEN TAB | - | NC |
| SILATRIX GEL | - | NC |
| MULTIVITAMINS | | |
| B-COMPLEX VITAMINS | | |
| EB-N3 DR CAP | - | NC |

| | | |
|-----------------------------------|---|---|
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |

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|--|---------------------|-------------|
| MULTIVITAMINS Cont. | | |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| FIBRIK CAP | - | NC |
| NEPHROCAP | - | NC |
| NEPHRO-VITE TAB | - | NC |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| V-C FORTE CAP | - | 3 |
| DEXATLAN CAP | - | NC |
| FOLAGENT DHA CAP | - | NC |
| FOLAMED DHA CAP | - | NC |
| REMEDIENT CAP | - | NC |
| STROVITE TAB | - | NC |
| VITRECYL IRON TAB | - | NC |
| VITRECYL TAB | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| ESCAVITE CHEW TAB | - | 3 |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |

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| MULTIVITAMINS Cont. | | |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 |
| POLY-VI-FLOR SUSP | - | NC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | 1 |
| PRENATABS RX TAB | - | 1 |
| PRENATAL 19 CHEW TAB | - | 1 |
| PRENATAL 19 TAB | - | 1 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| VP-PNV-DHA CAP | - | 1 |
| AZESCHEW TAB 13-1MG | - | 3 |
| MYNATAL-Z TAB | - | 3 |
| NEONATAL 19 TAB | - | 3 |
| NEONATAL FE TAB | - | 3 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| VITAFOL STRIPS | - | 3 |

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| MULTIVITAMINS Cont. | | |
| AZESCO TAB | - | NC |
| CITRANATAL CAP MEDLEY | - | NC |
| JENLIVA CAP | - | NC |
| MULTI-MAC TAB | - | NC |
| PREGEN DHA CAP | - | NC |
| PREGENNA TAB | - | NC |
| PRENARA CAP | - | NC |
| PRENATRIX TAB | - | NC |
| PRENATRYL TAB | - | NC |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 2 |
| tizanidine cap (ZANAFLEX equiv) | - | 2 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 |

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| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| OZOBAX SOLN, BACLOFEN SOLN | PA | 3 |
| AMRIX CAP | - | NC |
| baclofen intrathecal inj (BACLOFEN equiv) | - | NC |
| BACLOFEN TAB 5MG | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| FLEQSUVY SUSP | - | NC |
| metaxalone tab (SKELAXIN equiv) | - | NC |
| METAXALONE TAB 400MG | - | NC |
| METHOCARBAMOL TAB | - | NC |
| OZOBAX SOLN | - | NC |
| ROBAXIN TAB | - | NC |
| SKELAXIN TAB | - | NC |
| SOMA TAB | - | NC |
| ZANAFLEX CAP | - | NC |
| ZANAFLEX TAB | - | NC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 2 |
| DANTRIUM CAP | - | NC |

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| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| MUSCLE RELAXANT COMBINATIONS | | |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| NORGESIC TAB FORTE | - | NC |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC |
| AZENASE PAK | - | NC |
| DYMISTA SPRAY | - | NC |
| RYALTRIS SPRAY | - | NC |
| NASAL AGENTS - MISC. | | |
| ALCOHOL SWABS | OTC | 1 |
| 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 |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | NC |
| PATANASE NASAL SPRAY | - | NC |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |
| NASAL ANTI-INFECTIVES | | |
| BACTROBAN NASAL OINT | - | 3 |
| NASAL STEROIDS | | |
| budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 1 |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill) | QL | 1 |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| FLONASE SENSIMIST NASAL SPRAY | OTC | 2 |
| BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 3 |
| ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| RHINOCORT AQUA NASAL SPRAY | - | NC |

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| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| SINUVA NASAL IMPLANT | - | NC |
| XHANCE NASAL EXHALER | - | NC |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| ADRENALIN NASAL SOLN | - | NC |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 2 |
| EXSERVAN FILM | - | NC |
| RELYVRIO PAK | - | NC |
| RILUTEK TAB | - | NC |
| TIGLUTIK SUSP | - | NC |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredited Pharmacies 800-803-2523) | LD-PA-QL | SP |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredited Pharmacies 800-803-2523) | LD-PA-QL | SP |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN | - | NC |
| NUTRIENTS | | |
| LIPIDS | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |

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| OPHTHALMIC AGENTS Cont. | | |
| LACRISERT OPHTH INSERT | - | NC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 |
| COMBIGAN OPHTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 3 |
| BETAGAN OPHTH SOLN | - | NC |
| CARTEOLOL OPHTH SOLN | - | NC |
| carteolol ophth soln (OCUPRESS equiv) | - | NC |
| COSOPT (PF) OPHTH SOLN | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | NC |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | NC |
| TIMOPTIC OPHTH SOLN | - | NC |
| TIMOPTIC-XE OPHTH GEL | - | NC |
| CHOLINERGIC AGONISTS | | |
| TYRVAYA SOLN | - | NC |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| ATROPINE OPHTH SOLN | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| ATROPINE SUL SOLN 1% OPHTH | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| CYCLOGYL OPHTH SOLN | - | NC |
| MYDRIACYL OPHTH SOLN | - | NC |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |

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| OPHTHALMIC AGENTS Cont. | | |
| ISOPTO CARPINE OPHTH SOLN | - | NC |
| PHOSPHOLINE OPHTH SOLN | - | NC |
| VUITY OPHTH SOLN | - | NC |
| 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 |
| ALPHAGAN P OPHTH SOLN 0.15% | - | NC |
| IOPIDINE OPHTH SOLN | - | NC |
| LUMIFY OPHTH SOLN | - | NC |
| SIMBRINZA OPHTH SUSP | - | 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 soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |

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|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| CILOXAN OPHTH OINT | - | 3 |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 |
| TOBREX OPHTH OINT | - | 3 |
| BESIVANCE OPHTH SUSP | - | NC |
| BLEPH-10 OPHTH SOLN | - | NC |
| CILOXAN OPHTH SOLN | - | NC |
| LEVOFLOXACIN OPHTH SOLN | - | NC |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOL | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| NATACYN OPHTH SUSP | - | NC |
| NEOSPORIN OPHTH SOLN | - | NC |
| OCUFLOX OPHTH SOLN | - | NC |
| POLYTRIM OPHTH SOLN | - | NC |
| TOBREX OPHTH SOLN | - | NC |

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|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| TRIFLURIDINE OPHTH SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| VIGAMOX OPHTH SOLN | - | NC |
| ZYMAXID OPHTH SOLN | - | NC |
| OPHTHALMIC IMMUNOMODULATORS | | |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 |
| CEQUA (PF) OPHTH SOLN | - | NC |
| cyclosporine ophth emulsion (RESTASIS equiv) | - | NC |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC |
| RESTASIS MULTIDOSE | - | 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 |
| ALCAINE OPHTH SOLN | - | NC |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN | - | NC |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |

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Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| SULFACETAMIDE/PREDNISOLONE OPHTH SOLN | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| DEXAMETHASONE OPHTH SOLN | - | 2 |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 |
| LOTEMAX OPHTH GEL | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |

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Community Health Choice Narrow Formulary

