Hennepin Health
your community health plan



Medical Assistance List of Covered Drugs (Formulary)

Families and Children (this is also known as the Prepaid Medical Assistance Programs (PMAP)), MinnesotaCare, and non-integrated Special Needs BasicCare (SNBC) in Hennepin County

Hennepin Health, 300 South Sixth Street, MC 604, Minneapolis, Minnesota 55487-0604

Member Services: 612-596-1036 (TTY 711 or 800-627-3529) These calls are free, Monday–Friday, 8 a.m.–4:30 p.m., www.hennepinhealth.org.

The information printed in this list of covered drugs was correct as of 1/1/2027. To get the most current information, go to www.hennepinhealth.org and below "Product options" select "Member materials". If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medical Assistance List of Covered Drugs at any time.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use Hennepin Health network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at hennepinhealth.org below the "Product options" select "Member materials".

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

RX-2016-MM

NO ENGLISH ☎ **800-647-0550 800-627-3529**

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፦ አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် – အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မီ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ)
សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។
លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើ
បានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរស័ព្ទទៅលេខខាងលើ
ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。
Cantonese (Traditional Chinese)

PAUNAWA: Kung nagsasalita ka ng Filipino, ang mga libreng serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad at walang hindi kinakailangang pagkaantala. may mga angkop na pantulong na kagamitan at serbisyo upang maibigay ang impormasyon sa naaangkop na anyo, nang libre at sa tamang oras. Mangyaring tawagan ang numero sa itaas o makipag-usap sa iyong provider. Filipino

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

C̄ĒĒB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

DHS approved 10/10/2025 MC-1810-MC

NO ENGLISH  **800-647-0550 800-627-3529**

TRS: 711

注意：如果您说简体中文，您可以免费获得语言协助服务，且不会有不必要的延误。此外，还能免费及时获取以无障碍格式提供信息的适当辅助工具和服务。请拨打上面的电话号码，或与您的服务提供商沟通。 Mandarin (simplified chinese)

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

LB (07-2025)

Civil Rights Notice

Discrimination is against the law. Hennepin Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a complaint if you believe you were treated in a discriminatory way by Hennepin Health. You can file a complaint and ask for help filing a complaint by mail, phone, fax, or email at:

Hennepin Health
300 South Sixth Street MC 604
Minneapolis MN 55487-0604

or in person at:

Hennepin Health
525 Portland Avenue South, 8th Floor
Minneapolis

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Toll-free: 1-800-647-0550 (voice)
TTY: 1-800-627-3529 (MN Relay)
Fax: 612-632-8815
Email: hennepinhealth@hennepin.us

Auxiliary Aids and Services: Hennepin Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact:** Hennepin Health Member Services at hennepinhealth@hennepin.us, or call Hennepin Health Member Services at 612-596-1036 (toll-free 1-800-647-0550) or your preferred relay service.

Language Assistance Services: Hennepin Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact:** Hennepin Health Member Services at hennepinhealth@hennepin.us, or call Hennepin Health Member Services at 612-596-1036 (toll-free 1-800-647-0550) or your preferred relay service.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Hennepin Health. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:
Office of Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have a right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administration actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

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Important information

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by Hennepin Health. The drugs on the list are selected by Hennepin Health with the help of a team of doctors and pharmacists. Hennepin Health will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a Hennepin Health network pharmacy, and other requirements related to the drug are followed.

Most drugs and certain supplies are available up to a 30-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are identified on this List of Covered Drugs as 90DS under the Special Code column.

Does the list of covered drugs ever change?

The Hennepin Health list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, Hennepin Health will make reasonable efforts to contact you and your prescriber to tell you about the change. Hennepin Health will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred. (Refer to "What is a Preferred Drug List?" in the section following).
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Refer to "Are there any restrictions on my coverage?")

How are drugs listed in the list of covered drugs?

There are two ways to search for a drug within the formulary:

Alphabetical

The drugs on this list begin on page 5 and are grouped alphabetically.

By therapeutic class

The drugs on this list begin on page 47 and are grouped by therapeutic classification.

Generally, all applicable dosage forms and strengths of the drug cited are included for coverage unless specific forms and strengths are noted.

What is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services' (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are "preferred" are more cost effective and drugs that are "non-preferred" are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a nonpreferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of Hennepin Health's list of covered drugs. Hennepin Health's complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS's website at: https://minnesota.primetherapeutics.com/links.

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

Hennepin Health will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs Hennepin Health in writing that the brand name or nonbiosimilar version of the drug is medically necessary; OR
2. Hennepin Health may prefer the dispensing of certain brand name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are listed in all capital letters and generic drugs in all lower case letters.

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, Hennepin Health may cover it. Within the list of covered drugs, OTC drugs and products are listed with a special code of OTC and are also grouped by the therapeutic classification “Over-the-Counter”.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the Hennepin Health Specialty Drug List, your prescriber will need to send the prescription to one of Hennepin Health’s specialty pharmacies listed here.

The most current list of specialty pharmacies, including contact information and hours of operation, is available in the **Specialty Pharmacies section of the Provider & Pharmacy Directory** hennepinhealth.org, which is updated monthly. If you need help finding this section of the directory, or if you would like a paper copy mailed to you, please call Member Services at 612-596-1036 (800-647-0550.

You will also need to call the specialty pharmacy where your prescription is sent to set up an account. You will need to have your Hennepin Health member identification card when you call the specialty pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug you want to take is not listed in the list of covered drugs, you can call Member Services at 612-596-1036 (800-647-0550, This call is free), TTY 711 and ask if the drug is covered. If not, it is considered a "non-formulary" drug. If you need a drug that is not included in the list of covered drugs, your doctor may request an exception. To file a request, your doctor can fax us at 612-321-3712 or mail a written request to:

Hennepin Health
300 South Sixth Street, MC 604
Minneapolis, MN 55487-0604

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Hennepin Health requires you or your health care provider to get prior authorization for certain drugs. This means that you will need to get approval from Hennepin Health before you fill your prescription. If you don't get approval, Hennepin Health may not cover the drug.
- **Quantity limits:** For certain drugs, Hennepin Health limits the amount of the drug that Hennepin Health will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to Prescription Drugs in Section 7: Covered Services of your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by contacting Member Services at 612-596-1036 (800-647-0550, This call is free), TTY 711 or by visiting our website at hennepinhealth.org. Also refer to "Can I ask for an exception to the coverage restrictions?"

- **Excluded drugs:** Some drugs are not on the list of covered drugs. This means they are not covered. Excluded drugs include the following:
  - Drugs used to treat sexual or erectile dysfunction
  - Drugs used to enhance fertility
  - Drugs used for cosmetic purposes, including drugs to treat hair loss
  - Drugs excluded from coverage by federal or state law
  - Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
  - Medical cannabis

Can I request an exception to the coverage restrictions?

Yes. You or your healthcare provider can get the drug reconsideration request from hennepinhealth.org or by contacting Member Services at 612-596-1036 (800-647-0550, This call is free). TTY: 711. Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your healthcare provider recieves a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects).

What will a prescription cost?

Medical Assistance-covered drugs no longer have copays. You do not have cost sharing for drugs covered by Medical Assistance. MinnesotaCare members may have copays. All copay information for prescriptions is listed in the Member Handbook in Section 6: Cost- Sharing. If you have additional questions, call Member Services at 612-596-1036 (800-647-0550, This call is free), TTY: 711 or visit our website at hennepinhealth.org.

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Search Tip: You can search this document quickly and easily by clicking on the search icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.
Note: The Tier column shows co-pay tiers: Tier 1 = generic; Tier 2 = brand; $0 = no co-pay; MB = medical benefit drug.

Hennepin Health Formulary
Alphabetical Index
Last Updated 1/1/2027

Drug Name	Special Code	Tier	Category
50+ ADULT CAP EYE HEALTH	OTC	2	MULTIVITAMINS
abacavir soln	-	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	90DS	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	1	ANTIVIRALS
ABILIFY ASIMTUFII INJ	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
acamprosate calcium DR tab (CAMPRAL equiv)	PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	90DS-PDL	1	ANTIDIABETICS
ACCU-CHEK AVIVA PLUS TEST STRIP (NDC 65702-0407-10)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK AVIVA PLUS TEST STRIP (NDC 65702-0408-10)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK CALIBRATION SOLUTION (QL= 1 bottle/365 days)	OTC-QL	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME METER (NDC 65702-0731-10) (QL= 1 meter/365 days)	OTC-PDL-QL	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE METER (NDC 65702-0729-10) (QL= 1 meter/365 days)	OTC-PDL-QL	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP (NDC 65702-0711-10)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP (NDC 65702-0712-10)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK SMARTVIEW TEST STRIP (NDC 65702-0492-10)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK SMARTVIEW TEST STRIP (NDC 65702-0493-10)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
acetaminophen 500 liquid	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen chew tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen dispersible tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen elixir	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen liquid	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen soln	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen supp (QL= 100 supp/30 days)	OTC-QL	1	ANALGESICS - NONNARCOTIC
acetaminophen susp	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 325 mg (QL= 8 tabs/day)	OTC-QL	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 500 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen/codeine tab 300 mg-15 mg (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab 300 mg-30 mg (TYLENOL/CODEINE #3 equiv) (QL= 13 tabs/day)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab 300 mg-60 mg (TYLENOL/CODEINE #4 equiv) (QL= 10 tabs/day)	QL	1	ANALGESICS - OPIOID
acetazolamide ER cap (DIAMOX SEQUEL equiv)	90DS	1	DIURETICS
acetazolamide tab	90DS	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
acetic acid vaginal soln	OTC	1	VAGINAL PRODUCTS
acetic acid/aluminum acetate otic soln	-	1	OTIC AGENTS
acetylcysteine soln 20%	-	1	COUGH/COLD/ALLERGY
acid gone chew tab	OTC	1	ANTACIDS
acid gone susp	OTC	1	ANTACIDS
acyclovir cap (ZOVIRAX equiv)	PDL	1	ANTIVIRALS
acyclovir oint (ZOVIRAX equiv) (QL= 15gm/30 days)	PDL-QL	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	PDL	1	ANTIVIRALS

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QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
acyclovir tab (ZOVIRAX equiv)	PDL	1	ANTIVIRALS
ADACEL INJ, BOOSTRIX INJ	VAC	$0	TOXOIDS
ADAKVEO INJ (Medical Benefit)	PA-PDL	MB	HEMATOPOIETIC AGENTS
ADALIMUMAB-ADBM PEN	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADBM SYRINGE	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
adapalene gel (DIFFERIN equiv) (QL= 45gm/30 days)	PDL-QL	1	DERMATOLOGICALS
adapalene gel OTC (QL= 45gm/30 days)	OTC-PDL-QL	1	DERMATOLOGICALS
ADVAIR DISKUS (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
advair HFA inhaler (QL= 1 inhaler/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE INJ 1000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 1500 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 2000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 250 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 3000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 500 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
AEROCHAMBER 2GO (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER MV (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER PLUS (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER Z-STAT PLUS (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER/FLOWSIGNAL (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROVENT PLUS HOLDING CHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
AFSTYLA KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ	PA-PDL	2	MIGRAINE PRODUCTS
AJOVY AUTOINJECTOR	PA-PDL	2	MIGRAINE PRODUCTS
AJOVY INJ	PA-PDL	2	MIGRAINE PRODUCTS
albendazole tab (ALBENZA equiv)	PA	1	ANTHELMINTICS
albuterol HFA inhaler (PROAIR HFA equiv) (QL= 2 inhalers/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL HFA equiv) (QL= 2 inhalers/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63 mg (ACCUNEB equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25 mg (ACCUNEB equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 100 mg/20ml, 2.5 mg/0.5ml (VENTOLIN equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 2.5 mg/3ml (PROVENTIL equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol nebulizer soln	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv) (QL= 180 nebs/30 days)	90DS-PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
ALCLOMETASONE CREAM (QL= 45gm/30 days)	QL	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
ALCLOMETASONE OINT (QL= 45gm/30 days)	QL	2	DERMATOLOGICALS
alcohol swabs	OTC	$0	MEDICAL DEVICES AND SUPPLIES

