

Texas Association of Counties Pooled Formulary
Category/Class

Last Updated* 12/1/2021

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADDERALL XR CAP	-	NC
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
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		
XENICAL CAP	-	EXC
IMCIVREE INJ	-	NC
WEGOVY INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA CAP equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	2
KAPVAY TAB	-	NC
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

ACA	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
LD	Affordable Care Act	Plan Exclusion	Infertility
OTC	Limited Distribution	EXC	MSP
RS	Over-the-Counter	LMSP	Mandatory Specialty Pharmacy Program
SP	Restricted to Specialist	PA	QL
	Available through Specialty Pharmacy Program	SF	Quantity Limit
		ST	Smoking Cessation
			VAC
			Vaccine Program

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
SUNOSI TAB	-	NC
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB	-	NC
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate chew tab (METHYLIN equiv)	-	3
RITALIN SR TAB 20MG	-	3
APTENSIO XR CAP	-	NC
AZSTARYS CAP	-	NC
CONCERTA TAB	-	NC
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
FOCALIN XR CAP	-	NC
JORNAY PM CAP	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3
YODOXIN TAB	-	3
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	2
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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization		QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	VAC Vaccine Program
SP Available through Specialty Pharmacy Program	ST Step Therapy		

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AMINOGLYCOSIDES Cont.		
paromomycin cap (HUMATIN equiv)	-	3
ARIKAYCE SUSP	-	NC
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
TOBI PODHALER	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

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

ANTIRHEUMATIC ANTIMETABOLITES

RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	2
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 100MG	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 100MG	-	NC
SIMPONI INJ 50MG	-	NC

GOLD COMPOUNDS

RIDAURA CAP	-	2
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INTERLEUKIN-1 BLOCKERS

ARCALYST INJ	-	NC
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INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	3
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INTERLEUKIN-6 RECEPTOR INHIBITORS

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac 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
sulindac tab (CLINORIL equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
KETOPROFEN ER CAP	-	3
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
FENOPROFEN TAB	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC

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naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC
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		
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
aspirin chew tab 81mg	ACA-OTC	2
aspirin ec tab 325mg	ACA-OTC	2
aspirin ec tab 81mg	ACA-OTC	2
aspirin tab 325mg	ACA-OTC	2
aspirin tab 81mg	ACA-OTC	2

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

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ANALGESICS - OPIOID Cont.		
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
QDOLO SOLN	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB 100MG	-	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 tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	NC
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC

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ANALGESICS - OPIOID Cont.					
VERDROCET TAB 2.5MG-325MG	-	NC			
XARTEMIS XR TAB	-	NC			
XODOL TAB 10MG-300MG	-	NC			
XODOL TAB 5MG-300MG	-	NC			
XODOL TAB 7.5MG-300MG	-	NC			
OPIOID PARTIAL AGONISTS					
buprenorphine SL tab (SUBUTEX equiv)	-	1			
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1			
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1			
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			
SUBLOCADE INJ	-	NC			
SUBOXONE SL FILM	-	NC			
ANDROGENS-ANABOLIC					
ANABOLIC STEROIDS					
oxandrolone tab (OXANDRIN equiv)	-	1			
ANDROGENS					
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1			
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1			
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1			
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1			
danazol cap (DANOCRINE equiv)	-	2			
ANDRODERM PATCH	-	NC			
ANDROGEL 1% 25MG	-	NC			
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC			
ANDROGEL PUMP 1%	-	NC			
ANDROID CAP, TESTRED CAP	-	NC			
AXIRON SOLN	-	NC			
DEPO-TESTOSTERONE INJ	-	NC			
JATENZO CAP	-	NC			
METHITEST TAB	-	NC			
METHYLTESTOSTERONE CAP	-	NC			
NATESTO NASAL GEL	-	NC			
STRIANT FILM	-	NC			
TESTOSTERONE GEL 1% 25MG	-	NC			
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	NC			
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	NC			
testosterone gel 2% (FORTESTA equiv)	-	NC			
TESTOSTERONE GEL PUMP	-	NC			
TESTOSTERONE GEL, VOGELXO GEL	-	NC			
testosterone soln (AXIRON equiv)	-	NC			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
ACA LD OTC RS SP	NC =Not Covered Affordable Care Act Limited Distribution Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	EXC LMSP PA SF ST	generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy	INF MSP QL SMKG VAC	BRANDS =CAPITAL LETTERS Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation Vaccine Program

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2
ANORECTAL AND RELATED PRODUCTS		
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMEKTOL equiv)	PA	2
praziquantel tab (BILTRICIDE equiv)	-	2
BILTRICIDE TAB	-	3
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	1
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-BID OINT	-	2
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
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LD	Affordable Care Act	LMSP	Plan Exclusion	INF	Infertility
OTC	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
SP	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC

ANTIANGINAL AGENTS Cont.

ANTIANGINAL AGENTS Cont.		
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
buspirone tab 30mg (BUSPAR equiv)	-	3
meprobamate tab (MILTOWN equiv)	-	NC

BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
oxazepam cap (SERAX equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	3
clorazepate tab (TRANXENE-T equiv)	-	NC
LOREEV XR CAP	-	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
QUINIDINE SULFATE ER TAB	-	3

ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	2

ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2

ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ	LMSP	3

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	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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DrugName	Special Code	Tier
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
XOLAIR SYRINGE	LMSP-PA	3
FASENRA PEN INJ	-	NC
NUCALA INJ	-	NC
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO TAB	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	-	2
BREO ELLIPTA INHALER	-	2
BREZTRI AEROSPHERE INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
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
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER	-	NC
albuterol HFA inhaler (PROAIR equiv)	-	NC
albuterol HFA inhaler (PROVENTIL equiv)	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
PERFOROMIST NEB SOLN	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE ER TAB	-	2
LUFYLLIN TAB	-	3

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin tab (COUMADIN equiv)	-	1
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DIRECT FACTOR XA INHIBITORS

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SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	-	2
FRAGMIN INJ	-	3
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
clonazepam ODT (KLONOPIN equiv)	-	3
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
VALTOCO NASAL SPRAY	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin cap 100mg (NEURONTIN equiv)	-	1
gabapentin tab 600mg (NEURONTIN equiv)	-	1
gabapentin tab 800mg (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv)	-	1
pregabalin cap 225mg (LYRICA equiv)	-	1
pregabalin cap 300mg (LYRICA equiv)	-	1
pregabalin soln (LYRICA equiv)	-	1
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SP	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
rufinamide tab (BANZEL TAB equiv)	PA	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
DIACOMIT CAP	-	NC
DIACOMIT POWDER PACK	-	NC
ELEPSIA XR TAB	-	NC
EPRONTIA SOLN	-	NC
FINTEPLA SOLN	-	NC
KEPPRA XR TAB	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
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
XCOPRI TITRATION PAK 150-200MG	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program
BRANDS =CAPITAL LETTERS		

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
XCOPRI TITRATION PAK 50-100MG	-	NC
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	2
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
MARPLAN TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	NC

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
paroxetine oral susp (PAXIL equiv) (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC SOLN	-	NC
PROZAC TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
SEROTONIN MODULATORS		
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
OLEPTRO TAB	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
CYMBALTA CAP	-	NC
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC

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SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	1
DOXEPIIN CAP	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	2
NORTRIPTYLINE SOLN	-	2
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (MIGLITOL equiv)	-	3

ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC

ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
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

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ANTIDIABETICS Cont.		
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
metformin soln (RIOMET equiv)	-	NC
RIOMET ER SUSP	-	NC
RIOMET SOLN	-	NC
DIABETIC OTHER		
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
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	2
diazoxide susp (PROGLYCEM equiv)	-	3
BAQSIMI NASAL POWDER	-	NC
GVOKE INJ	-	NC
GVOKE PFS INJ	-	NC
ZEGALOGUE INJ	-	NC
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 (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
RYBELSUS TAB (QL=1 tab/day)	QL	2
TRULICITY INJ (QL= 4 pens/28 days)	QL	2
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program
BRANDS =CAPITAL LETTERS		

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ANTIDIABETICS Cont.		
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ	-	NC
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC

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ANTIDIABETICS Cont.		
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
SEMGLEE INJ	-	NC
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv)	-	NC
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv)	-	NC
SEMGLEE SOLN	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB (QL= 1 tab/day)	-	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
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC

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DrugName	Special Code	Tier
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
NARCAN NASAL SPRAY	-	2
VIVITROL INJ	LMSP	2
EVZIO INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox tab (EXJADE equiv)	LMSP	2
deferasirox tab 180mg (JADENU equiv)	LMSP	2
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	2
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2
deferasirox granules packet (JADENU equiv)	LMSP	3
FERRIPROX SOLN	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone inj	-	1
naloxone prefilled inj (QL= 2 inj/fill)	QL	1
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
EVZIO INJ	-	NC
KLOXXADO NASAL SPRAY	-	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
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
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ANTIEMETICS Cont.		
meclizine chew tab (BONINE equiv)	OTC	EXC
MECLIZINE 50MG TAB	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	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 CAP	-	NC
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
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
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
posaconazole DR tab (NOXAFIL equiv)	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX SOLN	PA	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
MICLARA LIQUID	-	NC
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC
ANTIHISTAMINES - ETHANOLAMINES		