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Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| PRED-G OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 |
| DEXTENZA OPHTH INSERT | - | NC |
| DUREZOL OPHTH EMULSION | - | NC |
| EYSUVIS OPHTH SUSP | - | NC |
| FLAREX OPHTH SUSP | - | NC |
| FML FORTE OPHTH SUSP | - | NC |
| FML LIQUIFLIM OPHTH SUSP | - | NC |
| FML S.O.P. OPHTH OINT | - | NC |
| INVELTYS OPHTH SUSP | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| LOTEMAX OPHTH GEL | - | NC |
| LOTEMAX OPHTH SUSP | - | NC |
| LOTEMAX SM GEL 0.38% | - | NC |
| MAXITROL OPHTH OINT | - | NC |
| MAXITROL OPHTH SUSP | - | NC |
| PRED FORTE OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC |
| TOBRADEX OPHTH SOLN | - | NC |
| TOBRADEX ST OPHTH SUSP | - | NC |
| ZYLET OPHTH SUSP | - | NC |
| OPHTHALMIC SURGICAL AIDS | | |
| DUOVISC KIT | - | 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 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | OTC | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 |
| ALOCRILOPHTH SOLN | - | 2 |
| ALOMIDE OPHTH SOLN | - | 2 |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) | - | 2 |
| FLURBIPROFEN OPHTH SOLN | - | 2 |
| PROLENSA OPHTH SOLN | - | 2 |
| ACUVAIL OPHTH SOLN | - | 3 |
| bepotastine ophth soln (BEPREVE equiv) | - | 3 |
| EMADINE OPHTH SOLN | - | 3 |
| epinastine ophth soln (ELESTAT equiv) | - | 3 |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 |
| UPNEEQ SOLN | - | EXC |
| ACULAR (LS) OPHTH SOLN | - | NC |
| AZOPT OPHTH SUSP | - | NC |
| BROMSITE OPHTH SOLN | - | NC |
| ELESTAT OPHTH SOLN | - | NC |
| ILEVRO OPHTH SUSP | - | NC |
| NEVANAC OPHTH SUSP | - | NC |
| PATANOL OPHTH SOLN | - | NC |
| PAZEO OPHTH SOLN 0.7% | - | NC |
| TRUSOPT OPHTH SOLN | - | NC |
| ZADITOR OPHTH SOLN | OTC | NC |
| ZERVIATE OPHTH SOLN | - | NC |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | SP |

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|-----------|--|----------------|--------------------------|---------------|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | | |
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | | |
| PA | Prior Authorization | QL | Quantity Limit | | |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | | |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | | |
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| TMSP | Available through Specialty Network | VAC | Vaccine Program | | |

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|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP |
| 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 |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day) | PA-QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |
| ZIOPTAN OPHTH SOLN (QL= 1 vial/day) | PA-QL | 3 |
| TRAVATAN Z DROPS | - | NC |
| VYZULTA SOLN | - | NC |
| XALATAN OPHTH SOLN | - | NC |
| XELPROS OPHTH EMULSION | - | NC |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |

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| PA | Prior Authorization | QL | Quantity Limit |
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|---|---------------------|-------------|
| OTIC AGENTS Cont. | | |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CIPRO HC OTIC SUSP | - | NC |
| CIPRODEX OTIC SUSP | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| CORTIC-ND DROPS | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC |

OTIC STEROIDS

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

OXYTOCICS

OXYTOCICS

| | | |
|---|----|---|
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
|---|----|---|

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS

| | | |
|--------------|--------|----|
| CUVITRU INJ | - | NC |
| HIZENTRA INJ | MSP-PA | SP |

MONOCLONAL ANTIBODIES

| | | |
|-------------|---|----|
| SYNAGIS INJ | - | NC |
|-------------|---|----|

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| PASSIVE IMMUNIZING AGENTS Cont. | | |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ | - | NC |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| CUTAQUIG INJ | - | NC |
| XEMBIFY INJ | - | NC |
| HIZENTRA INJ | MSP-PA | SP |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| AMPICILLIN CAP | - | 1 |
| MOXATAG TAB | - | NC |
| MOXATAG TAB 775MG | - | NC |
| NATURAL PENICILLINS | | |
| PENICILLIN VK SOLN | - | 1 |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 |

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

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| PENICILLINS Cont. | | |
| AUGMENTIN SUSP | - | 3 |
| AUGMENTIN ES-600 SUSP | - | NC |
| AUGMENTIN TAB | - | NC |
| 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 cap (PROMETRIUM equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| hydroxyprogesterone inj (MAKENA equiv) | PA-SP | 3 |
| megestrol ES susp (MEGACE ES equiv) | - | 3 |
| AYGESTIN TAB | - | NC |
| MAKENA INJ | - | NC |
| MEGACE ES SUSP | - | NC |
| PROMETRIUM CAP | - | NC |
| PROVERA TAB | - | NC |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | NC |
| ANTABUSE TAB | - | NC |
| ANTI-CATAPLECTIC AGENTS | | |
| XYWAV SOLN | - | NC |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | SP |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | SP |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine sol (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |

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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| ADLARITY PATCH | - | NC |
| ARICEPT TAB | - | NC |
| ARICEPT TAB 23MG | - | NC |
| EXELON PATCH | - | NC |
| NAMENDA TAB | - | NC |
| NAMENDA XR CAP | - | NC |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |
| RAZADYNE ER CAP | - | NC |
| RAZADYNE SOLN | - | NC |
| RAZADYNE TAB | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC |
| DULOXICAINA PACK | - | NC |
| LYBALVI TAB | - | NC |
| SYMBYAX CAP | - | NC |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 |
| MOVEMENT DISORDER DRUG THERAPY | | |

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| AUSTEDO TAB | - | NC |
| AUSTEDO TITRATION PACK | - | NC |
| INGREZZA CAP | - | NC |
| INGREZZA PACK 40-80MG | - | NC |
| XENAZINE TAB | - | NC |
| tetrabenazine tab (XENAZINE equiv) | PA-TMSP | SP |
| MULTIPLE SCLEROSIS AGENTS | | |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day) | PA-QL-TMSP | 3 |
| AMPYRA TAB | - | NC |
| AUBAGIO TAB | - | NC |
| BAFIERTAM CAP | - | NC |
| BETASERON INJ | - | NC |
| COPAXONE INJ | - | NC |
| KESIMPTA INJ | - | NC |
| MAVENCLAD PAK | - | NC |
| MAYZENT TAB | - | NC |
| MAYZENT TAB STARTER PACK | - | NC |
| PONVORY TAB | - | NC |
| PONVORY TAB STARTER PACK | - | NC |
| TASCENSO ODT TAB | - | NC |
| TECFIDERA CAP | - | NC |
| TECFIDERA STARTER PACK | - | NC |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| TYSABRI INJ | - | NC |
| VUMERITY CAP | - | NC |
| ZEPOSIA CAP | - | NC |
| ZEPOSIA STARTER PACK | - | NC |
| ZINBRYTA INJ | - | NC |
| AVONEX INJ | TMSP | SP |
| dimethyl fumarate DR cap (TECFIDERA equiv) | TMSP | SP |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | TMSP | SP |
| EXTAVIA INJ | TMSP | SP |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | TMSP | SP |
| GILENYA CAP 0.25MG | TMSP | SP |
| GILENYA CAP 0.5MG | TMSP | SP |
| glatiramer inj (COPAXONE equiv) | TMSP | SP |
| PLEGRIDY INJ | TMSP | SP |
| PLEGRIDY PEN INJ | TMSP | SP |
| REBIF INJ | TMSP | SP |
| POSTHERPETIC NEURALGIA (PHN) AGENTS | | |
| GRALISE TAB | - | NC |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| GRALISE STARTER PACK | - | NC |
| LIDOTIN PAK | - | NC |
| LYRICA CR TAB | - | NC |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| pregabalin ER tab (LYRICA CR equiv) | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| fluoxetine cap (SARAFEM equiv) | - | 3 |
| FLUOXETINE CAP (PMDD) | - | 3 |
| SARAFEM TAB | - | NC |
| PSEUDOBLBAR AFFECT (PBA) AGENTS | | |
| NUEDEXTA CAP | - | NC |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| ERGOLOID MESYLATES TAB | - | 3 |
| ORAP TAB | - | NC |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| VARENICLINE PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| TEGSEDI INJ | - | NC |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| ARALAST/PROLASTIN/ZEMAIRA INJ | M | M |
| CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL CAP | - | NC |
| KALYDECO PAK | - | NC |
| KALYDECO TAB | - | NC |
| ORKAMBI GRANULES PACKET | - | NC |
| ORKAMBI TAB | - | NC |
| PULMOZYME INH SOLN | - | NC |
| SYMDEKO TAB | - | NC |
| TRIKAFTA TAB | - | NC |
| PULMONARY FIBROSIS AGENTS | | |

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| RESPIRATORY AGENTS - MISC. Cont. | | |
| OFEV CAP | - | NC |
| PIRFENIDONE TAB | - | NC |
| ESBRIET CAP (QL= 9 caps/day) | PA-QL-SF-TMS P | SP |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | PA-QL-SF-TMS P | SP |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | PA-QL-SF-TMS P | SP |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | PA-QL-SF-TMS P | SP |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | PA-QL-SF-TMS P | SP |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | PA-QL-SF-TMS P | SP |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| sulfadiazine tab | - | 3 |
| SULFADIAZINE TAB | - | NC |
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA TAB | - | NC |
| TETRACYCLINES | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |