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alcohol wipes	OTC	$0	DERMATOLOGICALS
alendronate soln	PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	90DS-PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab 40 mg	PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
aler-dryl tab	OTC	1	ANTIHISTAMINES
alfuzosin SR tab (UROXATRAL equiv)	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
allopurinol tab (ZYLOPRIM equiv)	90DS	1	GOUT AGENTS
almacone chew tab	OTC	1	ANTACIDS
ALPHAGAN P OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
ALPHANATE INJ VWF/HUM (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
alprazolam intensol conc (QL= 4ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
alprazolam tab 0.25 mg, 0.5 mg, 1 mg (XANAX equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
alprazolam tab 2 mg (QL= 2 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
ALPROLIX INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSPENSION (QL= 5ml/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
aluminum chloride soln (DRYSOL equiv) (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
aluminum hydroxide susp	OTC	1	ANTACIDS
aluminum hydroxide/magnesium trisilicate chew tab	OTC	1	ANTACIDS
aluminum/mag/simethicone susp 200-200-20 mg/5ml	OTC	1	ANTACIDS
aluminum/mag/simethicone susp 400-400-40 mg/5ml	OTC	1	ANTACIDS
aluminum/magnesium hydroxides susp	OTC	1	ANTACIDS
amantadine cap (SYMMETREL equiv)	90DS	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	90DS	1	ANTIPARKINSON AGENTS
ambrisentan tab	PA-PDL	1	CARDIOVASCULAR AGENTS - MISC.
amiloride tab (MIDAMOR equiv)	90DS	1	DIURETICS
amiodarone tab 200 mg (CORDARONE equiv)	90DS	1	ANTIARRHYTHMICS
amitriptyline 10 mg tab (QL= 1 tab/day)	90DS-QL	1	ANTIDEPRESSANTS
amitriptyline 25 mg tab (QL= 1 tab/day)	90DS-QL	1	ANTIDEPRESSANTS
amitriptyline 50 mg tab (QL= 1 tab/day)	90DS-QL	1	ANTIDEPRESSANTS
amitriptyline tab 100 mg	90DS	1	ANTIDEPRESSANTS
amitriptyline tab 150 mg	90DS	1	ANTIDEPRESSANTS
amitriptyline tab 75 mg	90DS	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	PDL	1	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion 12% (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion 5%	OTC	1	DERMATOLOGICALS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin tab 875 mg (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	PDL	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	PDL	1	PENICILLINS

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Hennepin Health Formulary Cont.
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Drug Name	Special Code	Tier	Category
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 10 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 12.5 mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 15 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 20 mg (ADDERALL equiv) (QL= 3 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 30 mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 5 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 7.5 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp	-	1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	90DS	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
APOKYN INJ	MSP-PA-PDL	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
aprepitant cap 40 mg (EMEND equiv) (QL= 3 caps/180 days)	QL	1	ANTIEMETICS
aprepitant cap 80 mg (EMEND equiv) (QL= 2 caps/15 days)	QL	1	ANTIEMETICS
aprepitant pak (EMEND PAK equiv)	PA	1	ANTIEMETICS
apri tab (DESOGEN equiv)	90DS	$0	CONTRACEPTIVES
APTIVUS CAP	-	2	ANTIVIRALS
ARANELLE TAB	90DS	$0	CONTRACEPTIVES
aranelle tab (TRI-NORINYL equiv)	90DS	$0	CONTRACEPTIVES
ARANESP SYRINGE	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
ARANESP VIAL	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
ARIAL CHAMBER (QL= 1 spacer/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
aripiprazole soln (ABILIFY equiv) (QL= 30ml/30 days)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears ophth soln	OTC	1	OPHTHALMIC AGENTS
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin buffered tab	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81 mg	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 325 mg	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 81 mg	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin tab 325 mg	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin/apap/caffeine 250-250-650 mg	OTC	1	ANALGESICS - NONNARCOTIC
atazanavir cap 150 mg, 200 mg, 300 mg	-	1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	90DS-PDL	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	PDL	1	ANTIHYPERTENSIVES

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atomoxetine cap (STRATTERA equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIHYPERLIPIDEMICS
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 5ml/30 days)	90DS-QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aviane tab (ALESSE equiv)	90DS	$0	CONTRACEPTIVES
AVONEX KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX PEN KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX PREFILLED SYRINGE KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AYR NASAL DROPS	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azathioprine tab (IMURAN equiv)	90DS-PDL	1	ASSORTED CLASSES
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/30 days)	PDL-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	PDL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv) (QL= 6ml/30 days)	PDL-QL	1	OPHTHALMIC AGENTS
azithromycin powder pack	PDL	1	MACROLIDES
azithromycin susp (ZITHROMAX equiv)	PDL	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	PDL	1	MACROLIDES
bacitracin oint	OTC	1	DERMATOLOGICALS
bacitracin zinc oint	OTC	1	DERMATOLOGICALS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b oint	OTC	1	DERMATOLOGICALS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACITRACIN/POLYMYXIN B OPTH OINT	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	PDL-QL	2	ANTIDIABETICS
BARACLUDE SOLN	PDL	2	ANTIVIRALS
B-complex vitamin cap	OTC	1	MULTIVITAMINS
B-complex with C/E + Zn tab	OTC	1	MULTIVITAMINS
B-complex with vitamin C and folic acid tab	OTC	1	MULTIVITAMINS
B-D INSULIN SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE U-500	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 29G x 12.7MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 30G x 5MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 31G x 5MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 31G x 8MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 32G x 4MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 32G x 6MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
BELBUCA FILM (QL= 2 films/day; Only one strength allowed per month)	PDL-QL	2	ANALGESICS - OPIOID
BELSOMRA TAB 15 MG, 20 MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
BELSOMRA TAB 5 MG, 10 MG (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
benazepril tab (LOTENSIN equiv)	90DS-PDL	1	ANTIHYPERTENSIVES

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benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
BENEFIX KIT 1000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 2000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 250 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 3000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 500 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzoyl peroxide cleanser/wash 3%, 5%, 6%, 9%, 10% only	OTC-PDL	1	DERMATOLOGICALS
benzoyl peroxide gel	OTC-PDL	1	DERMATOLOGICALS
benzoyl peroxide lotion	OTC-PDL	1	DERMATOLOGICALS
benztropine tab	90DS	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN (QL= 5ml/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
BERINERT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone diproprionate lotion (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone valerate cream (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone valerate lotion (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
BETAMETHASONE VALERATE LOTION (QL= 60gm/30 days)	QL	2	DERMATOLOGICALS
betamethasone valerate oint (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
BETASERON PEN KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	MSP-PA-PDL	2	AMINOGLYCOSIDES
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bicalutamide tab (CASODEX equiv)	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICARSIM TAB	OTC	2	GASTROINTESTINAL AGENTS - MISC.
BIKTARVY TAB	-	2	ANTIVIRALS
bisacodyl DR tab	OTC	1	LAXATIVES
bisacodyl supp	OTC	1	LAXATIVES
bismuth subsalicylate chew tab	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	1	ANTIDIARRHEALS
bisoprolol tab (ZEBETA equiv)	90DS-PDL	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	PDL	1	ANTIHYPERTENSIVES
BLINK TEARS OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
bosutinib tab	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
brimonidine ophth soln 0.2% (ALPHAGAN P equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
brimonidine tartrate ophth soln 0.1%	90DS	1	OPHTHALMIC AGENTS
brivaracetam tab (QL= 2 tabs/day)	PDL-QL	1	ANTICONVULSANTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	90DS	1	ANTIPARKINSON AGENTS
brompheniramine/pse elixir	OTC	1	COUGH/COLD/ALLERGY
budesonide respules 0.25 mg/2ml, 0.5 mg/2ml (PULMICORT equiv) (QL= 60 vials/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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budesonide respules 1 mg/2ml (QL= 30 vials/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERIN EXTRA STRENGTH TAB	OTC	2	ANALGESICS - NONNARCOTIC
bumetanide tab (BUMEX equiv)	90DS	1	DIURETICS
buprenorphine patch (QL= 4 patches/28 days; Only one strength allowed per month)	PDL-QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone 2 mg/0.5 mg SL tablets (QL= 1 tab/day)	PDL-QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone 8 mg/2 mg SL tablets (QL= 3 tabs/day)	PDL-QL	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	90DS-PDL	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv)	SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	90DS-PDL	1	ANTIDEPRESSANTS
bupropion XL tab 150 mg (WELLBUTRIN XL equiv)	90DS-PDL	1	ANTIDEPRESSANTS
bupropion XL tab 300 mg (QL= 2 tabs/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
buspirone tab 30 mg (BUSPAR equiv) (QL= 4 tabs/day)	QL	1	ANTIANXIETY AGENTS
buspirone tab 5 mg, 10 mg, 15 mg (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
buspirone tab 7.5 mg	PA	1	ANTIANXIETY AGENTS
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine tab (QL= 2 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB (QL= 20 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
calamine lotion	OTC	1	DERMATOLOGICALS
calci-chew 1250 mg	OTC	1	MINERALS & ELECTROLYTES
calcipotriene cream (DOVONEX equiv) (QL= 120gm/30 days)	QL	1	DERMATOLOGICALS
calcipotriene oint (QL= 120gm/30 days)	QL	1	DERMATOLOGICALS
calcipotriene soln (QL= 60 ml/30 days)	QL	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX equiv) (QL= 60 ml/30 days)	QL	1	DERMATOLOGICALS
calcitonin (salmon) inj 200 unit/ml	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	90DS	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	90DS-PDL	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
CALCIUM CARB SUSP	OTC	2	ANTACIDS
calcium carbonate (antacid) chew tab 400 mg, 500 mg, 600 mg, 750 mg, 1000 mg	OTC	1	ANTACIDS
calcium carbonate susp 1250 mg/5ml	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate with vitamin D chew tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate with vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/ergocalciferol tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/magnesium hydroxide chew tab 700/300 mg	OTC	1	ANTACIDS
calcium carbonate/magnesium hydroxide susp	OTC	1	ANTACIDS
calcium carbonate/simethicone chew tab	OTC	1	ANTACIDS
CALCIUM CHEW	OTC	2	MINERALS & ELECTROLYTES
calcium citrate plus vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES