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ANTIHISTAMINES Cont.		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
CARBINOXAMINE SOLN	-	NC
carbinoxamine soln (PALGIC equiv)	-	NC
carbinoxamine tab (PALGIC equiv)	-	NC
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
cetirizine cap (ZYRTEC equiv)	OTC	1
cetirizine chew tab (ZYRTEC equiv)	OTC	1
cetirizine syrup (ZYRTEC equiv)	OTC	1
cetirizine tab (ZYRTEC equiv)	OTC	1
fexofenadine susp (ALLEGRA equiv)	OTC	1
fexofenadine tab (ALLEGRA equiv)	OTC	1
loratadine cap (CLARITIN equiv)	OTC	1
loratadine chew tab (CLARITIN equiv)	OTC	1
loratadine ODT (CLARITIN equiv)	OTC	1
loratadine syrup (CLARITIN equiv)	OTC	1
loratadine tab (CLARITIN equiv)	OTC	1
ALLEGRA ODT	OTC	NC
ALLEGRA SUSP	OTC	NC
ALLEGRA TAB	OTC	NC
CLARINEX SYRUP	-	NC
CLARITIN CAP	OTC	NC
CLARITIN CHEW TAB	OTC	NC
CLARITIN REDITAB	OTC	NC
CLARITIN SYRUP	OTC	NC
CLARITIN TAB	OTC	NC
DESLORATADINE ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
ZYRTEC CAP	OTC	NC
ZYRTEC SYRUP	OTC	NC
ZYRTEC TAB	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1

ANTIHYPERTENSIVES

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB	-	NC
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ANTIHYPERTENSIVES - COMBINATIONS

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DrugName	Special Code	Tier
ANTIHYPERSLIPIDEMICS Cont.		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	2
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
NEXLIZET TAB	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ANTIHYPERSLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC
KYNAMRO INJ	-	NC
VASCEPA CAP 0.5GM	-	NC
VASCEPA CAP 1GM	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (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
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	ACA	1
atorvastatin tab 20mg (LIPITOR equiv)	ACA	1
atorvastatin tab 40mg (LIPITOR equiv)	ACA	1
atorvastatin tab 80mg (LIPITOR equiv)	ACA	1
lovastatin tab (MEVACOR equiv)	ACA	1
pravastatin tab (PRAVACHOL equiv)	ACA	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	ACA-QL	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	ACA	1

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

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ANTIHYPERTENSIVES Cont.		
fluvastatin cap (LESCOL equiv)	-	2
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	2
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	2
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
LIVALO TAB	-	NC
SIMCOR TAB	-	NC
SIMVASTATIN SUSP	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
captopril tab (CAPOTEN equiv)	-	2
enalapril maleate oral soln (EPANED equiv)	-	NC
EPANED SOLN	-	NC
QBRELIS SOLN	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
DEMSEER CAP	-	NC

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
metyrosine cap (DEMSEER 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
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
BENAZEPRIL/HCT TAB	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
CORZIDE TAB 80-5MG	-	3
EXFORGE HCT TAB	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKURNA HCT TAB	-	3
TRANDOLAPRIL/VERAPAMIL ER TAB	-	3
VALTURNA TAB	-	3
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKURNA equiv)	¢	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab	¢	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
NEBUPENT NEB SOLN	-	NC
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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	BRANDS =CAPITAL LETTERS
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	INF Infertility	INF Infertility
OTC Over-the-Counter	PA Prior Authorization	MSP Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	QL Quantity Limit	QL Quantity Limit
SP Available through Specialty Pharmacy Program	ST Step Therapy	SMKG Smoking Cessation	SMKG Smoking Cessation
		VAC Vaccine Program	VAC Vaccine Program

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
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
LAMPIT TAB	-	NC
GLYCOPEPTIDES		
FIRST-VANCOMYCIN SOLN	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN INJ	-	NC
VANCOMYCIN SOLN	-	NC
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	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 macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
nitrofurantoin susp (FURADANTIN equiv)	-	NC

ANTIMALARIALS

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DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab	-	2
FANSIDAR TAB	-	3
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	2
primaquine tab	-	2
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
ARAKODA TAB	-	NC
HYDROXYCHLOROQUINE TAB	-	NC
HYDROXYCHLOROQUINE TAB 100MG	-	NC
KRINTAFEL TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridostigmine soln (MESTINON equiv)	-	3
RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	3
FIRDAPSE TAB	-	NC
PYRIDOSTIGMINE TAB 30MG	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
ISONIAZID SYRUP	-	3
CYCLOSERINE CAP	-	NC
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC
PRETOMANID TAB	-	NC
SIRTURO TAB	-	NC
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	LMSP	3
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	2

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	2
CYCLOPHOSPHAMIDE TAB	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
MYLERAN TAB	LMSP	2
temozolomide cap (TEMODAR equiv)	LMSP	2
ANTIMETABOLITES		
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
capecitabine tab (XELODA equiv)	LMSP	2
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
ONUREG TAB	-	NC
PURIXAN SUSP	-	NC
TREXALL TAB	-	NC
XATMEP SOLN	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	3
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	3
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	3
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	3
ANTINEOPLASTIC - EGFR INHIBITORS		
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	3
EXKIVITY CAP	-	NC
TARCEVA TAB	-	NC
VIZIMPRO TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	2
ODOMZO CAP	LMSP-PA-SF	2
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	2
EMCYT CAP	-	2
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	2
exemestane tab (AROMASIN equiv)	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	2
nilutamide tab (NILANDRON equiv)	LMSP	2
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
tamoxifen tab (NOLVADEX equiv)	ACA	2
toremifene tab (FARESTON equiv)	-	2
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	3
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	3
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB	-	NC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	3
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD	3
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	1
sunitinib malate cap (SUTENT equiv)	LMSP-PA-SF	1
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	2
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
BOSULIF TAB	MSP-PA-SF	2
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
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LD	Affordable Care Act	LMSP	Plan Exclusion	MSP	Infertility
OTC	Limited Distribution	PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	2
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	2
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	2
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	2
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	2
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA TAB 140MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA TAB 280MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	2
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	2
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	2
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	2
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	2
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	2
RYDAPT CAP	LMSP-PA	2
SPRYCEL TAB	LMSP-PA-SF	2
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	2
TASIGNA CAP	LMSP-PA-SF	2
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	2
VOTRIENT TAB	LMSP-PA-SF	2
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	2
ZOLINZA CAP	LMSP-PA-SF	2
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	2
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	2
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	3
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	3
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	3
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	3
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	3
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	3
everolimus tab 5mg (QL=2 tab/day)	LMSP-PA-QL-SF	3
GAVRETO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	3
imatinib tab (GLEEVEC equiv)	LMSP	3
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	3
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	3

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	3
NEXAVAR TAB	MSP-PA-SF	3
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	3
PIQRAY TAB	LMSP-PA-SF	3
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	3
RETEVMO CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	3
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL-SF	3
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	3
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	3
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	3
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
COPIKTRA CAP	-	NC
FOTIVDA CAP	-	NC
INREBIC CAP	-	NC
KISQALI TAB	-	NC
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
LUMAKRAS TAB	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.25MG	-	NC
TALZENNA CAP 1MG	-	NC
TAZVERIK TAB	-	NC
TEPMETKO TAB	-	NC
TRUSELTIQ CAP	-	NC
TYKERB TAB	-	NC
UKONIQ TAB	-	NC
VITRAKVI CAP 100MG	-	NC
VITRAKVI CAP 25MG	-	NC
VITRAKVI SOLN	-	NC
XOSPATA TAB	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
ALFERON-N INJ	LMSP	2
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	2
INTRON-A INJ	MSP	2
MATULANE CAP	-	2
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	LMSP	2

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MITOTIC INHIBITORS		
ETOPOSIDE CAP	LMSP	2
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
NEUPRO PATCH	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
NOURIANZ TAB	-	NC
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP	-	NC
ANTIPARKINSON DOPAMINERGICS		

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ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
CARBIDOPA/LEVODOPA ODT	-	1
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
APOKYN INJ	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
OSMOLEX ER TAB	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
SELEGILINE TAB	-	1
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-¢	2
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	PA	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA HAFYERA INJ	-	NC
INVEGA INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	PA-QL	2
CLOZAPINE ODT	-	2
CLOZAPINE ODT 12.5MG	-	2
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
CLOZAPINE ODT, FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
ADASUVE INHALER	-	NC
SECUADO PATCH	-	NC
SEROQUEL TAB	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MYCITE TAB	-	NC
ABILIFY TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
nevirapine tab (VIRAMUNE equiv)	-	1
abacavir soln (ZIAGEN equiv)	-	2
abacavir tab (ZIAGEN equiv)	-	2
abacavir/lamivudine tab (EPZICOM equiv)	-	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2
APTIVUS CAP	-	2
APTIVUS SOLN	-	2
atazanavir cap (REYATAZ equiv)	-	2
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program
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ANTIVIRALS Cont.		
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIVAN CAP	-	2
DESCOVY TAB	ACA-PA	2
didanosine DR cap (VIDEX EC equiv)	-	2
DIDANOSINE DR CAP, VIDEX EC CAP	-	2
DOVATO TAB	-	2
EDURANT TAB	-	2
efavirenz cap (SUSTIVA equiv)	-	2
efavirenz tab (SUSTIVA equiv)	-	2
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2
emtricitabine cap (EMTRIVA equiv)	-	2
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	ACA-PA	2
EMTRIVA SOLN	-	2
etravirine tab (INTELENCE equiv)	-	2
EVOTAZ TAB	-	2
fosamprenavir tab (LEXIVA equiv)	-	2
FUZEON INJ	LMSP	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
JULUCA TAB	-	2
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
lopinavir/ritonavir tab (KALETRA equiv)	-	2
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	2
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2
NEVIRAPINE SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2