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| TETRACYCLINES Cont. | | |
| 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 |
| tetracycline cap | - | 3 |
| VIBRAMYCIN SYRUP | - | 3 |
| ACTICLATE TAB 75MG, 150MG | - | NC |
| DORYX MPC TAB | - | NC |
| DORYX TAB | - | NC |
| doxycycline hyclate tab (TARGADOX equiv) | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| DYNACIN TAB | - | NC |
| MINOCIN CAP | - | NC |
| MINOCYCLINE ER CAP | - | NC |

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| TETRACYCLINES Cont. | | |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| MINOLIRA TAB | - | NC |
| MONODOX CAP | - | NC |
| SEYSARA TAB | - | NC |
| SOLODYN TAB | - | NC |
| VIBRAMYCIN CAP | - | NC |
| VIBRAMYCIN SUSP | - | NC |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| SODIUM IODIDE I-131 SOLN | - | NC |
| TAPAZOLE TAB | - | NC |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| levothyroxine tab (SYNTHROID equiv) | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| THYROLAR TAB | - | 2 |
| SYNTHROID TAB | - | 3 |
| CYTOMEL TAB | - | NC |
| LEVOTHYROXINE INJ | - | NC |

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| THYROID AGENTS Cont. | | |
| TIROSINT CAP | - | NC |
| TIROSINT-SOL | - | NC |
| TOXOIDS | | |
| TOXOID COMBINATIONS | | |
| ADACEL/BOOSTRIX INJ | VAC | \$0 |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | \$0 |
| KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE | VAC | \$0 |
| PEDIARIX INJ | VAC | \$0 |
| PENTACEL INJ | VAC | \$0 |
| TETANUS/DIPHThERIA TOXOID INJ | VAC | \$0 |
| ULCER DRUGS | | |
| ANTISPASMODICS | | |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |

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| ULCER DRUGS Cont. | | |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| methscopolamine tab (PAMINE equiv) | - | 3 |
| SYMAX DUOTAB | - | 3 |
| atropine inj | M | M |
| ATROPINE SULFATE INJ | M | M |
| ANASPAZ ODT | - | NC |
| b-donna tab (DONNATAL equiv) | - | NC |
| BENTYL CAP | - | NC |
| BENTYL SYRUP | - | NC |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | NC |
| DONNATAL ELIXIR | - | NC |
| DONNATAL TAB | - | NC |
| GLYCATATE TAB, GLYCOPYRROLATE TAB | - | NC |
| LEVBIID TAB | - | NC |
| LEVSIN INJ | - | NC |
| LEVSIN SL TAB | - | NC |
| LEVSIN TAB | - | NC |
| LIBRAX CAP | - | NC |
| pb-belladonna elixir (DONNATAL equiv) | - | NC |
| ROBINUL TAB | - | NC |

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| ULCER DRUGS Cont. | | |
| H-2 ANTAGONISTS | | |
| cimetidine soln (CIMETIDINE equiv) | - | 1 |
| cimetidine tab (TAGAMET equiv) | OTC | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |
| AXID CAP | - | NC |
| famotidine tab (PEPCID equiv) | OTC | NC |
| PEPCID SUSP | - | NC |
| PEPCID TAB | OTC | NC |
| ranitidine cap (ZANTAC equiv) | - | NC |
| ranitidine syrup (ZANTAC equiv) | - | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | 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 TAB | - | NC |
| PROTON PUMP INHIBITORS | | |
| esomeprazole cap (NEXIUM equiv) | OTC | 1 |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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Community Health Choice Narrow Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ULCER DRUGS Cont. | | |
| lansoprazole cap (PREVACID equiv) | OTC | 1 |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| PREVACID OTC CAP | OTC | 1 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 |
| FIRST OMEPRAZOLE SUSP | - | 3 |
| LANSOPRAZOLE SUSP | - | 3 |
| PREVACID CAP | OTC | 3 |
| ACIPHEX SPRINKLE CAP | - | NC |
| ACIPHEX TAB | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| PRILOSEC CAP | - | NC |
| PRILOSEC OTC DR TAB | OTC | NC |
| PROTONIX EC TAB | - | NC |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| CYTOTEC TAB | - | NC |
| ULCER THERAPY COMBINATIONS | | |
| ZEGERID CAP OTC | OTC | 1 |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 3 |
| PYLERA CAP | - | 3 |
| HELIDAC PACK | - | NC |

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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 POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| CUVPOSA SOLN | - | 3 |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 3 |
| ATROPINE SUL INJ | M | M |
| ATROPINE SULFATE INJ | - | M |
| DARTISLA ODT TAB | - | NC |
| GLYCATE TAB | - | NC |
| hyoscyamine inj (LEVSIN equiv) | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| NIZATIDINE SOLN | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| CARAFATE SUSP | - | NC |
| PROTON PUMP INHIBITORS | | |
| omeprazole tab | OTC | 1 |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | 3 |
| NEXIUM 24HR TAB | OTC | 3 |

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|--|---------------------|-------------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC |
| DEXILANT DR CAP | - | NC |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC |
| pantoprazole sodium packet (PROTONIX PAK equiv) | - | NC |
| PREVACID SOLUTAB | - | NC |
| PRILOSEC OTC DR TAB | OTC | NC |
| ULCER THERAPY COMBINATIONS | | |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYICIN KIT | - | 3 |
| TALICIA CAP | - | NC |
| VOQUEZNA DUAL PAK | - | NC |
| VOQUEZNA TRIP PAK | - | NC |

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVE COMBINATIONS

| | | |
|---------------|---|----|
| PROSED DS TAB | - | NC |
|---------------|---|----|

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

| | | |
|---|---|---|
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
|---|---|---|

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

| | | |
|---------------------------------------|---|---|
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
|---------------------------------------|---|---|

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| URINARY ANTISPASMODICS Cont. | | |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| OXYTROL PATCH (OTC) | OTC | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| tropium tab (SANCTURA equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| TOVIAZ TAB | - | 3 |
| DETROL LA CAP | - | NC |
| DETROL TAB | - | NC |
| DITROPAN XL TAB | - | NC |
| ENABLEX TAB | - | NC |
| GELNIQUE | - | NC |
| OXYBUTYNIN SOLN | - | NC |
| VESICARE LS SUSP | - | NC |
| VESICARE TAB | - | NC |
| URINARY ANTISPASMODIC COMBINATIONS | | |
| URELIEF PLUS TAB | - | NC |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |

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| URINARY ANTISPASMODICS Cont. | | |
| GEMTESA TAB | - | NC |
| MYRBETRIQ SUSP | - | NC |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| URECHOLINE TAB | - | NC |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS | | |
| flavoxate tab (URISPAS equiv) | - | 3 |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 |
| BEXSERO INJ | VAC | \$0 |
| MENACTRA INJ | VAC | \$0 |
| MENHIBRIX INJ | VAC | \$0 |
| MENOMUNE INJ | VAC | \$0 |
| MENQUADFI INJ | VAC | \$0 |
| MENVEO INJ | VAC | \$0 |
| PEDVAXHIB INJ | VAC | \$0 |
| PNEUMOVAX INJ | VAC | \$0 |
| PREVNAR 13 INJ | VAC | \$0 |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 |
| TRUMENBA INJ | VAC | \$0 |
| TYPHIM VI INJ | VAC | \$0 |

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| VACCINES Cont. | | |
| VAXNEUVANCE INJ | VAC | \$0 |
| VIVOTIF CAP | VAC | EXC |
| VIRAL VACCINES | | |
| AFLURIA INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| CERVARIX INJ | VAC | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | \$0 |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days) | QL | \$0 |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 |
| DENGVAXIA SUSP | VAC | \$0 |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 |

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|---|---------------------|-------------|
| VACCINES Cont. | | |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUAD QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUBLOK QUAD PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUCELVAX QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUVIRIN INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUZONE HD PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUZONE QUADRIVALENT INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| GARDASIL 9 INJ | VAC | \$0 |
| GARDASIL INJ | VAC | \$0 |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 |
| HEPLISAV-B INJ | VAC | \$0 |
| IPOL INJ | VAC | \$0 |
| M-M-R II INJ | VAC | \$0 |
| PREHEVBRIO SUSP | VAC | \$0 |
| PRIORIX INJ | VAC | \$0 |
| ROTARIX SUSP | VAC | \$0 |
| ROTATEQ INJ | VAC | \$0 |