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CALCIUM CITRATE/VITAMIN D TAB	OTC	2	MINERALS & ELECTROLYTES
calcium polycarbophil tab	OTC	1	LAXATIVES
calcium w/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
capecitabine tab (XELODA equiv)	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream (QL= 60gm/30 days)	OTC-QL	1	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	PDL	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab	PDL	1	ANTIHYPERTENSIVES
carbamazepine chew tab (TEGRETOL equiv)	90DS-PDL	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	90DS-PDL	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	PDL	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	90DS-PDL	1	ANTICONVULSANTS
carbamide peroxide otic soln	OTC	1	OTIC AGENTS
CARBATROL CAP 100 MG, 200 MG (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	2	ANTICONVULSANTS
CARBATROL CAP 300 MG (QL= 4 caps/day; Only one strength allowed per month)	PDL-QL	2	ANTICONVULSANTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	PDL	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
carbidopa/levodopa/entacapone tab	PDL	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carboxymethyl cellulose sodium ophth soln	OTC	1	OPHTHALMIC AGENTS
carboxymethyl cellulose-glycerin ophth soln	OTC	1	OPHTHALMIC AGENTS
carboxymethyl cellulose-hypromellose ophth gel	OTC	1	OPHTHALMIC AGENTS
carvedilol ER cap (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	BETA BLOCKERS
carvedilol tab (COREG equiv)	90DS-PDL	1	BETA BLOCKERS
cefaclor cap (CECLOR equiv)	PDL	1	CEPHALOSPORINS
cefaclor susp	PDL	1	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	PDL	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	PDL	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	PDL	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	PDL	1	CEPHALOSPORINS
cefixime cap	PDL	1	CEPHALOSPORINS
cefpodoxime proxetil tab	PDL	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	PDL	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	PDL	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	PDL	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELLCEPT SUSP	PDL	2	ASSORTED CLASSES
CELONTIN CAP	PDL	2	ANTICONVULSANTS
cephalexin cap (KEFLEX equiv)	PDL	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	PDL	1	CEPHALOSPORINS
CERAVE THERA HAND CREAM 1%	OTC	2	DERMATOLOGICALS
cesia tab (CYCLESSA equiv)	90DS	$0	CONTRACEPTIVES
cetirizine soln (ZYRTEC equiv)	OTC-PDL	1	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC-PDL	1	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC-PDL	1	COUGH/COLD/ALLERGY

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CHANTIX TAB	SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
charcoal activated cap	OTC	1	ANTIDOTES
CHILD MULTI CHEW VITAMINS	OTC	2	MULTIVITAMINS
chlordiazepoxide cap (LIBRIUM equiv) (QL= 2 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
chlorhexidine gluconate liq	OTC	1	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROQUINE TAB	-	2	ANTIMALARIALS
chlorpheniramine CR tab	OTC	1	ANTIHISTAMINES
chlorpheniramine liquid	OTC	1	ANTIHISTAMINES
chlorpheniramine maleate syrup	OTC	1	ANTIHISTAMINES
chlorpheniramine tab	OTC	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone 25 mg (QL= 0.5 tab/day)	90DS-QL	1	DIURETICS
chlorthalidone 50 mg (QL= 2 tabs/day)	90DS-QL	1	DIURETICS
cholestyramine lite powder (QUESTRAN LITE equiv) (QL= 3 cans (718.2gm)/30 days)	90DS-PDL-QL	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	90DS-PDL	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv) (QL= 3 cans (1,134gm)/30 days)	PDL-QL	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	90DS-PDL	1	ANTIHYPERLIPIDEMICS
ciclopirox cream (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
ciclopirox soln (PENLAC equiv) (QL= 7ml/30 days)	PDL-QL	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	90DS	1	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	2	ANTIVIRALS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CINRYZE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	PDL	2	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	PDL	1	OPHTHALMIC AGENTS
ciprofloxacin tab (CIPRO equiv)	PDL	1	FLUOROQUINOLONES
ciprofloxacin tab 100 mg	PDL	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (QL= 1 bottle/30 days)	PDL-QL	1	OTIC AGENTS
ciprofloxacin-hydrocortisone otic susp	-	1	OTIC AGENTS
citalopram soln (CELEXA equiv)	90DS-PDL	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	90DS-PDL	1	ANTIDEPRESSANTS
citranatal harmony cap	-	1	MULTIVITAMINS
citranatal tab Rx	-	1	VITAMINS
clarithromycin tab (BIAXIN equiv)	PDL	1	MACROLIDES
clemastine fumarate tab	OTC	1	ANTIHISTAMINES
clemastine tab	OTC	1	ANTIHISTAMINES
CLEOCIN VAGINAL SUPP	-	2	VAGINAL PRODUCTS
clindamycin cap 150 mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 300 mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin swab (CLEOCIN-T equiv) (QL= 60 pads/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin topical soln (CLEOCIN-T equiv) (QL= 60ml/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS

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clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL= 50gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC equiv) (QL= 45gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clobazam susp (QL= 240ml/30 days)	PDL-QL	1	ANTICONVULSANTS
clobazam tab	PDL	1	ANTICONVULSANTS
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/30 days)	QL	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/30 days)	QL	1	DERMATOLOGICALS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
clonidine patch (CATAPRES-TTS equiv) (QL= 4 patches/30 days)	90DS-QL	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	90DS	1	ANTIHYPERTENSIVES
clopidogrel tab 300 mg (PLAVIX equiv) (QL= 2 tab/fill per calendar year)	90DS-PDL-QL	1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75 mg (PLAVIX equiv) (QL= 1 tab/day)	90DS-PDL-QL	1	HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream (LOTRIMIN AF equiv) (QL= 30gm/30 days)	OTC-PDL-QL	1	DERMATOLOGICALS
clotrimazole soln (Rx Only) (QL= 30ml/30 days)	PDL-QL	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	1	VAGINAL PRODUCTS
clotrimazole/betamethasone cream (LOTRISONE equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clozapine ODT (FAZACLO equiv)	PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
coal tar shampoo	OTC	1	DERMATOLOGICALS
COARTEM TAB	-	2	ANTIMALARIALS
colchicine tab	-	1	GOUT AGENTS
colestipol granule (COLESTID equiv)	PDL	1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	PDL	1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	90DS-PDL	1	ANTIHYPERLIPIDEMICS
COMBIGAN OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	$0	VACCINES
COMPUTER EYE DROPS	OTC	2	OPHTHALMIC AGENTS
CONTOUR METER (QL= 1 meter/365 days)	OTC-PDL-QL	$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT EZ METER KIT (NDC 00193-7553-01) (QL= 1 meter/365 days)	OTC-PDL-QL	$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT ONE METER (NDC 00193-7825-01) (QL= 1 meter/365 days)	OTC-PDL-QL	$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT TEST STRIP (NDC 00193-7310-25)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
CONTOUR NEXT TEST STRIP (NDC 00193-7311-50)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
CONTOUR NEXT TEST STRIP (NDC 00193-7312-21)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
CONTOUR PLUS BLUE METER (NDC 00193-7036-01) (QL= 1 meter/365 days)	OTC-PDL-QL	$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR PLUS TEST STRIP (NDC 00193-7584-50)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (NDC 00193-7080-50)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (NDC 00193-7090-21)	OTC-PDL	$0	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE GEL	OTC	$0	VAGINAL PRODUCTS

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Hennepin Health Formulary Cont.
Alphabetical Index
Last Updated 1/1/2027

Drug Name	Special Code	Tier	Category
CONTRACEPTIVE SUPP	OTC	$0	VAGINAL PRODUCTS
COPAXONE INJ 20 MG/ML	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORIFACT KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
CORTIFOAM	-	2	ANORECTAL AGENTS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ (MODERNA)	VAC	$0	VACCINES
COVID-19 VACCINE INJ (PFIZER)	VAC	$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10 MCG/0.3ML	VAC	$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3 MCG/0.3ML	VAC	$0	VACCINES
CREON CAP	PDL	2	DIGESTIVE AIDS
cromolyn nasal spray	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
cromolyn ophth soln (CROLOM equiv)	PDL	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
cryselle tab (LO/OVRAL equiv)	90DS	$0	CONTRACEPTIVES
cyclobenzaprine tab 10 mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5 mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln 1%	90DS	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	PDL	1	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	PDL	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	PDL	1	ASSORTED CLASSES
CYLTEZO PEN	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO SYRINGE	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
cyproheptadine syrup (Only covered for members age 8 or younger)	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
DAKRINA OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
dalfampridine ER tab (QL= 2 tabs/day)	PDL-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	90DS	1	ANTI-INFECTIVE AGENTS - MISC.
darunavir tab	-	1	ANTIVIRALS
dasatinib tab	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DELSTRIGO TAB	-	2	ANTIVIRALS
DENAVIR CREAM	PDL	2	DERMATOLOGICALS
DENTA 5000 CREAM PLUS	90DS	2	MOUTH/THROAT/DENTAL AGENTS
DESCOVY ER TAB FOR TREATMENT (**DESCOVY ER TAB FOR PREVENTION (Tier $0)**)	PA	2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	1	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS

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desonide lotion (QL= 59ml/30 days)	QL	1	DERMATOLOGICALS
desonide oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
desoximetasone cream 0.25% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ANTIDEPRESSANTS
dexamethasone ophth soln	PA	1	OPHTHALMIC AGENTS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (NDC 08627-0091-11) (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (NDC 08627-0053-03) (QL= 3 sensors/28 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (NDC 08627-0016-01) (QL= 1 transmitter/90 days)	90DS-PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (NDC 08627-0078-01) (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (15-DAY) (NDC 08627-0079-01) (QL=2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (NDC 08627-0077-01) (QL= 3 sensors/28 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate tab 10 mg (FOCALIN equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dexmethylphenidate tab 2.5 mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dexmethylphenidate tab 5 mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dexmethylphenidate XR cap (FOCALIN XR equiv) (QL= 1 cap/day: only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine ER cap 10 mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine ER cap 15 mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine ER cap 5 mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine tab 10 mg (DEXEDRINE equiv) (QL= 4 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine tab 5 mg (DEXEDRINE equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextromethorphan cap	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan ER liquid	90DS-OTC	1	COUGH/COLD/ALLERGY
dextromethorphan hbr-quinidine sulfate cap	PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diazepam conc (VALIUM equiv) (QL= 8ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 2 inj/fill)	PDL-QL	1	ANTICONVULSANTS
diazepam soln (QL= 40ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
diazepam tab (VALIUM equiv) (QL= 4 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
dibucaine ointment 1% (QL= 1 tube/fill)	OTC-QL	1	DERMATOLOGICALS
DICLEGIS TAB (QL= 4 tabs/day)	PDL-QL	2	ANTIEMETICS
diclofenac gel OTC (VOLTAREN equiv) (QL= 100gm/30 days)	OTC-PDL-QL	1	DERMATOLOGICALS
diclofenac potassium tab	PDL	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	PDL	1	OPHTHALMIC AGENTS
diclofenac sodium SR tab (VOLTAREN XR equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
DI-GEL SUSP	OTC	2	ANTACIDS
digoxin soln (LANOXIN equiv)	90DS	1	CARDIOTONICS