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ANTIVIRALS Cont.		
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STAVUDINE CAP	-	2
stavudine cap (ZERIT equiv)	-	2
stavudine soln (ZERIT equiv)	-	2
STRIBILD TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB (QL= 2 tabs/day)	-	2
TRIUMEQ TAB	-	2
VIDEX SOLN	-	2
VIRACEPT POWDER	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
VITEKTA TAB	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
SUSTIVA TAB	-	3
ZERIT SOLN	-	3
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
DELSTRIGO TAB	-	NC
EMTRIVA CAP	-	NC
INTELENCE TAB	-	NC
KALETRA TAB	-	NC
PIFELTRO TAB	-	NC
SYMFI (LO) TAB	-	NC
TYBOST TAB	-	NC
VOCABRIA TAB	-	NC
CMV AGENTS		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
PREVYMIS TAB	-	NC
HEPATITIS AGENTS		
ribavirin cap (REBETOL equiv)	LMSP	1
ribavirin tab (COPEGUS equiv)	LMSP	1
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2
EPIVIR HBV SOLN	-	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2
PEGASYS INJ	LMSP-PA	2
PEG-INTRON INJ	LMSP	2

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**Texas Association of Counties Pooled Formulary
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Last Updated* 12/1/2021

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
REBETOL SOLN	LMSP	2
VEMLIDY TAB	-	2
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
adefovir dipivoxil tab (HEPSERA equiv)	-	3
LEDIPASVIR/SOFOSBUVIR TAB (QL= 2 tabs/day)	LMSP-PA-QL	3
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	3
BARACLUDE SOLN	-	NC
DAKLINZA TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
MAVYRET PAK	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB	-	NC
XOFLUZA TAB THERAPY PACK 40MG	-	NC
XOFLUZA TAB THERAPY PACK 80MG	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC

ASSORTED CLASSES

CHELATING AGENTS

D-PENAMINE TAB	-	2
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IMMUNOMODULATORS

REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	2
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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
THALOMID CAP	MSP-PA	2
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
mycophenolate DR tab (MYFORTIC equiv)	-	2
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	¢	2
FIRST ATENOLOL SOLN	-	NC
FIRST METOPROLOL ORAL SOLN	-	NC
KAPSPARGO CAP	-	NC
metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol 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
nadolol tab (CORGARD equiv)	-	2
timolol maleate tab (BLOCADREN equiv)	-	2

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	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
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
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
VERAPAMIL 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
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
nicardipine cap (CARDENE equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB	-	NC
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC

CARDIOTONICS

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CARDIOTONICS Cont.		
CARDIAC GLYCOSIDES		
digoxin tab (LANOXIN equiv)	-	1
DIGOXIN SOLN	-	2
digoxin soln (LANOXIN equiv)	-	2
LANOXIN INJ	-	NC
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	3
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
ORENITRAM TAB	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553)	LD-QL-RS	2
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-QL-RS	3
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	2
ADCIRCA TAB	-	NC
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3

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CARDIOVASCULAR AGENTS - MISC. Cont.		
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	3
VYNDAQEL CAP	-	NC
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR CAP	-	3
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
cefaclor susp (CEFACLOR equiv)	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	1

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CONTRACEPTIVES Cont.		
amethyst tab (LYBREL equiv)	ACA	2
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	ACA	2
cryselle tab	ACA	2
enpresse tab (TRI-LEVELLEN equiv)	ACA	2
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	2
junel FE tab (LOESTRIN FE equiv)	ACA	2
junel tab (LOESTRIN equiv)	ACA	2
kelnor tab (DEMULEN equiv)	ACA	2
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	ACA	2
NECON TAB	ACA	2
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	ACA	2
nortrel tab (OVCON 35 equiv)	ACA	2
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	2
tri-legest tab (ESTROSTEP FE equiv)	ACA	2
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	2
TYBLUME TAB	ACA	2
velivet tab (CYCLESSA equiv)	ACA	2
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	ACA	2
viorele tab, kariva tab (MIRCETTE equiv)	ACA	2
LO LOESTRIN TAB	-	3
LOESTRIN 24 FE TAB	-	3
mibelas chew tab (MINASTRIN equiv)	-	3
NATAZIA TAB	-	3
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC
drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	NC
FALESSA KIT	-	NC
NEXTSTELLIS TAB	-	NC
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	NC
TAYTULLA CAP	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch (XULANE equiv)	ACA	1
TWIRLA PATCH	-	NC
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng vaginal ring (NUVARING equiv)	ACA	2
ANNOVERA RING	-	NC
NUVARING	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	ACA	2
EMERGENCY CONTRACEPTIVES		
ELLA TAB	ACA	2
levonorgestrel tab (PLAN B equiv)	ACA-OTC	2
LEVONORGESTREL TAB 0.75MG	ACA	2
PLAN B TAB	ACA-OTC	3

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PROGESTIN CONTRACEPTIVES - IMPLANTS																																									
NEXPLANON IMPLANT	ACA	2																																							
PROGESTIN CONTRACEPTIVES - INJECTABLE																																									
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	2																																							
medroxyprogesterone inj (DEPO-PROVERA equiv)	ACA-QL	2																																							
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	2																																							
DEPO-PROVERA INJ	-	NC																																							
PROGESTIN CONTRACEPTIVES - IUD																																									
MIRENA IUD	ACA	2																																							
PROGESTIN CONTRACEPTIVES - ORAL																																									
norethindrone tab (NORA-QD equiv)	ACA	2																																							
SLYND TAB	-	NC																																							
CORTICOSTEROIDS																																									
GLUCOCORTICOSTEROIDS																																									
DEXAMETHASONE CONC	-	1																																							
dexamethasone elixir	-	1																																							
DEXAMETHASONE SOLN	-	1																																							
dexamethasone tab (DECADRON equiv)	-	1																																							
hydrocortisone tab (CORTEF equiv)	-	1																																							
methylprednisolone dose pack (MEDROL equiv)	-	1																																							
methylprednisolone tab (MEDROL equiv)	-	1																																							
prednisolone soln (PEDIAPRED equiv)	-	1																																							
PREDNISOLONE SYRUP	-	1																																							
prednisolone syrup (PRELONE equiv)	-	1																																							
prednisone tab (DELTASONE equiv)	-	1																																							
budesonide SR cap (ENTOCORT EC equiv)	-	2																																							
CORTISONE ACETATE TAB	-	2																																							
prednisolone ODT (ORAPRED equiv)	-	2																																							
PREDNISOLONE ODT TAB	-	2																																							
PREDNISON SOLN	-	2																																							
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3																																							
MILLIPRED TAB	-	3																																							
PREDNISOLONE SOLN	-	3																																							
ALKINDI SPRINKLE CAP	-	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																																							
MILLIPRED DP PAK	-	NC																																							
ORTIKOS ER CAP	-	NC																																							
prednisone pack	-	NC																																							
PREDNISON/DIPHENHYDRAMINE KIT	-	NC																																							
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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
RAYOS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	1
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	1
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1
promethazine DM syrup	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
NEOTUSS PLUS LIQUID	-	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
ALLEGRA-D 12-HOUR TAB	OTC	NC
ALLEGRA-D 24-HOUR TAB	OTC	NC
ALLEGRA-D TAB	OTC	NC
BROVEX PEB LIQUID	OTC	NC
CLARINEX-D TAB	-	NC
CLARITIN-D TAB	OTC	NC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
lohist liquid (DECON-A equiv)	OTC	NC
loratadine/pseudoephedrine 24-hour tab (CLARATIN equiv)	OTC	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
SEMPREX-D CAP	-	NC
TRIAMINIC SYRUP	OTC	NC
TUSSICAPS	-	NC
TUSSIONEX SUSP	-	NC
TUSSI-PRES LIQUID	-	NC
TUSSLIN LIQUID	OTC	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
ZUTRIPRO LIQUID	-	NC
ZYRTEC-D TAB	OTC	NC
EXPECTORANTS		

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
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
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ERY PAD	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
isotretinoin cap 25mg (ABSORICA equiv)	-	2
isotretinoin cap 35mg (ABSORICA equiv)	-	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
EPIDUO GEL 0.1-2.5%	PA	3
DIFFERIN OTC GEL 0.1%	OTC	EXC
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL 7.5%	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
AVAR GEL	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLENIA PLUS SUSP	-	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 GEL	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
PRASCION RA CREAM	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	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
SUMADEN XLT KIT	-	NC
TRETIN-X 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

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DERMATOLOGICALS Cont.		
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
ALTABAX OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
OXISTAT CREAM	-	3
OXISTAT LOTION	-	3
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC
NIZORAL A-D SHAMPOO	OTC	EXC
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
ECONASIL KIT	-	NC

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LD	Affordable Care Act	Plan Exclusion	Infertility
OTC	Limited Distribution	EXC	MSP
RS	Over-the-Counter	LMSP	Mandatory Specialty Pharmacy Program
SP	Restricted to Specialist	PA	QL
	Available through Specialty Pharmacy Program	SF	Quantity Limit
		ST	SMKG
			Smoking Cessation
			VAC
			Vaccine Program