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| VACCINES Cont. | | |
| SHINGRIX INJ (Covered for members age 19 years or older) | VAC | \$0 |
| TICOVAC INJ | VAC | \$0 |
| TWINRIX INJ | VAC | \$0 |
| VARIVAX INJ | VAC | \$0 |
| STAMARIL INJ | - | NC |
| VAGINAL AND RELATED PRODUCTS | | |
| VAGINAL ANTI-INFECTIVES | | |
| VANDAZOLE GEL | - | 1 |
| NUVESSA VAGINAL GEL | - | NC |
| XACIATO GEL | - | NC |
| VAGINAL CONTRACEPTIVE - PH MODULATORS | | |
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 |
| VAGINAL PRODUCTS | | |
| MISCELLANEOUS VAGINAL PRODUCTS | | |
| FEM PH GEL | - | 3 |
| INTRAROSA SUPP | - | NC |
| SPERMICIDES | | |
| CONCEPTROL GEL | OTC | \$0 |
| CONTRACEPTIVE FILM | OTC | \$0 |
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL | OTC | \$0 |
| CONTRACEPTIVE SUPP | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |

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| | | Infertility |
| | | Medical Benefit |
| | | Over-the-Counter |
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| VAGINAL PRODUCTS Cont. | | |
| VAGINAL ANTI-INFECTIVES | | |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |
| CLEOCIN VAGINAL SUPP | - | 3 |
| CLINDESSE VAGINAL CREAM | - | 3 |
| MICONAZOLE 3 SUPP 200MG | - | 3 |
| CLEOCIN VAGINAL CREAM | - | NC |
| GYNAZOLE CREAM | - | NC |
| METROGEL VAGINAL GEL | - | NC |
| TERAZOL CREAM | - | NC |
| VAGINAL ESTROGENS | | |
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (1 tab on first fill)) | QL | 2 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| FEMRING (3 copays per Rx) | - | 3 |
| ESTRACE VAGINAL CREAM | - | NC |

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| VAGINAL PRODUCTS Cont. | | |
| IMVEXXY SUPP | - | NC |
| VAGIFEM TAB | - | NC |
| VAGINAL PROGESTINS | | |
| CRINONE GEL | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |
| PROGESTERONE SUPP | PA | 3 |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 1 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 1 |
| ADRENALICK INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ | - | NC |
| EPIPEN (JR) INJ | - | NC |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| droxidopa cap (NORTHERA equiv) | - | NC |
| NORTHERA CAP | - | NC |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| VITAMINS | | |
| MISC. NUTRITIONAL FACTORS | | |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| OIL SOLUBLE VITAMINS | | |
| cholecalciferol cap 50000 unit | OTC | 1 |

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|-----------------------------------|---------------------|-------------|
| VITAMINS Cont. | | |
| vitamin D cap (Rx covered Only) | - | 1 |
| phytonadione tab (MEPHYTON equiv) | - | 2 |
| DRISDOL CAP | - | NC |
| ERGOCAL CAP | - | NC |
| MEPHYTON TAB | - | NC |
| vitamin D cap 1000unit | OTC | NC |
| vitamin D cap 400unit | OTC | NC |
| VITAMIN D TAB 400UNIT | OTC | NC |
| WATER SOLUBLE VITAMINS | | |
| niacin cap | OTC | 1 |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 |
| niacin tab | OTC | 1 |
| NIACIN TR TAB | OTC | 1 |
| niacinamide tab | OTC | 1 |
| POTABA POWDER PACKET | - | 2 |
| POTABA CAP | - | 3 |
| SLO-NIACIN TAB | - | NC |

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

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|------|--|-------------------------------|--------------------------------|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| TMSP | Available through Specialty Network | VAC | Vaccine Program |

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Community Health Choice Narrow Formulary

Prior Authorization Drug List

Last Updated* 3/1/2023

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| ABSTRAL SL TAB | 3 |
| ACTEMRA ACTPEN INJ | SP |
| ACTEMRA SC INJ | SP |
| ACTIMMUNE INJ | SP |
| adapalene cream | 2 |
| adapalene gel | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% | 2 |
| adapalene/benzoyl peroxide gel 0.3-2.5% | 2 |
| ADBRY INJ | SP |
| ALECENSA CAP | SP |
| ALINIA SUSP | 2 |
| ALKINDI SPRINKLE CAP 0.5MG | 3 |
| ALKINDI SPRINKLE CAP 1MG | 3 |
| ALUNBRIG TAB 30MG | SP |
| ALUNBRIG TAB 90MG, 180MG | SP |
| ambrisentan tab | SP |
| ANDRODERM PATCH | 2 |
| ARIKAYCE SUSP | SP |
| aripiprazole soln | 3 |
| asenapine maleate SL tab | 2 |
| AYVAKIT TAB | SP |

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Community Health Choice Narrow Formulary cont.

Prior Authorization Drug List

Last Updated* 3/1/2023

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| BALVERSA TAB 3MG | SP |
| BALVERSA TAB 4MG | SP |
| BALVERSA TAB 5MG | SP |
| BENLYSTA AUTO-INJECTOR | SP |
| BENLYSTA INJ | SP |
| BENZNIDAZOLE TAB | 2 |
| BERINERT INJ | SP |
| bexarotene cap | SP |
| bexarotene gel | SP |
| bosentan tab | SP |
| BOSULIF TAB | SP |
| BRAFTOVI CAP 75MG | SP |
| budesonide ER tab | 3 |
| CALQUENCE CAP | SP |
| CALQUENCE TAB | SP |
| CAMZYOS CAP | SP |
| CIBINQO TAB | SP |
| CIMZIA INJ | SP |
| CIMZIA STARTER INJ KIT | SP |
| CINRYZE INJ | SP |
| CLARINEX SYRUP | 3 |

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Community Health Choice Narrow Formulary cont.

Prior Authorization Drug List

Last Updated* 3/1/2023

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| COPIKTRA CAP | SP |
| COTELLIC TAB | SP |
| CRINONE GEL | 2 |
| dalfampridine ER tab | 3 |
| deferiprone tab | SP |
| DEXCOM G6 RECEIVER | 3 |
| DEXCOM G6 SENSOR | 3 |
| DEXCOM G6 TRANSMITTER | 3 |
| diclofenac gel | 2 |
| DOPTELET TAB | SP |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOFIN CREAM | 3 |
| dronabinol cap | 2 |
| enalapril maleate oral soln | 3 |
| ENBREL INJ 25MG | SP |
| ENBREL INJ 50MG | SP |
| ENBREL MINI INJ | SP |
| ENBREL SURECLICK INJ 50MG | SP |
| ENDOMETRIN INSERT | 2 |
| EPIDIOLEX SOLN | SP |
| EPRONTIA SOLN | 3 |

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Community Health Choice Narrow Formulary cont.**Prior Authorization Drug List****Last Updated* 3/1/2023**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------------|--|
| ERLEADA TAB | SP |
| erlotinib tab | SP |
| ESBRIET CAP | SP |
| ESBRIET TAB 267MG | SP |
| ESBRIET TAB 801MG | SP |
| everolimus tab | SP |
| everolimus tab 5mg | SP |
| everolimus tab for oral susp | SP |
| EXKIVITY CAP | SP |
| FENTORA TAB, FENTANYL BUCCAL TAB | 3 |
| FERRIPROX SOLN | SP |
| FERRIPROX TAB 1000MG | SP |
| FIRDAPSE TAB | SP |
| FREESTYLE LIBRE 2 RECEIVER | 3 |
| FREESTYLE LIBRE 2 SENSOR | 3 |
| FREESTYLE LIBRE 3 SENSOR | 3 |
| FREESTYLE LIBRE RECEIVER | 3 |
| FREESTYLE LIBRE SENSOR (10-DAY) | 3 |
| FREESTYLE LIBRE SENSOR (14-DAY) | 3 |
| GAVRETO CAP | SP |
| GENOTROPIN INJ | SP |

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Community Health Choice Narrow Formulary cont.