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digoxin tab (LANOXIN equiv)	90DS	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 12 inj/30 days)	QL	1	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (QL= 1 bottle/fill; 1 fill/month)	QL	1	MIGRAINE PRODUCTS
DILANTIN CAP 30 MG	PDL	2	ANTICONVULSANTS
DILANTIN CAP, PHENYTEK CAP	PDL	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
dimethicone cream 1%	OTC	1	DERMATOLOGICALS
dimethyl fumarate DR cap	MSP-PA-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diphenhydramine (sleep) cap 50 mg	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine (sleep) tab	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine cap 25 mg	OTC	1	ANTIHISTAMINES
diphenhydramine cap 50 mg (BENADRYL equiv)	OTC	1	ANTIHISTAMINES
diphenhydramine elixir	OTC	1	ANTIHISTAMINES
diphenhydramine liquid	OTC	1	ANTIHISTAMINES
diphenhydramine tab 25 mg	OTC	1	ANTIHISTAMINES
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	PDL	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
divalproex ER tab (DEPAKOTE ER equiv)	90DS-PDL	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	90DS-PDL	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	PDL	1	ANTICONVULSANTS
docosanol cream	OTC	1	DERMATOLOGICALS
docusate calcium cap	OTC	1	LAXATIVES
docusate sodium cap	OTC	1	LAXATIVES
docusate sodium enema	OTC	1	LAXATIVES
docusate sodium liquid	OTC	1	LAXATIVES
docusate sodium syrup	OTC	1	LAXATIVES
docusate sodium tab	OTC	1	LAXATIVES
dofetilide cap	PA	1	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv)	90DS-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	90DS	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv) (QL= 0.6ml/day)	90DS-QL	1	ANTIDEPRESSANTS
DOXEPIN HCL CONC (QL= 0.6ml/day)	90DS-QL	2	ANTIDEPRESSANTS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 20 mg, 100 mg (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 100 mg (MONODOX equiv)	-	1	TETRACYCLINES

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doxycycline monohydrate cap 50 mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxylamine succinate (sleep) tab	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	PA-QL	1	ANTIEMETICS
DROXIA CAP	PA-PDL	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN (QL= 60ml/30 days)	QL	2	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap 20 mg, 60 mg (CYMBALTA equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
duloxetine EC cap 30 mg (QL= 1 cap/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
DUOFILM SOLN 17% (QL= 1 bottle/30 days)	OTC-QL	2	DERMATOLOGICALS
DUPIXENT INJ	PA-PDL	2	DERMATOLOGICALS
DUPIXENT PEN INJ	PA-PDL	2	DERMATOLOGICALS
dutasteride cap	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
EDURANT PED TAB	-	2	ANTIVIRALS
efavirenz tab	-	1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir tab	-	1	ANTIVIRALS
EFFER-K TAB	90DS	2	MINERALS & ELECTROLYTES
ELIGARD INJ	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ, LUPRON DEPOT INJ	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ, VABRINITY INJ	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ, VABRINTY INJ	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIPHOS TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS DOSE PACK (QL= 1 pack/fill, 1 fill/plan year)	PDL-QL	2	ANTICOAGULANTS
ELIQUIS SPRINKLE CAP (QL= 70 caps/28 days)	PDL-QL	2	ANTICOAGULANTS
ELIQUIS TAB (QL= 60 tabs/30 days)	PDL-QL	2	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP 0.5 MG (QL= 5 tabs/day)	PDL-QL	2	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP PACK 3 x 0.5 MG (1.5 MG) (QL= 15 tabs/day)	PDL-QL	2	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP PACK 4 x 0.5 MG (2 MG) (QL= 20 tabs/day)	PDL-QL	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB (QL= 4 fills/year)	QL	$0	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day)	QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
eltrombopag olamine tab	MSP-PA	1	HEMATOPOIETIC AGENTS
eluryng vaginal ring	90DS	$0	CONTRACEPTIVES
EMBACTA INSULIN SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA INSULIN SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA INSULIN SYRINGE U-500	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE 29G x 12.7MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE 30G x 5MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE 31G x 5MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE 31G x 8MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE 32G x 4MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES

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EMBECTA PEN NEEDLE 32G x 6MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
EMGALITY PEN 120 MG/ML	PA-PDL	2	MIGRAINE PRODUCTS
EMGALITY SYRINGE 120 MG/ML	PA-PDL	2	MIGRAINE PRODUCTS
emtricitabine cap	-	1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	90DS	$0	ANTIVIRALS
emtricitabine-rilpivirine-tenofovir df tab	-	1	ANTIVIRALS
enalapril tab (VASOTEC equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
ENBREL KIT (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI CARTRIDGE (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK PEN (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SYRINGE (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL VIAL (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	PA-PDL	2	HEMATOPOIETIC AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	$0	VACCINES
enoxaparin syringe (LOVENOX equiv)	PDL	1	ANTICOAGULANTS
enoxaparin vial (LOVENOX equiv)	PDL	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	90DS	$0	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	PDL	1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv)	90DS-PDL	1	ANTIVIRALS
epinephrine pen inj 0.15 mg (mylan) (QL= 2 inj/fill)	PDL-QL	1	VASOPRESSORS
epinephrine pen inj 0.3 mg (mylan) (QL= 2 inj/fill)	PDL-QL	1	VASOPRESSORS
EPIPEN INJ 0.3 MG (QL= 2 inj/fill)	PDL-QL	2	VASOPRESSORS
EPIPEN JR INJ 0.15 MG (QL= 2 inj/fill)	PDL-QL	2	VASOPRESSORS
EPIVIR SOLN	-	2	ANTIVIRALS
EPIVIR TAB	-	2	ANTIVIRALS
eplerenone tab 25 mg (QL= 0.5 tab/day)	90DS-QL	1	ANTIHYPERTENSIVES
eplerenone tab 50 mg (QL= 1 tab/day)	90DS-QL	1	ANTIHYPERTENSIVES
EPOGEN INJ	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
epoprostenol inj	PA	1	CARDIOVASCULAR AGENTS - MISC.
ERIVEDGE CAP	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erythromycin base DR tab (QL= 2 tabs/day)	PDL-QL	1	MACROLIDES
erythromycin base tab 250 mg	PDL	1	MACROLIDES
erythromycin base tab 500 mg (QL= 2 tabs/day)	PDL-QL	1	MACROLIDES
erythromycin gel (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
erythromycin med swab (QL= 60 pads/30 days)	PDL-QL	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin soln (QL= 60ml/30 days)	PDL-QL	1	DERMATOLOGICALS
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) (QL= 46.6gm/30 days)	PDL-QL	1	DERMATOLOGICALS
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ANTIDEPRESSANTS
esomeprazole cap (NEXIUM equiv)	90DS-PDL	1	ULCER DRUGS
ESPEROCT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
estradiol patch (CLIMARA equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS

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estradiol tab (ESTRACE equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol vaginal cream (ESTRACE equiv)	90DS	1	VAGINAL PRODUCTS
estradiol vaginal tab, yuvafem vaginal tab	-	1	VAGINAL PRODUCTS
estradiol valerate 10 mg/ml inj (QL= 5 ml/30 days)	QL	1	ESTROGENS
estradiol valerate 20 mg/ml inj (QL= 5 ml/30 days)	QL	1	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	90DS	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	PDL	1	ANTICONVULSANTS
ethosuximide syrup (ZARONTIN equiv)	90DS-PDL	1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	PDL	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
etravirine tab	-	1	ANTIVIRALS
EUCRISA OINT	PA-PDL	2	DERMATOLOGICALS
everolimus tab (AFINITOR TAB equiv)	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB	-	2	ANTIVIRALS
EXELON PATCH (QL= 30 patches/30 days; Only one strength allowed per month)	PDL-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	90DS	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ezetimibe tab	90DS-PDL	1	ANTIHYPERLIPIDEMICS
famotidine susp (PEPCID equiv) (QL= 50ml/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	90DS-OTC	1	ULCER DRUGS
FARXIGA TAB	PA-PDL	2	ANTIDIABETICS
FEIBA NF INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	PDL	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	PDL	1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
FEMRING	-	2	VAGINAL PRODUCTS
fenofibrate cap 67 mg, 134 mg, 200 mg (QL= 1 cap/day)	90DS-PDL-QL	1	ANTIHYPERLIPIDEMICS
fenofibrate tab 48 mg, 145 mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIHYPERLIPIDEMICS
fenofibrate tab 54 mg, 160 mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIHYPERLIPIDEMICS
fentanyl patch 25 mcg (QL= 10 patches/30 days)	PDL-QL	1	ANALGESICS - OPIOID
fentanyl patch 50 mcg (QL= 10 patches/30 days)	PDL-QL	1	ANALGESICS - OPIOID
ferrous fumarate tab 325 mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous fumarate tab 90 mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 225 mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 239 mg (27 mg elemental iron)	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 324 mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 325 mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe) ($0 for members age 6-12 months; Prior Authorization required for members age 8 or older)	OTC-PA	1	HEMATOPOIETIC AGENTS
ferrous sulfate 325mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate drops ($0 for members age 6-12 months)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate EC tab	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate tab CR 142 mg (45 mg Fe equivalent)	OTC	1	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (QL= 1 tab/day)	90DS-PDL-QL	1	URINARY ANTISPASMODICS
FETZIMA CAP (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2	ANTIDEPRESSANTS

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FETZIMA TITRATION PACK (QL= 1 pack/365 days)	PDL-QL	2	ANTIDEPRESSANTS
FEVERALL INFANTS SUPP (QL= 100 supp/30 days)	OTC-QL	2	ANALGESICS - NONNARCOTIC
fexofenadine susp 30 mg/5 ml (ALLEGRA equiv) (QL= 10 ml/day)	OTC-PDL-QL	1	ANTIHISTAMINES
fexofenadine tab 180 mg (ALLEGRA equiv) (QL= 1 tab/day)	OTC-PDL-QL	1	ANTIHISTAMINES
fexofenadine tab 60 mg (ALLEGRA equiv) (QL= 2 tabs/day)	OTC-PDL-QL	1	ANTIHISTAMINES
finasteride tab (PROSCAR equiv)	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod cap (GILENYA equiv)	MSP-PA-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FIRMAGON INJ	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flecainide tab (TAMBOCOR equiv)	90DS	1	ANTIARRHYTHMICS
FLEET LIQUID GLYCERIN ENEMA	OTC	2	LAXATIVES
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUBLOK INJ (QL=1 inj/28 days)	QL-VAC	$0	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUCELVAX INJ (QL=1 inj/28 days)	QL-VAC	$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	PDL	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	PDL	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	90DS	1	CORTICOSTEROIDS
FLUMIST NASAL (QL=1 dose/28 days)	QL-VAC	$0	VACCINES
fluocinolone acetonide cream 0.025% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) (QL= 1 bottle/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide soln (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv) (QL= 1 bottle/30 days)	QL	1	OTIC AGENTS
fluocinonide cream (LIDEX equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide emollient cream (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide gel (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide soln (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
fluorometholone ophth soln (FML LIQUIFILM equiv)	PDL	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX equiv) (QL= 40gm/30 days)	QL	1	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	90DS-PDL	1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	PDL	1	ANTIDEPRESSANTS
fluphenazine inj	PA	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurbiprofen tab	PDL	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	PDL-90DS	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone HFA (AG) (inhalation) (QL= 1 inhaler/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	PDL-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUVIRIN PF INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES