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
nystatin/triamcinolone cream	-	NC
nystatin/triamcinolone oint	-	NC
ONYCHO-MED KIT	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavorole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
VOLTAREN GEL	OTC	EXC
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
FLUOROPLEX CREAM	-	2
FLUOROURACIL SOLN	-	2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3
TARGRETIN GEL	LMSP-PA	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROURACIL CREAM 0.5%	-	NC

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DERMATOLOGICALS Cont.		
KLISYRI OINT	-	NC
PICATO GEL	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC
ANTIPSORIATICS		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
METHOXSALEN CAP	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	2
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	2
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2
CALCITRIOL OINT	-	3
SORILUX FOAM	-	3
tazarotene cream 0.1% (TAZORAC equiv)	-	3
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
SILIQ INJ	-	NC
TAZORAC CREAM 0.05%	-	NC
TAZORAC GEL	-	NC
VECTICAL OINT	-	NC
ANTISEBORRHEIC PRODUCTS		
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3
sodium sulfacetamide shampoo (OVACE equiv)	-	3
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3
selenium sulfide lotion	OTC	EXC
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo (SELSEB equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	2
acyclovir cream (ZOVIRAX equiv)	-	3
DENAVIR CREAM	-	NC
XERESE CREAM	-	NC

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DERMATOLOGICALS Cont.		
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
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
alclometasone oint (ACLOVATE OINT equiv)	-	2
BETAMETHASONE AUGMENTED GEL	-	2
betamethasone augmented lotion (DIPROLENE equiv)	-	2
betamethasone dipropionate oint	-	2
clobetasol foam (CLOBEX 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

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol spray (CLOBEX equiv)	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN 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
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE E CREAM	-	2
PREDNICARBATE CREAM	-	2
prednicarbate cream (DERMATOP equiv)	-	2
PREDNICARBATE OIN	-	2
U-CORT CREAM	-	2
CORDRAN TAPE	-	3
PANDEL CREAM	-	3
TOPICORT OINT	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp (TACLONEX equiv)	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CALCIPOTRIENE/BETAMETHASONE SUSP	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CLOBETAVIX KIT	-	NC
CLOBEX LOTION	-	NC
CLOBEX SHAMPOO	-	NC
CLOCORTOLONE CREAM	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC

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	Available through Specialty Pharmacy Program		Step Therapy	VAC	Vaccine Program

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DERMATOLOGICALS Cont.		
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ELOCON CREAM	-	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-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
OLUX FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1-1%	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC

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DERMATOLOGICALS Cont.		
QUINIXIL PAK	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT	-	NC
TOPICORT CREAM	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	2
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
OPZELURA CREAM	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION 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
ENZYMES - TOPICAL		

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SANTYL OINT (QL= 90gm/30 days)		QL	2
vasolex oint (XENADERM equiv)		-	NC
XENADERM OINT		-	NC
HAIR GROWTH AGENTS			
finasteride tab (PROPECIA equiv)		-	EXC
bimatoprost ophth soln		-	NC
HAIR REDUCTION AGENTS			
VANIQA CREAM		-	EXC
IMMUNOMODULATING AGENTS - TOPICAL			
imiquimod cream (ALDARA equiv)		-	2
IMIQUIMOD CREAM 3.75%		-	NC
ZYCLARA CREAM		-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL			
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)		-	2
tacrolimus oint (PROTOPIC OINT equiv)		-	2
OXIANUJO CREAM		-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS			
PODOCON SOLN		-	2
podofilox soln (CONDYLOX equiv)		-	2
salicylic acid shampoo (SALEX equiv)		-	2
CONDYLOX GEL		-	3
SALEX SHAMPOO		-	3
GEAMETDRAY GEL		-	NC
GUANENDRUX GEL		-	NC
SALEX LOTION KIT		-	NC
salicylic acid soln		-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)		-	NC
SALIMEZ FORTE CREAM		-	NC
XALIX SOL		-	NC
LOCAL ANESTHETICS - TOPICAL			
lidocaine gel (GLYDO equiv)		-	1
lidocaine gel (XYLOCAINE equiv)		-	1
lidocaine soln (XYLOCAINE equiv)		-	1
lidocaine/prilocaine cream (EMLA equiv)		-	1
LIDOCAINE GEL		-	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)		QL	3
ADAZIN CREAM		-	NC
ANASTIA LOTION		-	NC
APRIZIO PAK KIT		-	NC
capsaicin/menthol topical patch (SINELEE equiv)		-	NC
DERMALID PAK		-	NC
GEN7T LOTION		-	NC
GEN7T PLUS LOTION		-	NC
GEN7T PLUS PAD		-	NC
L.E.T. GEL		-	NC
LIDOCAINE CREAM		-	NC

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DERMATOLOGICALS Cont.		
lidocaine cream 3% (LIDAMANTLE equiv)	-	NC
lidocaine lotion	-	NC
lidocaine oint	-	NC
lidocaine oint/transparent dressing kit	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole lotion (METROLOTION equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
metronidazole gel 0.75% (METROGEL equiv)	-	2
DOXYCYCLINE CAP, ORACEA CAP	-	NC
IVERMECTIN CREAM	-	NC
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		ST Step Therapy
		INF Infertility
		MSP Mandatory Specialty Pharmacy Program
		QL Quantity Limit
		SMKG Smoking Cessation
		VAC Vaccine Program
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DERMATOLOGICALS Cont.		
ivermectin cream (SOOLANTRA equiv)	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSDAN 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
LINDANE LOTION	-	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
IVERMECTIN LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
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	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1

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

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DIURETICS Cont.		
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
CAROSPIR SUSP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	3
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	3
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	3
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
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
risedronate tab (ACTONEL equiv)	-	2
TERIPARATIDE INJ	PA	2
TYMLOS INJ	LMSP-PA	2
alendronate sodium oral soln (FOSAMAX equiv)	-	3
FOSAMAX+D TAB	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
SKELID TAB	-	3
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
CORTICOTROPIN		

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ACTHAR HP GEL INJ	MSP-PA	3
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ	LMSP-PA	2
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	ACA	2
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	2
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
FENSOLVI INJ	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTRONL equiv)	-	1
calcitriol soln (ROCALTRONL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
cinacalcet tab (SENSIPAR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	3
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	3
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
GALAFOLD CAP	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
STRENSIQ INJ	-	NC
XURIDEN POWDER	-	NC
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	1
SANDOSTATIN INJ	LMSP	1
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
SAMSCA TAB, TOLVAPTAN TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC

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DrugName	Special Code	Tier
ESTROGENS Cont.		
MYFEMBREE TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
MENEST TAB	-	3
VIVELLE-DOT PATCH	-	3
DIVIGEL GEL, ELESTRIN GEL	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB	PA	3
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	PA	3
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	2
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		

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GASTROINTESTINAL AGENTS - MISC. Cont.		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP, LUBIPROSTONE CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METOZOLV ODT	-	NC
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP	-	NC
BYLVAY SPRINKLE CAP	-	NC
LIVMARLI SOLN	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	2
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
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	3
LINZESS CAP	-	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
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
sevelamer powder pak (REVELA equiv)	-	2
sevelamer tab (REVELA TAB equiv)	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
REVELA TAB	-	3
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB (QL= 3 tabs/day; Only available through Diplomat 877-977-9118)	LD-QL	3
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
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	3
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
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BRANDS =CAPITAL LETTERS		

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GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
silodosin cap (RAPAFLO equiv)	-	2
CARDURA XL TAB	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIMUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	PA-SP	2
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
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)	-	1
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	2
COLCHICINE CAP	-	NC
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ	MSP-PA	3
ADYNOVATE INJ	MSP-PA	3
AFSTYLA KIT	MSP-PA	3
ALPHANATE/HEMOFIL/KOATE INJ	MSP-PA	3
ALPHANINE SD/MONONINE INJ	MSP-PA	3
ALPROLIX INJ	MSP-PA	3
BEBULIN/PROFILNINE INJ	MSP-PA	3
BENEFIX INJ	MSP-PA	3
BENEFIX/RIXUBIS INJ	MSP-PA	3
COAGADEX INJ (Only available through Option Care 866-827-8203)	LD-PA	3
CORIFACT INJ	MSP-PA	3
ELOCTATE INJ	MSP-PA	3
FEIBA INJ	MSP-PA	3
HELIXATE/KOGENATE INJ	MSP-PA	3
HEMLIBRA INJ	LMSP-PA	3
HUMATE-P/WILATE INJ	MSP-PA	3
IDELVION SOLN	MSP-PA	3
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HEMATOLOGICAL AGENTS - MISC. Cont.		
MONOCLATE-P INJ	MSP-PA	3
NOVOSEVEN RT INJ	MSP-PA	3
REBINYN SOLN	MSP-PA	3
RECOMBINATE INJ	MSP-PA	3
TRETEN INJ	MSP-PA	3
VONVEDI INJ	MSP-PA	3
XYNTHA INJ	MSP-PA	3
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	LMSP-PA	2
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
HAEGARDA INJ	MSP-PA	2
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
EMPAVELI INJ	-	NC
RUCONEST INJ	-	NC
TAVNEOS CAP	-	NC
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
ORLADEYO CAP	-	NC
PLASMA PROTEINS		
THROMBAT III INJ	MSP-PA	3
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
BRILINTA TAB	-	3
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	2
CERDELGA CAP	-	NC