Prior Authorization Drug List

Last Updated* 3/1/2023

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| GILOTRIF TAB | SP |
| HAEGARDA INJ | SP |
| HEMLIBRA INJ | SP |
| HIZENTRA INJ | SP |
| HUMIRA INJ 10MG | SP |
| HUMIRA INJ 20MG | SP |
| HUMIRA INJ 40MG | SP |
| HUMIRA INJ 80MG | SP |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | SP |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PAC | SP |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | SP |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | SP |
| HUMIRA PEN INJ 40MG | SP |
| HYCAMTIN CAP | SP |
| hydroxyprogesterone inj | 3 |
| IBRANCE CAP | SP |
| IBRANCE TAB | SP |
| ICLUSIG TAB | SP |
| IDHIFA TAB | SP |
| IMBRUVICA CAP 140MG | SP |

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Community Health Choice Narrow Formulary cont.**Prior Authorization Drug List****Last Updated* 3/1/2023**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| IMBRUVICA CAP 70MG | SP |
| IMBRUVICA TAB 420MG, 560MG | SP |
| INLYTA TAB | SP |
| IRESSA TAB | SP |
| itraconazole soln | 3 |
| IVERMECTIN LOTION | 3 |
| JYNARQUE PAK | SP |
| JYNARQUE TAB | SP |
| KORLYM TAB | SP |
| lapatinib ditosylate tab | SP |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | SP |
| LENVIMA CAP | SP |
| LINZESS CAP | 3 |
| LIVMARLI SOLN | SP |
| LIVTENCITY TAB | SP |
| LORBRENA TAB 100MG | SP |
| LORBRENA TAB 25MG | SP |
| LUCEMYRA TAB | 3 |
| LUPKYNIS CAP | SP |
| LYNPARZA CAP | SP |

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Community Health Choice Narrow Formulary cont.**Prior Authorization Drug List****Last Updated* 3/1/2023**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| LYNPARZA TAB | SP |
| LYVISPAH GRANULE PACKET | 3 |
| MEKINIST TAB 0.5MG | SP |
| MEKINIST TAB 2MG | SP |
| MEKTOVI TAB | SP |
| METHITEST TAB | 3 |
| methyltestosterone cap | 3 |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| NATPARA INJ | SP |
| NERLYNX TAB | SP |
| NINLARO CAP | SP |
| nitazoxanide tab | 2 |
| nitrofurantoin susp | 3 |
| NORLIQVA ORAL SOLN | 3 |
| ODACTRA SL TAB | 3 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| OXBRYTA TAB | SP |
| OXBRYTA TAB FOR ORAL SUSP | SP |
| OZOBAX SOLN, BACLOFEN SOLN | 3 |

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Community Health Choice Narrow Formulary cont.**Prior Authorization Drug List****Last Updated* 3/1/2023**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| PALFORZIA POWDER PACK | SP |
| PALFORZIA SPRINKLE CAP | SP |
| PEMAZYRE TAB | SP |
| PIQRAY TAB | SP |
| pirfenidone cap | SP |
| pirfenidone tab 267mg | SP |
| pirfenidone tab 801mg | SP |
| PREVYMIS TAB | SP |
| PROGESTERONE SUPP | 3 |
| pyrimethamine tab | SP |
| PYRUKYND TAB | SP |
| PYRUKYND TAPER PACK | SP |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | SP |
| RADICAVA ORS STARTER KIT | SP |
| RADICAVA ORS SUSP | SP |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| REXULTI TAB | 3 |
| REZUROCK TAB | SP |
| ROZLYTREK CAP | SP |

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Community Health Choice Narrow Formulary cont.**Prior Authorization Drug List****Last Updated* 3/1/2023**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| RUBRACA TAB | SP |
| RUCONEST INJ | SP |
| rufinamide susp | 2 |
| rufinamide tab | 2 |
| RYDAPT CAP | SP |
| sapropterin dihydrochloride powder packet | SP |
| sapropterin dihydrochloride soluble tab | SP |
| sildenafil susp | 2 |
| sildenafil tab 20mg | 1 |
| SKYRIZI INJ 180 MG/1.2ML | SP |
| SKYRIZI INJ 360MG/2.4ML | SP |
| SKYTROFA INJ | SP |
| SODIUM OXYBATE SOLN | SP |
| SOFOSBUVIR/VELPATASVIR TAB | SP |
| SOLIQUA INJ | 2 |
| sorafenib tosylate tab | SP |
| SPIRIVA HANDIHALER | 3 |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | 3 |
| SPRYCEL TAB | SP |
| STELARA INJ | SP |
| STIVARGA TAB | SP |

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Community Health Choice Narrow Formulary cont.

Prior Authorization Drug List

Last Updated* 3/1/2023

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| <u>Drug Name</u> | <u>Tier # for Drug Copay (if prior auth is approved)</u> |
|--|--|
| sunitinib malate cap | SP |
| SYMPROIC TAB | 2 |
| TABRECTA TAB | SP |
| tadalafil tab (PAH) | SP |
| TADLIQ SUSP | SP |
| TAFINLAR CAP | SP |
| tafluprost preservative free (pf) ophth soln | 2 |
| TASIGNA CAP | SP |
| TAVALISSE TAB | SP |
| TAVNEOS CAP | SP |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| testosterone gel 1.62% 1.25gm | 3 |
| testosterone gel 1.62% 2.5gm | 3 |
| TESTOSTERONE GEL PUMP | 2 |
| testosterone gel pump 1.62% | 2 |
| testosterone soln | 2 |
| tetrabenazine tab | SP |
| THALOMID CAP | SP |
| TIBSOVO TAB | SP |

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Community Health Choice Narrow Formulary cont.

Prior Authorization Drug List

Last Updated* 3/1/2023

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------|--|
| tiopronin tab | SP |
| TOBI PODHALER | SP |
| TRACLEER TAB 32MG | SP |
| tretinoin cream | 2 |
| tretinoin gel | 2 |
| trientine cap | SP |
| TRINTELLIX TAB | 3 |
| TRULANCE TAB | 2 |
| TURALIO CAP | SP |
| TYVASO INH SOLN | SP |
| UCERIS RECTAL FOAM | 3 |
| UPTRAVI TAB | SP |
| VALCHLOR GEL | SP |
| VERZENIO TAB | SP |
| VIJOICE TAB | SP |
| VIJOICE TAB 250MG | SP |
| vilazodone hcl tab | 2 |
| VITRAKVI CAP 100MG | SP |
| VITRAKVI CAP 25MG | SP |
| VITRAKVI SOLN | SP |
| VONJO CAP | SP |

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Community Health Choice Narrow Formulary cont.

Prior Authorization Drug List

Last Updated* 3/1/2023

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------|--|
| VOTRIENT TAB | SP |
| VOXZOGO INJ | SP |
| VYNDAQEL CAP | SP |
| WELIREG TAB | SP |
| XALKORI CAP | SP |
| XGEVA INJ | SP |
| XOSPATA TAB | SP |
| XULTOPHY INJ | 2 |
| XYREM SOLN | SP |
| ZEJULA CAP | SP |
| ZIOPTAN OPHTH SOLN | 3 |
| ZONISADE SUSP | 3 |
| ZTALMY SUSP | SP |
| ZYDELIG TAB | SP |
| ZYKADIA CAP | SP |
| ZYKADIA TAB | SP |

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Community Health Choice Narrow Formulary

Last Updated* 3/1/2023

RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

| | Product & Strength | Quantity | Member Copay | 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 cost of the medication is reduced. Members may obtain tablet-splitting devices free of charge by contacting Customer Service.