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fluvoxamine tab (LUVOX equiv)	90DS-PDL	1	ANTIDEPRESSANTS
FLUZONE HIGH-DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUZONE INTRADERMAL (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUZONE PF INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FOAM ANTACID CHEW	OTC	2	ANTACIDS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folbic tab (FOLTX equiv)	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folic acid tab 1 mg (folate) ($0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 400 mcg (folate) ($0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 800 mcg (folate) ($0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5 mg, 2.2-25-1 mg, 2.5-25-1 mg	OTC	1	HEMATOPOIETIC AGENTS
FOLPLEX TAB	-	2	HEMATOPOIETIC AGENTS
FORTEO INJ 620 MCG/2.4ML	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA TAB equiv)	-	1	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	PDL	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	PDL	1	ANTIHYPERTENSIVES
FOUNDAYO TAB	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
FRAGMIN VIAL	PDL	2	ANTICOAGULANTS
FREESTYLE INSULIN SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 14 DAY SENSOR (NDC 57599-0001-01) (QL= 2 sensors/28 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 RECEIVER (NDC 57599-0803-00) (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (NDC 57599-0800-00) (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (NDC 57599-0835-00) (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 RECEIVER (NDC 57599-0820-00) (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (NDC 57599-0818-00) (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR (NDC 57599-0844-00) (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
furosemide tab (LASIX equiv)	90DS	1	DIURETICS
gabapentin cap 100 mg (QL= 36 caps/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin cap 300 mg (QL= 12 caps/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin cap 400 mg (QL= 9 caps/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	PDL	1	ANTICONVULSANTS
gabapentin tab 600 mg (QL= 6 tabs/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin tab 800 mg (QL= 4.5 tabs/day)	PDL-QL	1	ANTICONVULSANTS
GAVILYTE-C SOLN	-	$0	LAXATIVES
gemfibrozil tab (LOPID equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	ANTIHYPERLIPIDEMICS
gentak ophth oint	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
gentamicin sulfate oint (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
GENTEAL MILD OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
GENTEAL OPHTH GEL	OTC	2	OPHTHALMIC AGENTS

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GENTEAL OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
GENVOYA TAB	-	2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	90DS	$0	CONTRACEPTIVES
GLEOSTINE CAP	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	90DS	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	90DS	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	90DS	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	PA	1	ANTIDIABETICS
glucagon emergency kit (amphastar equiv) (QL= 2 inj/fill)	PDL-QL	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	90DS	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	PA	1	ANTIDIABETICS
glycerin supp 1 g, 1.2 g, 2 g, 2.1 g, 80.7%	OTC	1	LAXATIVES
glycerin/hypromellose/peg 400 ophth soln	OTC	1	OPHTHALMIC AGENTS
glycopyrrolate tab 1 mg, 2 mg (ROBINUL equiv)	-	1	ULCER DRUGS
GOLYTELY SOLN	-	$0	LAXATIVES
guaifenesin ER tab (MUCINEX equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin liquid	OTC	1	COUGH/COLD/ALLERGY
guaifenesin syrup (ROBITUSSIN equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin/codeine soln 100-10 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin-dm ER tab 30/600 mg	OTC	1	COUGH/COLD/ALLERGY
guaifenesin-dm ER tab 60/1200 mg	OTC	1	COUGH/COLD/ALLERGY
guaifenesin-dm liquid 10-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin-dm liquid 10-200 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin-dm liquid 5-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin-dm syrup	OTC	1	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	90DS-PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
guanfacine IR tab (TENEX equiv)	90DS	1	ANTIHYPERTENSIVES
haloperidol tab (HALDOL equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	$0	VACCINES
HEMOFIL M INJ 1000 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ 1700 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ 250 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ 401-800 (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ 500 UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	$0	VACCINES
HEXALEN CAP	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HONEY BEARS CHEW TAB	OTC	2	MULTIVITAMINS
HUMALOG CARTRIDGE	PDL	2	ANTIDIABETICS
HUMALOG JUNIOR KWIKPEN	PDL	2	ANTIDIABETICS
HUMALOG MIX PEN	PDL	2	ANTIDIABETICS
HUMALOG MIX VIAL	PDL	2	ANTIDIABETICS
HUMALOG PEN	PDL	2	ANTIDIABETICS
HUMALOG VIAL	PDL	2	ANTIDIABETICS
HUMATE-P KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HUMULIN 70/30 PEN	OTC-PDL	2	ANTIDIABETICS
HUMULIN 70/30 VIAL	OTC-PDL	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ, VIAL	PDL	2	ANTIDIABETICS

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HUMULIN VIAL (R, N)	OTC-PDL	2	ANTIDIABETICS
hydralazine tab (APRESOLINE equiv)	90DS	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	90DS	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	90DS	1	DIURETICS
HYDROCIL POWDER 95%	OTC	2	LAXATIVES
hydrocodone/acetaminophen tab 10 mg/325 mg (QL= 9 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5 mg/325 mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5 mg/325 mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/homatropine syrup	-	1	COUGH/COLD/ALLERGY
hydrocortisone acetate oint	OTC	1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	OTC	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone gel	OTC	1	DERMATOLOGICALS
hydrocortisone lotion 1%, 2.5% (HYTONE equiv) (QL= 118ml/30 days)	QL	1	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5% (QL= 118ml/30 days)	QL	2	DERMATOLOGICALS
hydrocortisone oint	OTC	1	DERMATOLOGICALS
hydrocortisone oint in absorbase	OTC	1	DERMATOLOGICALS
hydrocortisone perianal cream	-	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone soln	OTC	1	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (QL= 15gm/30 days)	QL	1	DERMATOLOGICALS
hydrogen peroxide soln	OTC	1	ANTISEPTICS & DISINFECTANTS
hydromorphone tab 2 mg (QL= 11.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 4 mg (QL= 5.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 8 mg (QL= 2.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	90DS	1	ANTIMALARIALS
HYDROXYCHLOROQUINE TAB	90DS	2	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine hcl syrup (ATARAX equiv) (Only covered for members age 8 or younger)	-	1	ANTIANXIETY AGENTS
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	90DS	1	ULCER DRUGS
HYOSCYAMINE SULFATE SL TAB	90DS--	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine tab (LEVSIN equiv)	90DS	1	ULCER DRUGS
HYOSCYAMINE TAB	90DS	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HYOSCYAMINE TAB ODT	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HYPERSAL NEB SOLN 0.9%	-	2	COUGH/COLD/ALLERGY
HYPERSAL NEB SOLN 10%	-	2	COUGH/COLD/ALLERGY
HYPERSAL NEB SOLN 3%	-	2	COUGH/COLD/ALLERGY
HYPERSAL NEB SOLN 7%	-	2	COUGH/COLD/ALLERGY
HYPOTEARS OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
hypromellose ophth soln	OTC	1	OPHTHALMIC AGENTS

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hypromellose ophth soln 0.4%	OTC	1	OPHTHALMIC AGENTS
ibandronate tab 150 mg (BONIVA equiv) (QL= 1 tab/30 days)	90DS-PDL-QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen chew tab	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (ADVIL/MOTRIN equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 200 mg	90DS-OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 400 mg	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 600 mg	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 800 mg	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ICAPS PLUS TAB	OTC	2	MULTIVITAMINS
icatibant inj	MSP-PA-PDL	1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Available only at AcariaHealth 1-800-511-5144)	LD-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	90DS	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv) (QL= 12gm/30 days)	QL	1	DERMATOLOGICALS
IMODIUM A-D CHEW TAB	OTC	2	ANTIDIARRHEALS
IMODIUM CHEW TAB	OTC	2	ANTIDIARRHEALS
IMPROVUE SOLN	OTC	2	OPHTHALMIC AGENTS
inatal ultra tab	-	1	VITAMINS
indapamide tab (LOZOL equiv)	90DS	1	DIURETICS
indomethacin cap (INDOCIN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin ER cap (INDOCIN SR equiv) (QL= 1 cap/day)	PDL-QL	1	ANALGESICS - ANTI-INFLAMMATORY
INFLIXIMAB INJ (Medical Benefit)	PA-PDL	MB	GASTROINTESTINAL AGENTS - MISC.
INLYTA TAB	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG FLEXPEN INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG PENFILL INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART VIAL (NOVOLOG INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) PEN (NOVOLOG MIX FLEXPEN INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) VIAL (NOVOLOG MIX INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN	PDL	2	ANTIDIABETICS
INSULIN LISPRO JUNIOR KWIKPEN	PDL	2	ANTIDIABETICS
INSULIN LISPRO PEN	PDL	2	ANTIDIABETICS
INSULIN LISPRO VIAL	PDL	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INVEGA HAFYERA INJ	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA SUSTENNA INJ	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TRINZA INJ	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
ipratropium bromide hfa inhaler aerosol (QL= 1 inhaler/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ipratropium nasal spray (ATROVENT equiv)	90DS-PDL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	90DS-PDL	1	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
ISENTRESS TAB	-	2	ANTIVIRALS
isoniazid tab	90DS	1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	90DS	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	90DS	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	90DS	1	ANTIANGINAL AGENTS
isotretinoin cap (ACCUTANE equiv)	PA	1	DERMATOLOGICALS
ISTODAX INJ	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ITCH-X FOAM	OTC	2	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv) (QL= 10 tabs/30 days)	QL	1	ANTHELMINTICS
IXINITY INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAKAFI XR TAB (QL= 1 tabs/day)	MSP-PA-QL	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB	PA-PDL	2	ANTIDIABETICS
JANUVIA TAB	PA-PDL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	PA-PDL-QL	2	ANTIDIABETICS
JENTADUETO TAB	PA-PDL	2	ANTIDIABETICS
JENTADUETO XR TAB	PA-PDL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JIVI INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	90DS	$0	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	90DS	$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	90DS	$0	CONTRACEPTIVES
kariva tab (MIRCETTE equiv)	90DS	$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	90DS	$0	CONTRACEPTIVES
ketoconazole cream (NIZORAL equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv) (QL= 120ml/30 days)	PDL-QL	1	DERMATOLOGICALS
KETO-DIASTIX TEST STRIP	OTC	$0	DIAGNOSTIC PRODUCTS
ketorolac ophth soln (ACULAR equiv)	PDL	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	PDL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	PDL	1	OPHTHALMIC AGENTS
KETOSTIX	OTC	$0	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC-PDL	1	OPHTHALMIC AGENTS
KITABIS PAK	PA-PDL	2	AMINOGLYCOSIDES
KLOXXADO NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOATE-DVI KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
KOATE-DVI VIAL (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
KOGENATE FS INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
KOVALTRY INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	90DS-PDL	1	BETA BLOCKERS
lacosamide oral solution (QL= 1200 ml/30 days)	PDL-QL	1	ANTICONVULSANTS
lacosamide tab (QL= 2 tabs/day)	PDL-QL	1	ANTICONVULSANTS
LACTAID CHEW TAB	OTC	2	DIGESTIVE AIDS
lactase chew tab	OTC	1	DIGESTIVE AIDS
lactase tab	OTC	1	DIGESTIVE AIDS