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HEMATOPOIETIC AGENTS Cont.		
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POWDER PACK	-	NC
OXBRYTA TAB	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg	ACA	2
folic acid tab 400mcg	ACA-OTC	2
folic acid tab 800mcg	ACA-OTC	2
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
FULPHILA INJ	LMSP	2
NEUMEGA INJ	LMSP	2
NIVESTYM INJ	LMSP	2
RETACRIT INJ	-	2
ZARXIO INJ	LMSP	2
PROMACTA POWDER	LMSP-PA	3
PROMACTA TAB	LMSP-PA	3
ZIEXTENZO INJ	LMSP	3
ARANESP INJ	-	NC
EPOGEN INJ	-	NC
GRANIX INJ	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
UDENYCA INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
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HEMATOPOIETIC AGENTS Cont.		
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir	ACA-OTC	2
FERROUS SULFATE LIQUID	ACA-OTC	2
ferrous sulfate soln	ACA-OTC	2
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered at \$0 for non-Grandfathered plans for members 1 year or younger)	ACA-OTC	2
IRON SUSP	ACA-OTC	2
ACCRUFER CAP	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1

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

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DrugName	Special Code	Tier																						
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.																								
FLURAZEPAM CAP	-	1																						
temazepam cap 15mg (RESTORIL equiv)	-	1																						
temazepam cap 30mg (RESTORIL equiv)	-	1																						
triazolam tab (HALCION equiv)	-	1																						
zaleplon cap (SONATA equiv)	-	1																						
zolpidem ER tab (AMBIEN CR equiv)	-	2																						
SOMNOTE CAP	-	3																						
temazepam cap 22.5mg (RESTORIL equiv)	-	3																						
temazepam cap 7.5mg (RESTORIL equiv)	-	3																						
AMBIEN CR TAB	-	NC																						
DORAL TAB	-	NC																						
EDLUAR SL TAB	-	NC																						
INTERMEZZO SL TAB	-	NC																						
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC																						
ZOLPIMIST SPRAY	-	NC																						
OREXIN RECEPTOR ANTAGONISTS																								
DAYVIGO TAB	-	NC																						
SELECTIVE MELATONIN RECEPTOR AGONISTS																								
HETLIOZ CAP	-	NC																						
HETLIOZ SUSP	-	NC																						
ramelteon tab (ROZEREM equiv)	-	NC																						
ROZEREM TAB	-	NC																						
LAXATIVES																								
LAXATIVE COMBINATIONS																								
CLENPIQ SOLN	-	\$0																						
peg 3350/electrolytes soln (COLYTE equiv) (Limited to 2 fills/calendar year)	ACA-QL	1																						
trilyte soln (NULYTELY equiv) (Limited to 2 fills/calendar year)	ACA-QL	1																						
GAVILYTE-C SOLN (Limited to 2 fills/calendar year)	ACA-QL	3																						
GOLYTELY SOLN (Limited to 2 fills/calendar year)	ACA-QL	3																						
NULYTELY SOLN (Limited to 2 fills/calendar year)	ACA-QL	3																						
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																						
SUCLEAR KIT	-	NC																						
SUPREP SOLN	-	NC																						
SUTAB TAB	-	NC																						
LAXATIVES - MISCELLANEOUS																								
lactulose soln	-	1																						
KRISTALOSE PACK	-	3																						
MIRALAX PACKET	OTC	EXC																						
MIRALAX POWDER	OTC	EXC																						
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC																						
polyethylene glycol packet (MIRALAX equiv)	OTC	EXC																						
GIALAX KIT	-	NC																						
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ACA	LD	OTC	RS	SP	EXC	LMSP	PA	SF	ST	generic =small letters Plan Exclusion	Lumicera Mandatory Specialty Pharmacy Program	Prior Authorization	Limited to two 15 day fills per month for first 3 months	Step Therapy	INF	MSP	QL	SMKG	VAC	BRANDS =CAPITAL LETTERS Infertility	Mandatory Specialty Pharmacy Program	Quantity Limit	Smoking Cessation	Vaccine Program

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DrugName	Special Code	Tier
LAXATIVES Cont.		
KRISTALOSE PACKET	-	NC
LACTULOSE PACK	-	NC
SALINE LAXATIVES		
VISICOL TAB	-	3
OSMOPREP TAB	-	NC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin stearate tab	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
erythromycin tab (ERY-TAB equiv)	-	3
PCE TAB	-	3
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	ACA	2
DIAPHRAGM	ACA	2
FEMALE CONDOMS	ACA-OTC	2
DIABETIC SUPPLIES		
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
ACCU-CHEK AVIVA PLUS METER	ACA-OTC	2
ACCU-CHEK GUIDE CARE METER	ACA-OTC	2
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program
BRANDS =CAPITAL LETTERS		

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
ACCU-CHEK GUIDE ME KIT	ACA-OTC	2
ACCU-CHEK NANO METER	ACA-OTC	2
FREESTYLE FREEDOM LITE METER	ACA-OTC	2
FREESTYLE INSULINX METER	ACA-OTC	2
FREESTYLE LIBRE 2 SENSOR (QL= 3 sensors/30 days)	PA-QL	2
FREESTYLE LITE METER	ACA-OTC	2
FREESTYLE PRECISION NEO METER	ACA-OTC	2
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
PRECISION XTRA METER	ACA-OTC	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3
DIABETIC METER (all other diabetic meters)	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
CEQR SIMPLICITY	-	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
AJOVY INJ	-	NC
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
AJOVY INJ	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	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
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-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 (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
RELPAK TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv)	-	NC
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUOR-A-DAY CHEW TAB	-	1
FLUORABON SOLN	ACA	2
sodium fluoride chew tab (LURIDE equiv)	ACA	2
SODIUM FLUORIDE LOZENGE	ACA	2
sodium fluoride soln (LURIDE equiv)	ACA	2
SODIUM FLUORIDE TAB	ACA	2
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
POTASSIUM		
K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	2
trientine cap (SYPRINE equiv)	MSP-PA	2
penicillamine cap (CUPRIMINE equiv)	-	NC
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	PA	2
sirolimus soln (RAPAMUNE equiv)	-	2
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	3
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
ENSPRYNG INJ	-	NC
PROGRAF PACKET	-	NC
REZUROCK TAB	-	NC
ZORTRESS TAB	-	NC
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
LOKELMA PAK	PA	2
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	3
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	3
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT PASTE	-	2
sodium fluoride cream (PREVIDENT equiv)	ACA	2
PREVIDENT 5000 PLUS CREAM	ACA	3
sodium fluoride gel (PREVIDENT equiv)	-	NC
sodium fluoride paste (PREVIDENT equiv)	-	NC
sodium fluoride rinse (PREVIDENT equiv)	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
FIBRIK CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMIN/MINERALS TAB	-	NC
multivitamin/minerals tab (STROVITE equiv)	-	NC

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
REMEDIENT CAP	-	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
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR SUSP	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATAL VITAMINS (NON-PREFERRED)	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
VITAFOL CHEWABLE GUMMIES	-	NC
VITAFOL STRIPS	-	NC
VITAFOL ULTRA	-	NC
VITAFOL-NANO	-	NC
VITAFOL-OB PAK + DHA	-	NC
VITAFOL-OB TAB	-	NC
VITAFOL-ONE	-	NC

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab 500mg	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
baclofen intrathecal inj (BACLOFEN equiv)	-	NC
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
OZOBAX SOLN	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
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
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	1
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC

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

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**Texas Association of Counties Pooled Formulary
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DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	3
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
NASACORT OTC NASAL SPRAY	OTC	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
BECONASE AQ NASAL SPRAY	-	NC
FLONASE NASAL SPRAY	-	NC
flunisolide nasal solution 0.025% (FLUNISOLIDE NASAL SPRAY 0.025% equiv)	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
SINUVA NASAL IMPLANT	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
EXSERVAN FILM	-	NC
TIGLUTIK SUSP	-	NC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	MSP-PA	3
DYSPOIN INJ	MSP-PA	3
MYOBLOC INJ	MSP-PA	3
XEOMIN INJ	MSP-PA	3
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN	-	NC
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		

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RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
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	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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**Texas Association of Counties Pooled Formulary
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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
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 OPHTH GEL SOLN	-	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	3
CHOLINERGIC AGONISTS		
TYRVAYA SOLN	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
PILOPINE HS OPHTH GEL	-	3
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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
SIMBRINZA OPHTH SUSP	-	2
LUMIFY OPHTH SOLN 0.25%	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
TRIFLURIDINE OPHTH SOLN	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
TOBREX OPHTH OINT	-	3
VIGAMOX OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv)	-	NC
MOXIFLOXACIN SOLN	-	NC
NATACYN OPHTH SUSP	-	NC
VANCOMYCIN SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION	PA	2
CEQUA (PF) OPHTH SOLN	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
LOTEMAX OPHTH OINT	-	2
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2
loteprednol ophth susp (LOTEMAX equiv)	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX ST OPHTH SUSP	-	3
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH GEL	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		

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

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OPHTHALMIC AGENTS Cont.		
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
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1
ALAMAST OPHTH SOLN	-	2
ALOCRILOPHTH SOLN	-	2
ALOMIDOPHTH SOLN	-	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	2
FLURBIPROFEN OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	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
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC
UPNEEQ SOLN	-	EXC
AZOPT OPHTH SUSP	-	NC
BROMSITE OPHTH SOLN	-	NC
CYSTARAN OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
ZERVIATE OPHTH SOLN	-	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z DROPS	-	NC
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPATAN OPHTH SOLN	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CIPRODEX OTIC SUSP	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	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
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3