RxCents Program Medications

| | | | |
|-------------------|----------------|----------------|--------------------|
| febuxostat tab | JANUVIA TAB | LATUDA TAB | lurasidone hcl tab |
| nebivolol hcl tab | rasagiline tab | TRINTELLIX TAB | |

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Community Health Choice Narrow Formulary

Last Updated* 3/1/2023

Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT |
| ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP |
| AEROCHAMBER aspirin ec tab 81mg | ALCOHOL SWABS aspirin tab 325mg | aspirin chew tab 81mg | ASPIRIN EC TAB 325MG |
| budesonide nasal spray | CALIBRATION LIQUID | B-D INSULIN SYRINGE | B-D PEN NEEDLE |
| cimetidine tab | CLINISTIX TEST STRIP | CARETOUCH MIS | cholecalciferol cap 50000 unit |
| CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | CONCEPTROL GEL | CONTRACEPTIVE FILM |
| CUE COVID-19 INJ TEST CARTRIDGE | CUE HEALTH MONITOR | CONTRACEPTIVE SUPP | COVID-19 TEST |
| FEMALE CONDOMS | esomeprazole cap | esomeprazole cap | esomeprazole |
| ferrous sulfate syrup | ferrous sulfate elixir | FERROUS SULFATE LIQUID | magnesium DR tab |
| FLONASE SENSIMIST NASAL SPRAY | FLONASE SENSIMIST NASAL SPRAY | folic acid tab 400mcg | ferrous sulfate soln |
| guaifenesin/codeine syrup | HUMULIN MIX INJ | HUMULIN MIX PEN INJ | folic acid tab 800mcg |
| HUMULIN N PEN INJ | HUMULIN R INJ | KETO-DIASTIX TEST STRIP | HUMULIN N INJ |
| ketotifen ophth soln | LANCET DEVICE | LANCET KIT | KETOSTIX |
| | | | LANCETS |

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| | | | |
|------------------------------|-----------------------------------|-----------------------|-------------------------------|
| lansoprazole cap | levonorgestrel tab | MALE CONDOMS | meclizine chew tab |
| meclizine tab | NASACORT OTC NASAL SPRAY | NEXIUM 24HR TAB | niacin cap |
| niacin CR tab | niacin tab | NIACIN TR TAB | niacinamide tab |
| NICODERM PATCH | NICORETTE GUM | NICORETTE LOZENGE | nicotine gum |
| NICOTINE KIT | nicotine lozenge | nicotine patch | NOVOFINE PEN NEEDLE |
| NOVOLIN 70/30 FLEXPEN INJ | NOVOLIN 70/30 INJ | NOVOLIN N FLEXPEN INJ | NOVOLIN N INJ |
| NOVOLIN R FLEXPEN INJ | NOVOLIN R INJ | NOVOTWIST PEN NEEDLE | NOVOTWIST/NOVOFINE PEN NEEDLE |
| olopatadine ophth soln 0.1% | olopatadine ophth soln 0.2% | omeprazole tab | ONETOUCH DELICA LANCETS |
| ONETOUCH DELICA PLUS LANCETS | ONETOUCH DELICA ULTRASOFT LANCETS | ONETOUCH METER | ONETOUCH TEST STRIF |
| ONETOUCH VERIO FLEX METER | ONETOUCH VERIO IQ METER | ONETOUCH VERIO METER | ONETOUCH VERIO REFLECT METER |
| ONETOUCH VERIO TEST STRIP | OXYTROL PATCH (OTC) | PEAK FLOW METER | phenazopyridine tab 95mg |
| phenazopyridine tab 97.5mg | phenazopyridine tab 99.5mg | PLAN B TAB | PREVACID CAP |
| PREVACID OTC CAP | selenium sulfide lotion | TODAY SPONGE | triamcinolone OTC nasal spray |
| ZEGERID CAP OTC | | | |

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.

Community Health Choice Narrow Formulary

Last Updated* 3/1/2023

Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|--------------------------------------|------------------------------|-------------------|-------------------------------------|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTIMMUNE INJ |
| ADBRY INJ | ALECENSA CAP | ALFERON-N INJ | ALUNBRIG TAB 30MG |
| ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | ARIKAYCE SUSP | AVONEX INJ |
| AYVAKIT TAB | BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG |
| BENLYSTA AUTO-INJECTOR | BENLYSTA INJ | BERINERT INJ | betaine powder for oral solution |
| bexarotene cap | bexarotene gel | bosentan tab | BOSULIF TAB |
| BRAFTOVI CAP 75MG | CALQUENCE CAP | CALQUENCE TAB | CAMZYOS CAP |
| capecitabine tab | CIBINQO TAB | CIMZIA INJ | CIMZIA STARTER INJ KIT |
| CINRYZE INJ | COPIKTRA CAP | COTELLIC TAB | CYSTADROPS SOLN |
| CYSTARAN OPHTH SOLN | dalfampridine ER tab | deferiprone tab | dimethyl fumarate DR cap |
| dimethyl fumarate DR starter pack | DOPTELET TAB | ENBREL INJ 25MG | ENBREL INJ 50MG |
| ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | EPIDIOLEX SOLN | ERLEADA TAB |
| erlotinib tab | ESBRIET CAP | ESBRIET TAB 267MG | ESBRIET TAB 801MG |

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| | | | |
|---|---|-------------------------|---------------------------------|
| ETOPOSIDE CAP | everolimus tab | everolimus tab 5mg | everolimus tab for oral susp |
| EXKIVITY CAP | EXTAVIA INJ | FERRIPROX SOLN | FERRIPROX TAB 1000MG |
| fingolimod hcl cap 0.5mg | FIRDAPSE TAB | FULPHILA INJ | FUROSCIX KIT |
| FUZEON INJ | GAVRETO CAP | GENOTROPIN INJ | GILENYA CAP 0.25MG |
| GILENYA CAP 0.5MG | GILOTRIF TAB | glatiramer inj | HAEGARDA INJ |
| HEMLIBRA INJ | HIZENTRA INJ | HUMIRA INJ 10MG | HUMIRA INJ 20MG |
| HUMIRA INJ 40MG | HUMIRA INJ 80MG | HUMIRA INJ | HUMIRA INJ PEDIATRIC |
| | | CROHNS/UC/HIDRADENI | CROHNS STARTER |
| | | TIS STARTER PACK | PACK |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | HUMIRA PEN INJ 40MG | HYCAMTIN CAP |
| IBRANCE CAP | IBRANCE TAB | ICLUSIG TAB | IDHIFA TAB |
| imatinib tab | IMBRUVICA CAP 140MG | IMBRUVICA CAP 70MG | IMBRUVICA TAB 420MG, 560MG |
| INCRELEX INJ | INLYTA TAB | INTRON-A INJ | IRESSA TAB |
| JYNARQUE PAK | JYNARQUE TAB | KORLYM TAB | lapatinib ditosylate tab |
| LEDIPASVIR/SOFOSBUV IR TAB | lenalidomide cap | LENVIMA CAP | leuprolide inj |
| LIVMARLI SOLN | LIVTENCITY TAB | LORBRENA TAB 100MG | LORBRENA TAB 25MG |
| LUPKYNIS CAP | LUPRON DEPOT INJ | LUPRON DEPOT PED INJ | LUPRON DEPOT-PED INJ |
| LYNPARZA CAP | LYNPARZA TAB | LYSODREN TAB | MEKINIST TAB 0.5MG |
| MEKINIST TAB 2MG | MEKTOVI TAB | MESNEX TAB | MYLERAN TAB |
| NATPARA INJ | NERLYNX TAB | NINLARO CAP | NIVESTYM INJ |
| octreotide inj | OCTREOTIDE INJ 100MCG | OXBRYTA TAB | OXBRYTA TAB FOR ORAL SUSP |

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.

| | | | |
|--|--|--|---|
| PALFORZIA POWDER PACK | PALFORZIA SPRINKLE CAP | PEGASYS INJ | PEG-INTRON INJ |
| PEMAZYRE TAB pirfenidone tab 801mg pyrimethamine tab | PIQRAY TAB PLEGRIDY INJ PYRUKYND TAB | pirfenidone cap PLEGRIDY PEN INJ PYRUKYND TAPER PACK | pirfenidone tab 267mg PREVYMIS TAB QINLOCK TAB |
| RADICAVA ORS STARTER KIT | RADICAVA ORS SUSP | REBETOL SOLN | REBIF INJ |
| REVLIMID CAP ROZLYTREK CAP SAMSCA TAB 15MG | REZUROCK TAB RUBRACA TAB sapropterin dihydrochloride powder packet | ribavirin cap RUCONEST INJ sapropterin dihydrochloride soluble tat | ribavirin tab RYDAPT CAP SKYTROFA INJ |
| SODIUM OXYBATE SOLN | SOFOSBUVIR/VELPATA SVIR TAB | sorafenib tosylate tab | SPRYCEL TAB |
| STELARA INJ tadalafil tab (PAH) TAVALISSE TAB THALOMID CAP tobramycin neb soln trientine cap VALCHLOR GEL VITRAKVI CAP 100MG VONJO CAP WELIREG TAB XYREM SOLN ZTALMY SUSP | STIVARGA TAB TADLIQ SUSP TAVNEOS CAP TIBSOVO TAB tolvaptan tab TURALIO CAP VERZENIO TAB VITRAKVI CAP 25MG VOTRIENT TAB XALKORI CAP ZARXIO INJ ZYDELIG TAB | sunitinib malate cap TAFINLAR CAP temozolomide cap tiopronin tab TRACLEER TAB 32MG TYVASO INH SOLN VIJOICE TAB VITRAKVI SOLN VOXZOGO INJ XGEVA INJ ZEJULA CAP ZYKADIA CAP | TABRECTA TAB TASIGNA CAP tetrabenazine tab TOBI PODHALER tretinoin cap UPTRAVI TAB VIJOICE TAB 250MG VIVITROL INJ VYNDAQEL CAP XOSPATA TAB ZIEXTENZO INJ ZYKADIA TAB |

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.