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LACTRASE CAP	OTC	2	DIGESTIVE AIDS
lactulose soln	90DS	1	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP 200 MG (QL= 40 caps/fill)	QL	2	ANTIVIRALS
lamivudine HBV tab 100 mg (EPIVIR HBV equiv)	PDL	1	ANTIVIRALS
lamivudine soln (EPIVIR equiv)	90DS	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	PDL	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	90DS-PDL	1	ANTICONVULSANTS
LANCET DEVICE (QL= 1 device/365 days)	OTC-QL	$0	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	$0	MEDICAL DEVICES AND SUPPLIES
lansoprazole DR cap (PREVACID equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
LANTUS SOLOSTAR PEN	PDL	2	ANTIDIABETICS
LANTUS VIAL	PDL	2	ANTIDIABETICS
lapatinib ditosylate tab	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
latanoprost ophth soln (XALATAN equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
L-CARNITINE CAP	OTC	2	NUTRIENTS
L-CARNITINE TAB	OTC	2	NUTRIENTS
L-CARNITINE TAB 500 MG	OTC	2	NUTRIENTS
leflunomide tab (ARAVA equiv)	90DS	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap	MSP-PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
letrozole tab (FEMARA equiv)	90DS	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN TAB	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide inj (LUPRON equiv)	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam ER tab, roweepra ER tab (KEPPRA XR equiv)	90DS-PDL	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	90DS-PDL	1	ANTICONVULSANTS
levetiracetam tab, roweepra tab (KEPPRA equiv)	90DS-PDL	1	ANTICONVULSANTS
levocarnitine cap	OTC	1	NUTRIENTS
levocarnitine fumarate cap	OTC	1	NUTRIENTS
LEVOCARNITINE FUMARATE CAP	OTC	2	NUTRIENTS
levocarnitine tab	OTC	1	NUTRIENTS
levocetirizine soln (XYZAL equiv)	PDL	1	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	PDL	1	ANTIHISTAMINES
levofloxacin soln (LEVAQUIN equiv)	PDL	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	PDL	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv) (QL= 4 fills/year)	OTC-QL	$0	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	90DS	1	THYROID AGENTS
LIDOCAINE CREAM 4% (QL= 1 tube/fill)	OTC-QL	2	DERMATOLOGICALS
lidocaine oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
LIDOCAINE OINT (QL= 60gm/30 days)	QL	2	DERMATOLOGICALS
lidocaine viscous soln 2%	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
linezolid tab (ZYVOX equiv) (QL= 2 tabs/day)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA-PDL	2	GASTROINTESTINAL AGENTS - MISC.

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liothyronine tab (CYTOMEL equiv)	90DS	1	THYROID AGENTS
lisdexamfetamine dimesylate cap (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
LITEAIRE (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
lithium carbonate cap (ESKALITH ER equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOKELMA PAK (QL= 30 paks/30 days)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
lomustine cap	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	OTC	1	ANTIDIARRHEALS
loperamide hcl susp	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide tab	OTC	1	ANTIDIARRHEALS
loperamide/simethicone tab	OTC	1	ANTIDIARRHEALS
lopinavir-ritonavir tab	-	1	ANTIVIRALS
loratadine ODT (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine soln (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC-PDL	1	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC-PDL	1	COUGH/COLD/ALLERGY
lorazepam tab (ATIVAN equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
losartan tab (COZAAR equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
lovastatin tab (MEVACOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIHYPERLIPIDEMICS
lubiprostone cap	PA-PDL	1	GASTROINTESTINAL AGENTS - MISC.
lubricant eye drop 0.6%	OTC	1	OPHTHALMIC AGENTS
LUBRICANT EYE DROPS	OTC	2	OPHTHALMIC AGENTS
LUPRON DEPOT INJ	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lurasidone HCL tab 120 mg (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lurasidone HCL tab 20 mg, 40 mg, 60 mg (QL= 0.5 tab/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lurasidone HCL tab 80 mg (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAALOX TC SUSP	OTC	2	ANTACIDS
MAG-AL LIQUID	OTC	2	ANTACIDS
magnesium citrate soln	OTC	1	LAXATIVES
magnesium gluconate tab	OTC	1	MINERALS & ELECTROLYTES
magnesium hydroxide chew tab	OTC	1	LAXATIVES
magnesium hydroxide susp	OTC	1	LAXATIVES
magnesium oxide (laxative) tab	OTC	1	LAXATIVES
magnesium oxide cap 140 mg, 400 mg	OTC	1	ANTACIDS
MAGNESIUM OXIDE CHEW TAB	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 400 mg	OTC	1	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	1	ANTACIDS
MALE CONDOMS (QL= 24 units/30 days)	OTC-QL	$0	MEDICAL DEVICES AND SUPPLIES

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maraviroc tab	-	1	ANTIVIRALS
MARPLAN TAB	-	1	ANTIDEPRESSANTS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET PELLET PAK	MSP-PA-PDL	2	ANTIVIRALS
MAVYRET TAB	MSP-PA-PDL	2	ANTIVIRALS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab 12.5 mg, 25 mg (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MEDROL TAB	-	2	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	90DS	1	PROGESTINS
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
megestrol susp (MEGACE equiv) (QL= 20ml/day)	PDL-QL	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	PDL	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melatonin SL tab	OTC	1	ALTERNATIVE MEDICINES
melatonin tab	OTC	1	ALTERNATIVE MEDICINES
meloxicam tab (MOBIC equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
memantine tab (NAMENDA equiv)	90DS-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mercaptopurine tab (PURINETHOL equiv)	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	PDL-QL	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	PDL-QL	1	GASTROINTESTINAL AGENTS - MISC.
metaproterenol syrup	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	90DS	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	90DS	1	ANTIDIABETICS
methadone soln 5 mg/5ml	QL	1	ANALGESICS - OPIOID
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methimazole tab (TAPAZOLE equiv)	90DS	1	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylcellulose laxative powder	OTC	1	LAXATIVES
methylergonovine tab (METHERGINE equiv)	-	1	OXYTOCICS
METHYLIN SOLN (QL= 360ml/30 days)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab 10 mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab 20 mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
METHYLPHENIDATE ER TAB 27MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS

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METHYLPHENIDATE ER TAB 36MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
METHYLPHENIDATE ER TAB 54MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate soln (METHYLIN equiv) (QL= 360ml/30 days)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate tab (RITALIN equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate tab 20 mg (QL= 3 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylprednisolone dose pack	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
metipranolol ophth soln	-	1	OPHTHALMIC AGENTS
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	90DS	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	90DS-PDL	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	90DS-PDL	1	BETA BLOCKERS
metronidazole cream (METROCREAM equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole gel 1% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv) (QL= 59gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MFLUSIVA INJ (QL= 1 inj/28 days; Covered for members age 50 years and older)	QL-VAC	$0	VACCINES
MIACALCIN INJ 200 UNIT/ML	PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
miconazole 3 supp 200 mg	-	1	VAGINAL PRODUCTS
MICONAZOLE 7 SUPP	OTC	1	VAGINAL PRODUCTS
miconazole nitrate aerosol	OTC	1	DERMATOLOGICALS
miconazole nitrate aerosol powder	OTC-PDL	1	DERMATOLOGICALS
miconazole nitrate cream	OTC-PDL	1	DERMATOLOGICALS
miconazole nitrate oint	OTC	1	DERMATOLOGICALS
miconazole nitrate powder	OTC-PDL	1	DERMATOLOGICALS
miconazole nitrate soln	OTC	1	DERMATOLOGICALS
miconazole nitrate vaginal kit	OTC	1	VAGINAL PRODUCTS
miconazole vaginal cream	OTC	1	VAGINAL PRODUCTS
miconazole vaginal kit	OTC	1	VAGINAL PRODUCTS
miconazole vaginal supp	OTC	1	VAGINAL PRODUCTS
MICROCHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
MICROSPACER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIFEPREX TAB (QL= 1 tab/dispense)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab 200 mg (MIFIPREX equiv) (QL= 1 tab/dispense)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
milnacipran hcl tab	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
milnacipran hcl tab (QL= 2 tabs/day)	--QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mineral oil	OTC	1	LAXATIVES
mineral oil light	OTC	1	LAXATIVES

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minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	90DS	1	ANTIHYPERTENSIVES
MIRANEL AF SOLN	OTC	2	DERMATOLOGICALS
mirtazapine ODT (REMERON equiv) (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 15 mg (QL= 0.5 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 30 mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 45 mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 7.5 mg (REMERON equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	90DS	1	ULCER DRUGS
MNEXSPIKE INJ	VAC	$0	VACCINES
modafinil tab (PROVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
moexipril tab (UNIVASC equiv)	PDL	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
mometasone nasal spray	PDL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv) (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
MONOJECT SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
mononessa tab (ORTHO-CYCLEN equiv)	90DS	$0	CONTRACEPTIVES
montelukast chew tab 4 mg (Only covered for members between 2-5 years old)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast chew tab 5 mg (Only covered for members between 6-14 years old)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab 100 mg	PDL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 15 mg (QL= 6 tabs/day)	PDL-QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 200 mg	PDL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 30 mg (QL= 3 tabs/day)	PDL-QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 60 mg (QL= 1 tab/day)	PDL-QL	1	ANALGESICS - OPIOID
morphine sulfate supp 10 mg (QL= 9 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp 20 mg (QL= 4 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp 5 mg (QL= 18 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate tab 15 mg (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate tab 30 mg (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
MOUNJARO INJ	PA-PDL	2	ANTIDIABETICS
moxifloxacin ophth soln	PDL	1	OPHTHALMIC AGENTS
multiple vitamin tab	OTC	1	MULTIVITAMINS
MULTIPLE VITAMIN TAB	OTC	2	MULTIVITAMINS
multiple vitamins w/iron tab	OTC	1	MULTIVITAMINS
MULTIPLE VITAMINS W/MINERALS LIQUID	OTC	2	MULTIVITAMINS
multivitamin cap	OTC	1	MULTIVITAMINS
multivitamin drops	OTC	1	MULTIVITAMINS
multivitamin with iron drops	OTC	1	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	OTC	1	MULTIVITAMINS
mupirocin oint (BACTROBAN equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
mycophenolate mofetil cap (CELLCEPT equiv)	90DS-PDL	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	90DS-PDL	1	ASSORTED CLASSES
MYLERAN TAB	MSP	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNEPHRON CAP	-	1	MULTIVITAMINS

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MYRBETRIQ TAB (QL= 1 tab/day)	PDL-QL	2	URINARY ANTISPASMODICS
nabumetone tab (RELAFEN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	90DS-PDL	1	BETA BLOCKERS
naloxone prefilled syringe (QL= 2 inj/30 days)	PDL-QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone vial (QL= 1 vial/fill)	PDL-QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
naproxen EC tab (NAPROSYN EC equiv) (QL= 3 tabs/day)	PDL-QL	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	OTC-PDL-QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NATROBA SUSP (QL= 120ml/30 days)	PDL-QL	2	DERMATOLOGICALS
NATROBA SUSP 0.90% (QL= 120ml/30 days)	PDL-QL	2	DERMATOLOGICALS
NAYZILAM SPRAY	PDL	2	ANTICONVULSANTS
nebivolol hcl tab	90DS-PDL	1	BETA BLOCKERS
NEBULIZER (QL= 1 unit/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
nefazodone tab	PDL	1	ANTIDEPRESSANTS
NEO/BAC/POLY OPHTH OINT	-	2	OPHTHALMIC AGENTS
NEO/POLY/BAC/HC OINT	-	2	OPHTHALMIC AGENTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/polymixin/gramicidin ophth soln	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	PDL	1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	PDL	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln	-	1	OPHTHALMIC AGENTS
neomycin-bacitracin-poly oint	OTC	1	DERMATOLOGICALS
NEULASTA INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv)	-	1	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXIUM GRANULE PACK FOR SUSP	PDL	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
niacin ER tab (NIASPAN equiv)	PDL	1	ANTIHYPERLIPIDEMICS
nicotine gum (NICORETTE equiv)	OTC-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
nilotinib hcl cap	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITRO-DUR PATCH 0.3 MG/HR, 0.8 MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap 50 mg, 100 mg (MACRODANTIN equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTI-INFECTIVE AGENTS - MISC.