OXYTOCICS

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

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS		
BIVIGAM INJ	MSP-PA	3
CYTOGAM INJ	MSP-PA	3
GAMMAGARD SD INJ, CARIMUNE NF INJ	MSP-PA	3
HIZENTRA INJ	MSP-PA	3
OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ	MSP-PA	3
VIVAGLOBIN INJ	MSP-PA	3
CUVITRU INJ	-	NC

MONOCLONAL ANTIBODIES		
SYNAGIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	3

PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	3

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS		
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	2
CUTAQUIG INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	3
GAMASTAN INJ, GAMASTAN S/D INJ	MSP-PA	3

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DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ	MSP-PA	3
HIZENTRA INJ	MSP-PA	3
PANZYGA INJ (Only available through Diplomat 877-977-9118)	LD-PA	3
ASCENIV INJ	-	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone oil inj	-	1
progesterone cap (PROMETRIUM equiv)	-	2
megestrol ES susp (MEGACE ES equiv)	-	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
DISULFIRAM TAB	-	1
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA-QL	2
XYWAV SOLN	-	NC

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

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine soln (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	EXC
VYLEESI INJ	-	EXC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	3
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB	LMSP	2
AVONEX INJ	LMSP	2
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	2
EXTAVIA INJ	LMSP	2
GILENYA CAP	LMSP	2
glatiramer inj (COPAXONE equiv)	LMSP	2
MAYZENT TAB	LMSP	2
MAYZENT TAB STARTER PACK	LMSP	2
PLEGRIDY INJ	LMSP	2
PLEGRIDY PEN INJ	LMSP	2
REBIF INJ	LMSP	2
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	3
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP	3
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
OCREVUS INJ	MSP-PA	3
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
KESIMPTA INJ	-	NC
MAVENCLAD PAK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZEPOSIA CAP	-	NC
ZEPOSIA STARTER PACK	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	ACA-QL-SMKG	2
CHANTIX PAK (Limited to 180 days/plan year)	ACA-QL-SMKG	2
CHANTIX TAB (Limited to 180 days/plan year)	ACA-QL-SMKG	2
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	2
NICOTINE KIT	ACA-OTC-QL-SMKG	2
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	2
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	2
NICOTROL INHALER (Limited to 180 days/plan year)	ACA-QL-SMKG	2
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	ACA-QL-SMKG	2
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	3
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC

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

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
PULMOZYME INH SOLN	LMSP	2
BRONCHITOL CAP	-	NC
KALYDECO PAK	-	NC
KALYDECO TAB	-	NC
ORKAMBI GRANULES PACKET	-	NC
ORKAMBI TAB	-	NC
SYMDEKO TAB	-	NC
TRIKAFTA TAB	-	NC
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	2
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	2
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	2
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	2
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	3
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	3
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
DORYX TAB	-	3
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3
ORAXYL CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
LEVOTHYROXINE INJ	-	NC
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	ACA-VAC	3
TETANUS/DIPHThERIA TOXOID INJ	ACA-VAC	3
VAXELIS INJ	ACA-VAC	3
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine tab (PEPCID equiv)	OTC	1
famotidine susp (PEPCID equiv)	-	2
AXID CAP	-	NC
CIMETIDINE SOLN	-	NC
cimetidine soln (CIMETIDINE equiv)	-	NC
nizatidine cap (AXID equiv)	-	NC
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
TAGAMET TAB	-	NC
ZANTAC EFFER TAB	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	NC
PROTON PUMP INHIBITORS		
lansoprazole cap (PREVACID equiv) (Rx Only)	-	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
esomeprazole cap (NEXIUM equiv)	OTC	3
FIRST OMEPRAZOLE SUSP	-	3
PREVACID OTC CAP	OTC	EXC
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
LANSOPRAZOLE SUSP	-	NC
NEXIUM GRANULE PACK	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
rabeprazole EC tab (ACIPHEX equiv)	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3
PYLERA CAP	-	3
ZEGERID CAP OTC	OTC	EXC
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

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DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
ANTISPASMODICS		
GLYCATE TAB	-	NC
hyoscyamine inj (LEVSIN equiv)	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	NC
NIZATIDINE SOLN	-	NC
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	NC
PROTON PUMP INHIBITORS		
esomeprazole DR granule pack (NEXIUM equiv)	-	2
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3
NEXIUM 24HR TAB	OTC	3
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC
omeprazole tab	OTC	EXC
PRILOSEC OTC DR TAB	OTC	EXC
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
pantoprazole sodium packet (PROTONIX equiv)	-	NC
ULCER THERAPY COMBINATIONS		
HELIDAC PACK	-	NC
TALICIA CAP	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
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
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
solifenacin tab (VESICARE equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
tolterodine tab (DETROL equiv)	¢	2
tropium tab (SANCTURA equiv)	-	2
OXYTROL PATCH (OTC)	OTC	EXC
ENABLEX TAB	-	NC
GELNIQUE	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1

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DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
BXSERO INJ	ACA-VAC	3
MENACTRA INJ	ACA-VAC	3
MENHIBRIX INJ	ACA-VAC	3
MENOMUNE INJ	ACA-VAC	3
MENQUADFI INJ	ACA-VAC	3
MENVEO INJ	ACA-VAC	3
PNEUMOVAX INJ	ACA-VAC	3
PREVNAR 13 INJ	ACA-VAC	3
TRUMENBA INJ	ACA-VAC	3
VIVOTIF CAP (QL= 4 caps/fill)	ACA-QL-VAC	3
PREVNAR 20 INJ	-	NC
VAXCHORA SUSP	VAC	NC
VAXNEUVANCE INJ	-	NC
VIRAL VACCINES		
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days; limit 2 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 3 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 3 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months)	QL	\$0
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 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
FLUVIRIN PF 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 INTRADERMAL INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
CERVARIX INJ	ACA-VAC	3

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VACCINES Cont.		
ENGERIX-B INJ	ACA-VAC	3
ENGERIX-B INJ, RECOMBIVAX-HB INJ	ACA-VAC	3
GARDASIL 9 INJ	ACA-VAC	3
GARDASIL INJ	ACA-VAC	3
HAVRIX INJ, VAQTA INJ	ACA-VAC	3
HEPLISAV-B INJ	ACA-VAC	3
M-M-R II INJ	ACA-VAC	3
SHINGRIX INJ	ACA-VAC	3
TWINRIX INJ	ACA-VAC	3
VARIVAX INJ	ACA-VAC	3
ZOSTAVAX INJ	ACA-VAC	3
STAMARIL INJ	-	NC
TICOVAC INJ	-	NC
VAGINAL AND RELATED PRODUCTS		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	ACA-OTC	2
CONTRACEPTIVE FOAM	ACA-OTC	2
CONTRACEPTIVE GEL	ACA-OTC	2
CONTRACEPTIVE SUPP	ACA-OTC	2
TODAY SPONGE	ACA-OTC	2
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		

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

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

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

Last Updated* 12/1/2021

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENACLICK 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		
OIL SOLUBLE VITAMINS		
vitamin D cap (RX strength only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
vitamin D cap 1000unit	ACA-OTC	2
vitamin D cap 400unit	ACA-OTC	2
VITAMIN D TAB 400UNIT	ACA-OTC	2
ERGOCAL CAP	-	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
niacin cap	OTC	EXC
niacin CR tab (SLO-NIACIN equiv)	OTC	EXC
niacin tab	OTC	EXC
NIACIN TR TAB	OTC	EXC
niacinamide tab	OTC	EXC
SLO-NIACIN TAB	OTC	EXC

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

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

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Texas Association of Counties Pooled Formulary
Prior Authorization Drug List
Last Updated* 12/1/2021