Community Health Choice Narrow Formulary

Last Updated* 3/1/2023

Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| BECONASE AQ NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone triamcinolone or mometasone |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| HUMULIN MIX INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN MIX PEN INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN N INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN N PEN INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN R INJ | Step Therapy requires trial of NOVOLIN |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| LIVALO TAB | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NEVIRAPINE ER TAB | Step Therapy requires trial of nevirapine |
| risedronate DR tab | Step Therapy requires trial of alendronate |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR or FLUTICASONE/SALMETEROL |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, tamsulosin cap, or dutasteride/tamsulosin cap |
| ZETONNA NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone triamcinolone or mometasone |

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Community Health Choice Narrow Formulary

Smoking Cessation Agents

Last Updated* 3/1/2023

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | \$0 |
| NICODERM PATCH(Limited to 180 days/plan year) | \$0 |
| NICORETTE GUM(Limited to 180 days/plan year) | \$0 |
| NICORETTE LOZENGE(Limited to 180 days/plan year) | \$0 |
| nicotine gum(Limited to 180 days/plan year) | \$0 |
| NICOTINE KIT(Limited to 180 days/plan year) | \$0 |
| nicotine lozenge(Limited to 180 days/plan year) | \$0 |
| nicotine patch(Limited to 180 days/plan year) | \$0 |
| NICOTROL INHALER(Limited to 180 days/plan year) | \$0 |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | \$0 |
| VARENICLINE PAK(Limited to 180 days/plan year) | \$0 |
| VARENICLINE TAB(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab(Limited to 180 days/plan year) | \$0 |
| ZYBAN TAB(Limited to 180 days/plan year) | \$0 |

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Community Health Choice Narrow Formulary

Infertility Drug List

Last Updated* 3/1/2023

| Drug Name | Tier # for Drug Copay |
|-------------------------------|-----------------------|
| cetorelix acetate for inj kit | NC |
| CETROTIDE INJ KIT | NC |
| CLOMIPHENE CITRATE POWDER | NC |
| FOLLISTIM AQ INJ | NC |
| GONAL-F RFF INJ | NC |
| leuprolide inj | SP |
| MENOPUR INJ | NC |
| OVIDREL INJ | NC |
| PREGNYL INJ | M |
| TRELSTAR INJ | NC |

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Community Health Choice Narrow Formulary

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|--|
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ADBRY INJ | QL= 4 inj/28 days |
| AFLURIA INJ | QL= 1 inj/28 days |
| AFLURIA INJ, FLUZONE INJ | QL= 1 inj/28 days |
| albuterol HFA inhaler | QL= 2 inhalers/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALKINDI SPRINKLE CAP 0.5MG | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| ALKINDI SPRINKLE CAP 1MG | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| almotriptan tab | QL= 9 tabs/fill, 2 fills/30 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; Only available through Walgreens 888-347-3416 |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANNOVERA RING | QL= 1 ring/year |
| ANZEMET TAB | QL= 9 tabs/fill |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| ARIKAYCE SUSP | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-604 |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| <u>Drug Name</u> | <u>Quantity Limit</u> |
|--------------------------|---|
| armodafinil tab | QL= 1 tab/day |
| asenapine maleate SL tab | QL= 2 tabs/day |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 4MG | QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 5MG | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| BAXDELA TAB | QL= 2 tabs/day; Restricted to Infectious Disease Specialist |
| BECONASE AQ NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| budesonide ER tab | QL=1 tab/day |
| budesonide nasal spray | QL= 2 bottles/fill |
| buprenorphine patch | QL= 4 patches/28 days |
| bupropion SR tab | Limited to 180 days/plan year |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| CALQUENCE CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| CALQUENCE TAB | QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| CAMZYOS CAP | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| CIBINQO TAB | QL= 1 tab/day |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through Accredo 800-803-2523 |
| COPIKTRA CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB | QL= 3 tabs/day |
| COVID-19 TEST | QL= 8 tests/30 days |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) | QL= 1 inj/fill |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ (NOVAVAX) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) | QL= 1 dose/24 days |
| CUE COVID-19 INJ TEST CARTRIDGE | QL= 8 cartridges/30 days |
| CUE HEALTH MONITOR | QL= 1 kit/year |
| CYSTADROPS SOLN | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|---|
| dalfampridine ER tab | QL= 2 tabs/day |
| DELESTROGEN INJ | QL= 5ml/fill |
| 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 PATCH, FLECTOR PATCH | QL= 30 patches/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day |
| DOPTELET TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |

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Community Health Choice Narrow Formulary Cont.**Last Updated* 3/1/2023****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| 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) |
| estradiol valerate inj | QL= 5ml/fill |
| eszopiclone tab | QL= 1 tab/day |
| everolimus tab | QL= 1 tab/day |
| everolimus tab 5mg | QL= 2 tabs/day |
| everolimus tab for oral susp | QL= 1 tab/day |
| EXKIVITY CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| FARXIGA TAB | QL= 1 tab/day |
| FENTORA TAB, FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| FLUAD INJ | QL= 1 inj/28 days |
| FLUAD QUAD INJ | QL= 1 inj/28 days |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| <u>Drug Name</u> | <u>Quantity Limit</u> |
|-------------------------------------|---|
| FLUBLOK INJ | QL= 1 inj/28 days |
| FLUBLOK QUAD PF INJ | QL= 1 inj/28 days |
| FLUCELVAX QUAD INJ | QL= 1 inj/28 days |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | QL= 1 inj/28 days |
| FLUMIST QUADRIVALENT NASAL SUSP | QL= 1 inj/28 days |
| flunisolide nasal soln | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FLUVIRIN INJ | QL= 1 inj/28 days |
| FLUZONE HD PF INJ | QL= 1 inj/28 days |
| FLUZONE HIGH DOSE PF INJ | QL= 1 inj/28 days |
| FLUZONE QUADRIVALENT INJ | QL= 1 inj/28 days |
| FLUZONE/FLUARIX QUAD INJ | QL= 1 inj/28 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days |
| FUROSCIX KIT | QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679 |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|---|
| gabapentin cap | QL= 9 caps/day |
| gabapentin soln | QL= 72 mls/day |
| gabapentin tab 600mg | QL= 6 tabs/day |
| gabapentin tab 800mg | QL= 4.5 tabs/day |
| GAVILYTE-C SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GAVRETO CAP | QL= 4 caps/day; Only available through Walgreens 888-347-3416 |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill |
| glucagon (rdna) for inj kit | QL= 2 inj/fill |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| GOLYTELY SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| granisetron tab | QL= 14 tabs/fill |
| GRANISOL SOLN | QL= 60ml/fill |
| guaifenesin/codeine syrup | QL= 240ml/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE INJ KIT | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|-----------------------------------|
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ 80MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| hydrocodone bitartrate ER cap | QL= 1 cap/day |
| hydrocodone bitartrate er tab | QL= 1 tab/day |
| hydrocodone/chlorpheniramine CR sus p | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudo ephedrine liquid | QL= 120ml/fill, 2 fills/30 days |
| hydromorphone ER tab | QL= 1 tab/day |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBRANCE CAP | QL= 21 caps/28 days |
| IBRANCE TAB | QL= 21 caps/28 days |