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nitrofurantoin susp	PA	1	ANTI-INFECTIVE AGENTS - MISC.
nitroglycerin oint	90DS	1	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	90DS	1	ANTIANGINAL AGENTS
nizatidine cap	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NORDITROPIN FLEXPRO PEN	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	90DS	$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	90DS	1	PROGESTINS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTEMP SUSP INFANTS	OTC	2	ANALGESICS - NONNARCOTIC
nortrel tab (OVCON 35 equiv)	90DS	$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	90DS	1	ANTIDEPRESSANTS
nortriptyline soln	-	1	ANTIDEPRESSANTS
NOVAVAX INJ	VAC	$0	VACCINES
NOVOEIGHT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE 30G x 8MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
NOVOFINE PEN NEEDLE 32G x 6MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
NOVOLIN N INJ VIAL	OTC-PDL	2	ANTIDIABETICS
NOVOLIN R INJ VIAL	OTC-PDL	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	PDL	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	PDL	2	ANTIDIABETICS
NOVOLOG MIX VIAL	PDL	2	ANTIDIABETICS
NOVOLOG PENFILL CARTRIDGE	PDL	2	ANTIDIABETICS
NOVOLOG VIAL	PDL	2	ANTIDIABETICS
NOVOSEVEN RT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE 32G x 5MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
NUCALA AUTOINJECTOR	MSP-PA-PDL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCALA INJ (Medical Benefit)	PA-PDL	MB	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCALA SYRINGE	MSP-PA-PDL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULYTELY SOLN	-	$0	LAXATIVES
NUWIQ INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
nystatin cream (MYCOSTATIN equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
nystatin oint (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
nystatin powder	PDL	1	ANTIFUNGALS
nystatin susp	PDL	1	MOUTH/THROAT/DENTAL AGENTS
nystatin topical powder (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
nystatin/triamcinolone cream (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
OBIZUR INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ODEFSEY TAB	-	2	ANTIVIRALS
ofloxacin ophth soln (OCUFLOX equiv)	PDL	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	PDL	1	OTIC AGENTS
OGESTREL TAB	90DS	$0	CONTRACEPTIVES
olanzapine inj	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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olanzapine tab (ZYPREXA equiv)	90DS-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olmesartan tab (BENICAR equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
olopatadine ophth soln (PATANOL equiv)	OTC-PDL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2%	OTC-PDL	1	OPHTHALMIC AGENTS
omega-3 acid ethyl esters cap (LOVAZA equiv)	90DS-PDL	1	ANTIHYPERLIPIDEMICS
omega-3 fatty acids cap 1000 mg	OTC	1	NUTRIENTS
omega-3 fatty acids cap 1200 mg	OTC	1	NUTRIENTS
omeprazole DR cap 10 mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
omeprazole DR cap 20 mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
omeprazole DR cap 40 mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
OMNIFLEX DIAPHRAGM	-	$0	MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 120ml/15 days)	PDL-QL	1	ANTIEMETICS
ondansetron tab 4 mg, 8 mg (ZOFRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1	ANTIEMETICS
oral electrolyte solution	OTC	1	MINERALS & ELECTROLYTES
oral electrolytes soln	OTC	1	MINERALS & ELECTROLYTES
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30 mg (QL= 20 caps/fill)	PDL-QL	1	ANTIVIRALS
oseltamivir cap 45 mg, 75 mg (QL= 10 caps/fill)	PDL-QL	1	ANTIVIRALS
oseltamivir susp (QL= 120ml/fill, 2 fills/year)	PDL-QL	1	ANTIVIRALS
OTEZLA STARTER PACK (QL= 1 pack/year)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (QL= 4 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	PDL	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	90DS-PDL	1	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	90DS-PDL	1	URINARY ANTISPASMODICS
oxybutynin syrup	90DS-PDL	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	90DS-PDL	1	URINARY ANTISPASMODICS
oxycodone tab 10 mg (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15 mg (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20 mg (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30 mg (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5 mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10/325 mg (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5 mg/325 mg (ROXICET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5/325 mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
OXYTROL PATCH	PDL	2	URINARY ANTISPASMODICS
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1	MINERALS & ELECTROLYTES
oyster shell tab	OTC	1	MINERALS & ELECTROLYTES
OYSTER SHELL/D TAB	OTC	2	MINERALS & ELECTROLYTES
OZEMPIC INJ	PA-PDL	2	ANTIDIABETICS
OZEMPIC TAB	PA-PDL	2	ANTIDIABETICS
paliperidone ER tab 1.5 mg, 3 mg, 9 mg (INVEGA equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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paliperidone ER tab 6 mg (INVEGA equiv) (QL= 2 tabs/day; Only one strength allowed per month)	PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine tab (PAXIL equiv)	90DS-PDL	1	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/90 days)	PDL-QL	2	ANTIVIRALS
PAXLOVID TAB 150-100 MG (QL= 20 tabs/90 days)	PDL-QL	2	ANTIVIRALS
PAXLOVID TAB 300-100 MG (QL= 30 tabs/90 days)	PDL-QL	2	ANTIVIRALS
pazopanib hcl tab	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEDIA-LAX SUPP	OTC	2	LAXATIVES
pediatric multiple vitamin w/ minerals chew tab	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/iron chew tab	OTC	1	MULTIVITAMINS
pediatric multivitamin w/C/FA chew tab	OTC	1	MULTIVITAMINS
pediatric multivitamin w/minerals/C chew tab 60 mg	OTC	1	MULTIVITAMINS
pediatric multivitamin/iron drops	OTC	1	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv)	-	$0	LAXATIVES
PEGASYS SYRINGE	MSP-PA-PDL	2	ANTIVIRALS
PEGASYS VIAL	MSP-PA-PDL	2	ANTIVIRALS
PEN NEEDLE 31G x 6MM, 32G x 8MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENICILLN VK SOLN	-	1	PENICILLINS
PENTASA CR CAP	PDL	2	GASTROINTESTINAL AGENTS - MISC.
pentoxifylline ER tab (TRENTAL equiv)	90DS	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID AC CHEW TAB	OTC	2	ULCER DRUGS
perindopril tab (ACEON equiv)	PDL	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
permethrin creme rinse 1%	OTC-PDL	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PHENAZOPYRID TAB	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 100 mg, 200 mg (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phentermine cap (ADIPEX equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
phentermine tab (ADIPEX equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
phenytoin cap, phenytoin ext cap (DILANTIN equiv)	90DS-PDL	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	PDL	1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	90DS-PDL	1	ANTICONVULSANTS
PHOSPHA 250 NEUTRAL	90DS	2	MINERALS & ELECTROLYTES
pilocarpine tab (SALAGEN equiv)	90DS	1	MOUTH/THROAT/DENTAL AGENTS
PIN-X CHEW TAB	-	2	ANTHELMINTICS
pioglitazone tab (ACTOS equiv)	90DS-PDL	1	ANTIDIABETICS
piperonyl butoxide/pyrethrins shampoo	OTC-PDL	1	DERMATOLOGICALS
piroxicam cap (FELDENE equiv) (QL= 1 cap/day)	PDL-QL	1	ANALGESICS - ANTI-INFLAMMATORY
POCKET CHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES

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POCKET SPACER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
podofilox soln (CONDYLOX equiv) (QL= 3.5ml/30 days)	QL	1	DERMATOLOGICALS
PODOFILOX SOLN	QL--	2	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
polyethylene glycol soln	OTC	1	OPHTHALMIC AGENTS
polyethylene glycol/propylene glycol ophth soln	OTC	1	OPHTHALMIC AGENTS
polyethylene glycol-propylene glycol ophth gel	OTC	1	OPHTHALMIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
polyvinyl alcohol ophth soln	OTC	1	OPHTHALMIC AGENTS
polyvinyl alcohol/povidone ophth soln	OTC	1	OPHTHALMIC AGENTS
pomalidomide cap	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
potassium bicarbonate effer tab (K-LYTE equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride ER tab 10 meq (KLOR-CON equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride soln 20% (40 meq/15ml)	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
povidone/iodine soln	OTC	1	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP	PDL	2	ANTICOAGULANTS
pramipexole tab (MIRAPEX equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
prasugrel tab (EFFIENT equiv)	90DS-PDL	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	90DS	1	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	$0	MEDICAL DEVICES AND SUPPLIES
prednisolone acetate ophth soln (PRED FORTE equiv)	PDL	1	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone soln 15 mg/5ml (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone soln 25 mg/5ml	-	1	CORTICOSTEROIDS
prednisolone syrup	-	1	CORTICOSTEROIDS
prednisolone/sulfacetamide ophth soln	-	1	OPHTHALMIC AGENTS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
prednisone tab 50 mg	-	1	CORTICOSTEROIDS
pregabalin cap (QL= 3 caps/day; Only one strength allowed per month)	PDL-QL	1	ANTICONVULSANTS
pregen DHA cap	PA	1	MULTIVITAMINS
prenatabs FA tab	-	1	MULTIVITAMINS
prenatal 19 chew tab	-	1	VITAMINS
prenatal 19 tab	OTC	1	MULTIVITAMINS
prenatal plus tab	OTC	1	MULTIVITAMINS
prenatal tab 27-0.8 mg	OTC	1	MULTIVITAMINS
PREP H CREAM	OTC	2	ANORECTAL AND RELATED PRODUCTS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
primidone tab (MYSOLINE equiv)	90DS-PDL	1	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine tab (COMPAZINE equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
proctosol HC cream (ANUSOL HC equiv)	OTC	1	ANORECTAL AGENTS
PROFILNINE SD (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	90DS	1	PROGESTINS