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	2
ACTEMRA SC INJ	2
ACTHAR HP GEL INJ	3
ACTIMMUNE INJ	2
adapalene cream	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADEMPAS TAB	2
ADVATE INJ	3
ADYNOVATE INJ	3
AFSTYLA KIT	3
AIMOVIG INJ	2
ALECENSA CAP	2
ALINIA SUSP	2
ALPHANATE/HEMOFIL/KOATE INJ	3
ALPHANINE SD/MONONINE INJ	3
ALPROLIX INJ	3
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
armodafinil tab	1
asenapine maleate SL tab	2
BALVERSA TAB 3MG	3
BALVERSA TAB 4MG	3
BALVERSA TAB 5MG	3
BEBULIN/PROFILNINE INJ	3
BENEFIX INJ	3
BENEFIX/RIXUBIS INJ	3
BENLYSTA AUTO-INJECTOR	3
BENLYSTA INJ	3
BENZNIDAZOLE TAB	2
bexarotene cap	2
BIVIGAM INJ	3
BOSULIF TAB	2
BOTOX INJ	3
BRAFTOVI CAP 75MG	2
BRUKINSA CAP	3
budesonide ER tab	3
CABLIVI INJ KIT	3
CABOMETYX TAB	3
CALQUENCE CAP	2
CAPRELSA TAB	2
CHOLBAM CAP	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
CIMZIA INJ	2
CIMZIA STARTER INJ KIT	2
COAGADEX INJ	3
COMETRIQ KIT	2
CORIFACT INJ	3
CORLANOR SOLN	3
CORLANOR TAB	3
COTELLIC TAB	2
CRINONE GEL	2
CUTAQUIG INJ	3
CYTOGAM INJ	3
deferiprone tab	2
DESCOVY TAB	2
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
diclofenac gel	3
DOPTELET TAB	2
dronabinol cap	2
DUPIXENT INJ	2
DUPIXENT PEN INJ	2
DYSPORT INJ	3
ELOCTATE INJ	3
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
emtricitabine/tenofovir disoproxil fumarate tab	2
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ 50MG	2
ENDOMETRIN INSERT	2
EPIDIOLEX SOLN	2
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	3
ERIVEDGE CAP	2
ERLEADA TAB	2
erlotinib tab	3
ESBRIET CAP	2
ESBRIET TAB 267MG	2
ESBRIET TAB 801MG	2
everolimus tab	3
everolimus tab 0.25mg, 0.5mg, 0.75mg	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
everolimus tab 5mg	3
everolimus tab for oral susp	1
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	2
FEIBA INJ	3
fentanyl citrate lollipop	2
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX TAB	2
FREESTYLE LIBRE 2 RECEIVER	\$0
FREESTYLE LIBRE 2 SENSOR	2
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
GAMASTAN INJ, GAMASTAN S/D INJ	3
GAMMAGARD SD INJ, CARIMUNE NF INJ	3
GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ	3
GAVRETO CAP	3
GENOTROPIN INJ	2
GILOTRIF TAB	2
HAEGARDA INJ	2
HELIXATE/KOGENATE INJ	3
HEMLIBRA INJ	3
HIZENTRA INJ	3
HUMATE-P/WILATE INJ	3
HUMIRA INJ 10MG	2
HUMIRA INJ 20MG	2
HUMIRA INJ 40MG	2
HUMIRA INJ 80MG	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	2
HUMIRA INJ PEDIATRIC UC STARTER PACK	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	2
HUMIRA PEN INJ 40MG	2
HYCAMTIN CAP	2
HYQVIA INJ	3
IBRANCE CAP	2
IBRANCE TAB	2
icatibant inj	2
ICLUSIG TAB	2
IDELVION SOLN	3
IDHIFA TAB	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
IMBRUVICA CAP 140MG	2
IMBRUVICA CAP 70MG	2
IMBRUVICA TAB 140MG	2
IMBRUVICA TAB 280MG	2
IMBRUVICA TAB 420MG, 560MG	2
INBRIJA INH POWDER	3
INLYTA TAB	3
INQOVI TAB	3
IRESSA TAB	2
ISTURISA TAB 10MG	3
ISTURISA TAB 1MG	3
ISTURISA TAB 5MG	3
itraconazole cap	2
itraconazole soln	3
ivermectin tab	2
JAKAFI TAB	3
JYNARQUE PAK	2
JYNARQUE TAB	2
KEVZARA INJ	2
KINERET INJ	3
KORLYM TAB	2
KOSELUGO CAP	3
lapatinib ditosylate tab	3
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	3
LENVIMA CAP	2
LOKELMA PAK	2
LUCEMYRA TAB	3
LUPKYNIS CAP	3
LYNPARZA CAP	2
LYNPARZA TAB	2
MAVYRET TAB	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
MEKTOVI TAB	2
miglustat cap	2
modafinil tab	1
MONOCLATE-P INJ	3
MOTEGRITY TAB	3
MOVANTIK TAB	2
MYOBLOC INJ	3
NATPARA INJ	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NERLYNX TAB	2
NEXAVAR TAB	3
NINLARO CAP	2
nitazoxanide tab	2
NOVOSEVEN RT INJ	3
NUBEQA TAB	2
NUDEXTA CAP	2
NURTEC ODT	2
OCALIVA TAB	2
OCREVUS INJ	3
OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ	3
ODACTRA SL TAB	3
ODOMZO CAP	2
OFEV CAP	2
OLUMIANT TAB	2
OPSUMIT TAB	2
ORENCIA CLICK INJ	2
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORGOVYX TAB	3
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
paliperidone ER tab	2
PALYNZIQ INJ	2
PANZYGA INJ	3
PEGASYS INJ	2
PEMAZYRE TAB	3
PIQRAY TAB	3
POMALYST CAP	3
PRALUENT INJ	2
PROGESTERONE SUPP	3
PROMACTA POWDER	3
PROMACTA TAB	3
pyrimethamine tab	2
QINLOCK TAB	3
REBINYN SOLN	3
RECOMBINATE INJ	3

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RESTASIS OPHTH EMULSION	2
RETEVMO CAP	3
REYVOW TAB	2
RINVOQ ER TAB	2
ROZLYTREK CAP	3
RUBRACA TAB	2
rufinamide susp	2
rufinamide tab	2
RUZURGI TAB	3
RYDAPT CAP	2
sapropterin dihydrochloride powder packet	3
sapropterin dihydrochloride soluble tab	3
SIGNIFOR INJ	2
sildenafil tab 20mg	1
SKYRIZI INJ 150MG/ML	2
SKYRIZI INJ 75MG/0.83ML	2
SOFOSBUVIR/VELPATASVIR TAB	3
SOLIQUA INJ	2
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	2
SPORANOX SOLN	3
SPRYCEL TAB	2
STELARA INJ	2
STIVARGA TAB	3
sunitinib malate cap	1
SYMPROIC TAB	2
SYNAGIS INJ	3
TABRECTA TAB	3
tadalafil tab (PAH)	2
TAFINLAR CAP	2
TAGRISSO TAB	2
TAKHZYRO INJ	2
TALTZ INJ	2
TARGRETIN GEL	3
TASIGNA CAP	2
TAVALISSE TAB	2
TEGSEDI INJ	3
TERIPARATIDE INJ	2
testosterone gel 1% 25mg	1
testosterone gel 1% 50mg	1

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
testosterone gel 1% pump	1
tetrabenazine tab	3
THALOMID CAP	2
THROMBAT III INJ	3
TIBSOVO TAB	2
tiopronin tab	2
TRACLEER TAB 32MG	2
TREMFYA INJ	2
tretinoin cream	2
tretinoin gel	2
TRETTEN INJ	3
trientine cap	2
TRINTELLIX TAB	3
TRULANCE TAB	3
TUKYSA TAB	3
TURALIO CAP	3
TYMLOS INJ	2
TYVASO INH SOLN	2
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	2
VALCHLOR GEL	2
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	3
VENCLEXTA TAB	3
VENTAVIS INH SOLN	2
VERZENIO TAB	2
vigabatrin powder pack	2
vigabatrin tab	2
vigadrone powder pack	2
VIVAGLOBIN INJ	3
VONVEDI INJ	3
VOSEVI TAB	2
VOTRIENT TAB	2
VYNDAMAX CAP	3
XADAGO TAB	3
XALKORI CAP	2
XELJANZ SOLN	2
XELJANZ TAB	2
XELJANZ XR TAB	2
XEMBIFY INJ	2
XEOMIN INJ	3

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2021

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
XIFAXAN TAB 550MG	3
XOLAIR SYRINGE	3
XPOVIO PAK	2
XULTOPHY INJ	2
XYNTHA INJ	3
XYREM SOLN	2
ZEJULA CAP	2
ZELBORAF TAB	2
ZOLINZA CAP	2
ZYDELIG TAB	2
ZYKADIA CAP	2
ZYKADIA TAB	2

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Texas Association of Counties Pooled Formulary
Last Updated* 12/1/2021
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

aliskiren tab
LATUDA TAB

eplerenone tab
nebivolol hcl tab

febuxostat tab
rasagiline tab

JANUVIA TAB
tolterodine tab

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Texas Association of Counties Pooled Formulary
Last Updated* 12/1/2021
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER	ALCOHOL SWABS	aspirin chew tab 81mg	aspirin ec tab 325mg
aspirin ec tab 81mg	aspirin tab 325mg	aspirin tab 81mg	B-D INSULIN SYRINGE
B-D PEN NEEDLE	CALIBRATION LIQUID	cetirizine cap	cetirizine chew tab
cetirizine syrup	cetirizine tab	cetirizine/pseudoephedrine 12-hour tab	cimetidine tab
CLINISTIX TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	esomeprazole cap	esomeprazole magnesium DR tab	famotidine tab
FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUID	ferrous sulfate soln
ferrous sulfate syrup	fexofenadine susp	fexofenadine tab	fexofenadine/pseudoephedrine 24-hour tab
folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX METER
FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER
FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	GUAIFENESIN/CODEINE SYRUP	IRON SUSP
KETO-DIASTIX TEST STRIP	KETOSTIX	LANCET KIT	LANCETS
levonorgestrel tab	loratadine cap	loratadine chew tab	loratadine ODT
loratadine syrup	loratadine tab	loratadine/pseudoephedrine 12-hour tab	NEXIUM 24HR TAB
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	PEAK FLOW METER	PLAN B TAB	PRECISION XTRA KETONE TEST STRIP
PRECISION XTRA METER	PRECISION XTRA TEST STRIP	TODAY SPONGE	vitamin D cap 1000unit
vitamin D cap 400unit	VITAMIN D TAB 400UNIT		