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

Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|--|
| 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 420MG, 560MG | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMITREX INJ | QL= 4 inj/fill, 2 fills/30 days |
| INLYTA TAB | QL= 8 tabs/day |
| IVERMECTIN LOTION | QL= 1 tube/fill |
| 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 |
| ketorolac inj 15mg/ml | QL= 20ml/5 days |
| ketorolac inj 30mg/ml | QL= 20ml/5 days |
| ketorolac inj 60mg/2ml | QL= 20ml/5 days |
| ketorolac tab | QL= 20 tabs/5 days |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| <u>Drug Name</u> | <u>Quantity Limit</u> |
|--|---|
| KORLYM TAB | QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596) |
| LASTACAFT OPHTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LATUDA TAB | QL= 1 tab/day |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| lenalidomide cap | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist |
| LENVIMA CAP | QL= 3 caps/day; Only available through Optum 877-445-6874 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| lidocaine patch 5% | QL= 3 patches/day |
| LINZESS CAP | QL= 1 cap/day |
| LIVMARLI SOLN | QL= 90ml/30 days; Only available through Eversana 866-849-4481 |
| LIVTENCITY TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| LUCEMYRA TAB | QL= 96 tabs/7 days |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------|---|
| LUPKYNIS CAP | QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479 |
| lurasidone hcl tab | QL= 1 tab/day |
| 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 |
| MALE CONDOMS | QL= 12 condoms/fill |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 2 tabs/day |
| MOLNUPIRAVIR CAP | QL= 40 caps/fill |
| mometasone nasal spray | QL= 2 bottles/fill |
| MORPHINE SULFATE ER BEAD CAP | QL= 2 caps/day |
| MOUNJARO INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NASACORT OTC NASAL SPRAY | QL= 2 bottles/fill |
| NATROBA SUSP | QL= 1 bottle/fill |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|--|
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| NICODERM PATCH | Limited to 180 days/plan year |
| NICORETTE GUM | Limited to 180 days/plan year |
| NICORETTE LOZENGE | Limited to 180 days/plan year |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | Limited to 180 days/plan year |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NUCYNTA ER TAB | QL= 2 tabs/day |
| NULYTELY SOLN | Covered at \$0 for members 45-75 years, all other members covered ; generic copay; Limited to 2 fills/calendar year |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OMNIPOD 5 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH INTRO KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| OPANA ER TAB (CRUSH RESISTANT) | QL= 2 tabs/day |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---|
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OXBRYTA TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| OXBRYTA TAB FOR ORAL SUSP | QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767 |
| OXYCODONE ER TAB | QL= 2 tabs/day |
| OZEMPIC INJ | QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| PAXLOVID TAB | QL= 30 tabs/fill |
| peg 3350/electrolytes soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| PHEXXI GEL | QL= 1 box/fill |
| PICATO GEL | QL= 1 box/fill |
| pirfenidone cap | QL= 9 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| POTIGA TAB | QL= 3 tabs/day |
| POTIGA TAB 50MG | QL= 9 tabs/day |
| pregabalin cap | QL= 3 caps/day |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|--|
| pregabalin cap 225mg | QL= 2 caps/day |
| pregabalin cap 300mg | QL= 2 caps/day |
| pregabalin soln | QL= 30ml/day |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| PREVYMIS TAB | QL= 1 tab/day; Limit 100 tabs/6 months |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| PYRUKYND TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| PYRUKYND TAPER PACK | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| QINLOCK TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| RADICAVA ORS STARTER KIT | QL= 70ml/365 days; Only available through Accredo 800-803-2523 |
| RADICAVA ORS SUSP | QL= 50mL/28 days; Only available through Accredo 800-803-2523 |
| REGRANEX GEL | QL= 30gm/fill |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| REVLIMID CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist |
| REXULTI TAB | QL= 1 tab/day |
| REZUROCK TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| ROZLYTREK CAP | QL= 3 caps/day |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| RUBRACA TAB | QL= 4 tabs/day; Only available through Optum 877-445-6874 |
| RYBELSUS TAB | QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |
| RYDAPT CAP | QL= 56 caps/28 days |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| SIRTURO TAB | QL= 4 tabs/day; Restricted to Infectious Disease Specialist |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKYRIZI INJ 180 MG/1.2ML | QL= 1 inj/56 days |
| SKYRIZI INJ 360MG/2.4ML | QL= 1 inj/56 days |
| SODIUM OXYBATE SOLN | QL= 540ml/30 days; Only available through Xyrem Certified Pharmacist 1-866-997-3688 |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/ day |
| SOLIQUA INJ | QL= 15ml/25 days |
| SOLU-CORTEF INJ | QL= 1 vial/fill |
| SOLU-CORTEF INJ 100MG | QL= 2 vials/fill |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR or FLUTICASONE/SALMETEROL |
| STELARA INJ | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| SUMATRIPTAN INJ | QL= 4 inj/fill, 2 fills/30 days |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| 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 |
| TABRECTA TAB | QL= 4 tabs/day |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, tamsulosin cap, or dutasteride/tamsulosin cap |
| TAFINLAR CAP | QL= 4 caps/day |
| tafluprost preservative free (pf) ophth soln | QL= 1 vial/day |
| TAVALISSE TAB | QL= 2 tab/day; Only available through Biologics 800-850-4306 |
| TAVNEOS CAP | QL= 6 caps/day; Only available through PantheRx 855-726-8479 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML | QL= 5ml/fill |
| testosterone gel 1% 25mg | QL= 1 packet/day |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| testosterone soln | QL= 2 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| TRACLEER TAB 32MG | QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |
| triamcinolone OTC nasal spray | QL= 2 bottles/fill |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| trilyte soln | Covered at \$0 for members 45-75 years, all other members covered ; generic copay; Limited to 2 fills/calendar year |
| TRINTELLIX TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| TURALIO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| <u>Drug Name</u> | <u>Quantity Limit</u> |
|--------------------------|---|
| ULESFIA LOTION | QL= 4 bottles/fill |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874 |
| VALTOCO NASAL SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| vancomycin cap | QL= 56 caps/fill |
| VARENICLINE PAK | Limited to 180 days/plan year |
| VARENICLINE TAB | Limited to 180 days/plan year |
| varenicline tartrate tab | Limited to 180 days/plan year |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VASCEPA CAP | QL= 4 caps/day |
| 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; Diagnosis Restricted – Type 2 Diabetes (E11) |
| VIJOICE TAB | QL= 1 tab/day |
| VIJOICE TAB 250MG | QL= 2 tabs/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI CAP 25MG | QL= 6 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI SOLN | QL= 10ml/day; Only available through Accredo 800-803-2523 |
| VONJO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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Quantity Limit (QL) Medications

| <u>Drug Name</u> | <u>Quantity Limit</u> |
|--|---|
| VOXZOGO INJ | QL= 1 vial/day; Only available through Accredo 888-773-7376 |
| VYNDAQEL CAP | QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| WELIREG TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XALKORI CAP | QL= 2 caps/day |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG | QL= 60 tabs/30 days |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG 10-1000MG | QL= 1 tab/day |
| XOFLUZA TAB | QL= 2 tabs/fill |
| XOFLUZA TAB THERAPY PACK 40MG | QL= 1 tab/fill |
| XOFLUZA TAB THERAPY PACK 80MG | QL= 1 tab/fill |
| XOSPATA TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XULTOPHY INJ | QL= 15ml/30 days |
| XYREM SOLN | QL= 540ml/30 days; Only available through Xyrem Certified Pharmac 1-866-997-3688 |
| zaleplon cap | QL= 1 cap/day |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |

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Community Health Choice Narrow Formulary Cont.

Last Updated* 3/1/2023

Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|---|
| ZETONNA NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone |
| ZIOPTAN OPHTH SOLN | QL= 1 vial/day |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRA | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem ER tab | QL= 1 tab/day |
| zolpidem tab | QL= 1 tab/day |
| ZTALMY SUSP | QL= 1100ml/30 days; Only available through Orsini 800-410-8575 |
| ZYBAN TAB | Limited to 180 days/plan year |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |

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