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Texas Association of Counties Pooled Formulary
Last Updated* 12/1/2021
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTHAR HP GEL INJ
ACTIMMUNE INJ	ADEMPAS TAB	ADVATE INJ	ADYNOVATE INJ
AFSTYLA KIT	ALECENSA CAP	ALFERON-N INJ	ALPHANATE/HEMOFIL/KO/ TE INJ
ALPHANINE SD/MONONINE INJ	ALPROLIX INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG
ambrisentan tab	AUBAGIO TAB	AVONEX INJ	BALVERSA TAB 3MG
BALVERSA TAB 4MG	BALVERSA TAB 5MG	BEBULIN/PROFILNINE INJ	BENEFIX INJ
BENEFIX/RIXUBIS INJ	BENLYSTA AUTO-INJECTOR	BENLYSTA INJ	bexarotene cap
BIVIGAM INJ	bosentan tab	BOSULIF TAB	BOTOX INJ
BRAFTOVI CAP 75MG	BRUKINSA CAP	CABLIVI INJ KIT	CABOMETYX TAB
CALQUENCE CAP	capecitabine tab	CAPRELSA TAB	CAYSTON INH SOLN
CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT	COAGADEX INJ
COMETRIQ KIT	CORIFACT INJ	COTELLIC TAB	CUTAQUIG INJ
CYSTADROPS SOLN	CYSTAGON CAP	CYTOGAM INJ	dalfampridine ER tab
deferasirox granules packet	deferasirox tab	deferasirox tab 180mg	deferasirox tab 90mg, 360mg
deferiprone tab	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOPTELET TAB
DUPIXENT INJ	DUPIXENT PEN INJ	DYSPORT INJ	ELOCTATE INJ
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
EPIDIOLEX SOLN	ERIVEDGE CAP	ERLEADA TAB	erlotinib tab
ESBRIET CAP	ESBRIET TAB 267MG	ESBRIET TAB 801MG	ETOPOSIDE CAP
everolimus tab	everolimus tab 5mg	everolimus tab for oral susp	EXTAVIA INJ
FARYDAK CAP	FEIBA INJ	FERRIPROX TAB	FULPHILA INJ
FUZEON INJ	GAMASTAN INJ, GAMASTAN S/D INJ	GAMMAGARD SD INJ, CARIMUNE NF INJ	GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ
GAVRETO CAP	GENOTROPIN INJ	GILENYA CAP	GILOTRIF TAB
glatiramer inj	HAEGARDA INJ	HELIXATE/KOGENATE INJ	HEMLIBRA INJ
HIZENTRA INJ	HUMATE-P/WILATE INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ 80MG	HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK	HUMIRA INJ PEDIATRIC CROHNS STARTER PACK
HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	HUMIRA PEN INJ 40MG	HYCAMTIN CAP

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.

HYQVIA INJ	IBRANCE CAP	IBRANCE TAB	icatibant inj
ICLUSIG TAB	IDELVION SOLN	IDHIFA TAB	imatinib tab
IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG	IMBRUVICA TAB 140MG	IMBRUVICA TAB 280MG
IMBRUVICA TAB 420MG, 560MG	INCRELEX INJ	INLYTA TAB	INQOVI TAB
INTRON-A INJ	IRESSA TAB	ISTURISA TAB 10MG	ISTURISA TAB 1MG
ISTURISA TAB 5MG	JAKAFI TAB	JYNARQUE PAK	JYNARQUE TAB
KEVZARA INJ	KINERET INJ	KORLYM TAB	KOSELUGO CAP
lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB	LENVIMA CAP	LONSURF TAB
LUPKYNIS CAP	LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB
MAVYRET TAB	MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST TAB 0.5MG
MEKINIST TAB 2MG	MEKTOVI TAB	MESNEX TAB	miglustat cap
MONOCLATE-P INJ	MYLERAN TAB	MYOBLOC INJ	NATPARA INJ
NERLYNX TAB	NEUMEGA INJ	NEXAVAR TAB	nilutamide tab
NINLARO CAP	NIVESTYM INJ	NOVOSEVEN RT INJ	NUBEQA TAB
NUZYRA TAB	OCALIVA TAB	OCREVUS INJ	OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ
octreotide inj	ODOMZO CAP	OFEV CAP	OLUMIANT TAB
OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML
ORENCIA SC INJ 87.5MG/0.7ML	ORGOVYX TAB	OTEZLA STARTER PACK	OTEZLA TAB
PALYNZIQ INJ	PANZYGA INJ	PEGASYS INJ	PEG-INTRON INJ
PEMAZYRE TAB	PIQRAY TAB	PLEGRIDY INJ	PLEGRIDY PEN INJ
POMALYST CAP	PRALUENT INJ	PROMACTA POWDER	PROMACTA TAB
PULMOZYME INH SOLN	pyrimethamine tab	QINLOCK TAB	REBETOL SOLN
REBIF INJ	REBINYN SOLN	RECOMBINATE INJ	REPATHA INJ
REPATHA PUSHTRONEX INJ	RETEVMO CAP	REVLIMID CAP	ribavirin cap
ribavirin tab	RINVOQ ER TAB	ROZLYTREK CAP	RUBRACA TAB
RUZURGI TAB	RYDAPT CAP	SANDOSTATIN INJ	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab	SIGNIFOR INJ	SKYRIZI INJ 150MG/ML	SKYRIZI INJ 75MG/0.83ML
SOFOSBUVIR/VELPATASVIR TAB	SOMAVERT INJ	SPRYCEL TAB	STELARA INJ
STIVARGA TAB	sunitinib malate cap	SYNAGIS INJ	TABRECTA TAB
tadalafil tab (PAH)	TAFINLAR CAP	TAGRISSO TAB	TAKHZYRO INJ
TALTZ INJ	TARGRETIN GEL	TASIGNA CAP	TAVALISSE TAB
TEGSEDI INJ	temozolomide cap	tetrabenazine tab	THALOMID CAP
THROMBAT III INJ	TIBSOVO TAB	tobramycin neb soln	TRACLEER TAB 32MG
TREMFYA INJ	tretinoin cap	TRETEN INJ	trientine cap
TUKYSA TAB	TURALIO CAP	TYMLOS INJ	TYVASO INH SOLN
UPTRAVI TAB	VALCHLOR GEL	VENCLEXTA STARTER PACK	VENCLEXTA TAB
VENTAVIS INH SOLN	VERZENIO TAB	vigabatrin powder pack	vigabatrin tab
vigadrone powder pack	VIVAGLOBIN INJ	VIVITROL INJ	VONVEDI INJ

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VOSEVI TAB
XELJANZ SOLN
XEOMIN INJ
XPOVIO PAK
ZEJULA CAP
ZYDELIG TAB

VOTRIENT TAB
XELJANZ TAB
XERMELO TAB
XYNTHA INJ
ZELBORAF TAB
ZYKADIA CAP

VYNDAMAX CAP
XELJANZ XR TAB
XOLAIR INJ
XYREM SOLN
ZIEXTENZO INJ
ZYKADIA TAB

XALKORI CAP
XEMBIFY INJ
XOLAIR SYRINGE
ZARXIO INJ
ZOLINZA CAP

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Texas Association of Counties Pooled Formulary
Last Updated* 12/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
AMOXAPINE TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EMSAM PATCH	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
MAPROTILINE TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
MARPLAN TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
NEFAZODONE TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
nevirapine ER tab	Step Therapy requires trial of nevirapine
paroxetine oral susp	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL

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Texas Association of Counties Pooled Formulary
Smoking Cessation Agents
Last Updated* 12/1/2021

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

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Texas Association of Counties Pooled Formulary
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
AFLURIA INJ	QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIG INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ambrisentan tab	QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
bimatoprost ophth soln	QL= 2.5ml/30 days
bosentan tab	QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
celecoxib cap	QL= 2 caps/day

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (MODERNA)	QL= 1 dose/24 days; limit 3 fills/12 months
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days; limit 3 fills/12 months
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days; limit 2 fills/12 months
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
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
DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/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; Step Therapy requires trial of donepezil 10mg
DOPTelet TAB	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ESBRIET CAP	QL= 9 caps/day

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab 5mg	QL=2 tab/day
everolimus tab for oral susp	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUBLOK QUAD PF INJ	QL= 1 inj/28 days
FLUCELVAX 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 SPRAY	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUVIRIN INJ	QL= 1 inj/28 days
FLUVIRIN PF 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 INTRADERMAL INJ	QL= 1 inj/28 days
FLUZONE QUAD 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= 3 sensors/30 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
GAVILYTE-C SOLN	Limited to 2 fills/calendar year
GAVRETO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
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

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Limited to 2 fills/calendar year
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 80MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone bitartrate ER cap	QL= 2 caps/day
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 21 caps/28 days
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 280MG	QL= 1 tab/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
INBRIJA INH POWDER	QL= 10 caps/day
INLYTA TAB	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
LASTACAPT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 2 tabs/day
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 800-803-2523
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
lidocaine patch	QL= 3 patches/day
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUPKYNIS CAP	QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
naloxone prefilled inj	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nitazoxanide tab	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	Limited to 2 fills/calendar year
NURTEC ODT	QL= 8 tabs/30 days, 6 fills/year
NUZYRA TAB	QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservice 888-518-7246
ORIAHNN CAP	QL= 2 caps/day
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
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
peg 3350/electrolytes soln	Limited to 2 fills/calendar year
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYBELSUS TAB	QL=1 tab/day
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOLIQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
STELARA INJ	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABRECTA TAB	QL= 4 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSE TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALTZ INJ	QL= 1 inj/28 days

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
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	Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
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 Avella (877) 546-5779
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
vancomycin cap	QL= 56 caps/fill
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day
VYNDAMAX CAP	QL= 1 cap/day
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XELJANZ SOLN	QL= 10 ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 12/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XERMELO TAB	QL= 3 tabs/day; Only available through Diplomat 877-977-9118
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab	QL= 1 tab/day
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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