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Drug Name	Special Code	Tier	Category
PROGLYCEM SUSP (QL= 180ml/30 days)	PDL-QL	2	ANTIDIABETICS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine tab (PHENERGAN equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC SYRUP	-	2	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
propranolol ER cap (INDERAL LA equiv)	90DS-PDL	1	BETA BLOCKERS
propranolol hcl oral soln 20mg/5ml	90DS-PDL	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	90DS-PDL	1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab	PDL	1	ANTIHYPERTENSIVES
propylene glycol/glycerin ophth soln	OTC	1	OPHTHALMIC AGENTS
propylthiouracil tab	90DS	1	THYROID AGENTS
prucalopride succinate tab (QL= 1 tab/day)	PDL-QL	1	GASTROINTESTINAL AGENTS - MISC.
pseudoephedrine er hcl tab	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine ER tab	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine syrup	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
PSEUDOEPHEDRINE/GUAIFENESIN SYRUP 30-100 MG/5ML	OTC	2	COUGH/COLD/ALLERGY
psyllium powder	OTC	1	LAXATIVES
PSYLLIUM POWDER 33%	OTC	2	LAXATIVES
PSYLLIUM POWDER 49%	OTC	2	LAXATIVES
PULMICORT FLEXHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	MSP-PA	2	RESPIRATORY AGENTS - MISC.
pyrantel pamoate susp	OTC	1	ANTHELMINTICS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine/leucovorin compounded capsules	PA	1	ANTIMALARIALS
QUDEXY XR CAP 200 MG (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	2	ANTICONVULSANTS
QUDEXY XR CAP 25 MG, 50 MG, 100 MG, 150 MG (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	90DS-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab	90DS-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	PDL	1	ANTIHYPERTENSIVES
QULIPTA TAB (Ql= 1 tab/day)	PDL-QL	2	MIGRAINE PRODUCTS
QVAR REDIHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	90DS-PDL	$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (QL= 1 tab/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS

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Drug Name	Special Code	Tier	Category
ranolazine tab	90DS	1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	PA	1	ANTIPARKINSON AGENTS
REBIF INJ	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF REBIDOSE PEN	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
RECOMBINATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
REFRESH LIQUIGEL OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
REFRESH OPTIVE ADVANCED OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
RELENZA DISKHALER (QL= 2 inhalers/180 days)	PDL-QL	2	ANTIVIRALS
RELPAX TAB (QL= 6 tabs/fill; 3 fills/30 days)	PDL-QL	2	MIGRAINE PRODUCTS
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
repaglinide tab (PRANDIN equiv)	90DS	1	ANTIDIABETICS
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
RETACRIT INJ	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
RETAINE MGD OPHTH EMULSION	OTC	2	OPHTHALMIC AGENTS
REXTOVY NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ribavirin cap	PDL	1	ANTIVIRALS
ribavirin cap (REBETOL equiv)	PDL	1	ANTIVIRALS
ribavirin tab 200 mg	MSP-PDL	1	ANTIVIRALS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rilpivirine hcl tab	-	1	ANTIVIRALS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
RISPERDAL CONSTA	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	90DS-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	90DS-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR TAB equiv)	90DS	1	ANTIVIRALS
RIXUBIS INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
roflumilast tab	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
romidepsin for IV inj	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole tab (REQUIP equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIHYPERLIPIDEMICS
ROWASA KIT	PDL	2	GASTROINTESTINAL AGENTS - MISC.
sacubitril-valsartan tab (QL= 2 tabs/day)	PDL-QL	1	CARDIOVASCULAR AGENTS - MISC.
salicylic acid liquid 17% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
saline nasal spray	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
SANTYL OINT	PA	2	DERMATOLOGICALS
sapropterin dihydrochloride tab	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVELLA PAK	PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	PDL-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS

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selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulf 1% shampoo	OTC	1	DERMATOLOGICALS
selenium sulfide lotion (QL= 120gm/30 days)	QL	1	DERMATOLOGICALS
selenium sulfide lotion 2.5% (QL= 120 gm/30 days)	QL	1	DERMATOLOGICALS
SELZENTRY ORAL SOLN	-	2	ANTIVIRALS
sennosides cap	OTC	1	LAXATIVES
sennosides chew tab	OTC	1	LAXATIVES
sennosides syrup	OTC	1	LAXATIVES
sennosides tab 8.6 mg	OTC	1	LAXATIVES
sennosides/docusate sodium tab	OTC	1	LAXATIVES
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	90DS-PDL	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	90DS-PDL	1	ANTIDEPRESSANTS
sevelamer carbonate tab (RENVELA equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer packet 0.8 gm (RENVELA equiv) (QL= 6 packets/day)	PDL-QL	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer packet 2.4 gm (RENVELA equiv) (QL= 3 packets/day)	PDL-QL	1	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
SFROWASA ENEMA	PDL	2	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Only covered for members 50 years of age and older)	VAC	$0	VACCINES
sildenafil susp/sildenafil susp (authorized generic)	PA-PDL	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20 mg (REVATIO equiv)	PA-PDL	1	CARDIOVASCULAR AGENTS - MISC.
silver sulfadiazine cream (SILVADENE equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
simethicone chew tab	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone susp	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab (ZOCOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0	ANTIHYPERLIPIDEMICS
sirolimus soln (QL= 2ml/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab 0.5 mg (QL= 1 tab/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab 1 mg (QL= 6 tabs/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab 2 mg (QL= 3 tabs/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
skin protectants cream	OTC	1	DERMATOLOGICALS
skin protectants lotion	OTC	1	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv) (COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium bicarbonate tab	OTC	1	ANTACIDS
sodium chloride hypertonic ophth soln	OTC	1	OPHTHALMIC AGENTS
sodium chloride neb soln 0.9%	OTC	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
SODIUM FLUORIDE CHEW TAB	-	2	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	90DS	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE GEL	90DS	2	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE PASTE	90DS	2	MOUTH/THROAT/DENTAL AGENTS

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sodium fluoride soln (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
sodium fluoride tab	-	1	MINERALS & ELECTROLYTES
sodium phosphates enema	OTC	1	LAXATIVES
sodium phosphates soln	OTC	1	LAXATIVES
sodium polystyrene soln 15 gm/60ml (SPS equiv)	-	1	ASSORTED CLASSES
SODIUM POLYSTYRENE SOLN 15 GM/60ML (SPS equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sodium sulfacetamide susp (KLARON equiv) (QL= 118gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide susp (OVACE equiv)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfer wash/cleanser (QL= 340.2ml/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur (topical) (QL= 57gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (QL= 57gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (QL=473gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash/cleanser (QL= 340.2ml/30days)	PDL-QL	1	DERMATOLOGICALS
solifenacin tab	90DS-PDL	1	URINARY ANTISPASMODICS
SOLIRIS INJ	PA	2	HEMATOLOGICAL AGENTS - MISC.
SOOTHE OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
sorafenib tosylate tab	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORBITOL SOLN	OTC	2	PHARMACEUTICAL ADJUVANTS
SORBITOL SOLN 70%	OTC	2	LAXATIVES
sotalol AF tab (BETAPACE AF equiv)	PDL	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	90DS-PDL	1	BETA BLOCKERS
SPIKEVAX INJ	VAC	$0	VACCINES
SPIRIVA HANDIHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	90DS	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	90DS	1	DIURETICS
STARJEMZA INJ	MSP-PA-PDL	2	DERMATOLOGICALS
STARJEMZA SYRINGE	MSP-PA-PDL	2	DERMATOLOGICALS
STERILE LUBRICANT OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
STIOLTO INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRIBILD TAB	-	2	ANTIVIRALS
SUBOXONE FILM 12 MG-3 MG (QL= 0.5 film/day)	PDL-QL	2	ANALGESICS - OPIOID
SUBOXONE FILM 2-0.5 MG (QL= 1 film/day)	PDL-QL	2	ANALGESICS - OPIOID
SUBOXONE FILM 4 MG-1 MG (QL= 0.5 film/day)	PDL-QL	2	ANALGESICS - OPIOID
SUBOXONE FILM 8-2 MG (QL= 3 films/day)	PDL-QL	2	ANALGESICS - OPIOID
sucralfate tab (CARAFATE equiv)	90DS	1	ULCER DRUGS
SUDAFED SR TAB	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
SULFACETAMIDE SOD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	1	SULFONAMIDES
sulfasalazine DR tab (AZULFIDINE equiv)	90DS-PDL	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	90DS-PDL	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY

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sumatriptan inj (IMITREX equiv) (QL= 4 kits/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
sumatriptan kit (IMITREX equiv) (QL= 4 kits/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX equiv) (QL= 3 boxes/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
sumatriptan vial (IMITREX equiv) (QL= 8 vials/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
sunitinib malate cap	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUPARTZ INJ 25 MG/2.5ML	PA	2	MUSCULOSKELETAL THERAPY AGENTS
SYMBICORT INHALER (QL= 2 inhalers/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMLIN PEN INJ	PA-PDL	2	ANTIDIABETICS
SYNAGIS INJ	PA	2	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB	PA-PDL	2	ANTIDIABETICS
SYNJARDY XR TAB	PA-PDL	2	ANTIDIABETICS
tacrolimus cap (PROGRAF equiv)	90DS-PDL	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
TAFINLAR CAP	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv)	90DS	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
taron-bc tab	-	1	VITAMINS
TEARS AGAIN NIGHT/DAY OPHTH GEL	OTC	2	OPHTHALMIC AGENTS
TECHLITE PEN NEEDLE 32G x 4MM	OTC	$0	MEDICAL DEVICES AND SUPPLIES
temazepam cap 15 mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30 mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	MSP-PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab	90DS	1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
terbinafine cream	OTC-PDL	1	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	PDL	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole vaginal cream	-	1	VAGINAL PRODUCTS
teriflunomide tab	MSP-PA-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TESTIM GEL 1%	PA-PDL	2	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1	ANDROGENS-ANABOLIC
testosterone enanthate inj	PA	1	ANDROGENS-ANABOLIC
testosterone gel (VOGELXO equiv)	PA-PDL	1	ANDROGENS-ANABOLIC
testosterone gel packet (VOGELXO equiv)	PA-PDL	1	ANDROGENS-ANABOLIC
testosterone pump	PA-PDL	1	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	$0	TOXOIDS
tetracaine ophth soln	-	1	OPHTHALMIC AGENTS

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TETRACAINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
THALOMID CAP	MSP-PA	2	ASSORTED CLASSES
THEO-24 CAP	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOCHRON TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiothixene cap (NAVANE equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
throat lozenges	OTC	1	MOUTH/THROAT/DENTAL AGENTS
ticagrelor tab (QL= 2 tabs/day)	PDL-QL	1	HEMATOLOGICAL AGENTS - MISC.
timolol maleate ophth soln (TIMOPTIC equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
tinidazole tab 500 mg (QL= 4 tabs/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	MSP-PA-PDL	1	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	$0	VAGINAL PRODUCTS
tofacitinib citrate ER tab	MSP-PA-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
tofacitinib citrate tab	MSP-PA-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol powder	OTC	1	DERMATOLOGICALS
tolnaftate cream	OTC-PDL	1	DERMATOLOGICALS
tolnaftate powder	OTC	1	DERMATOLOGICALS
tolnaftate spray	OTC	1	DERMATOLOGICALS
tolterodine ER cap (DETROL LA equiv) (QL= 1 cap/day)	90DS-PDL-QL	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	URINARY ANTISPASMODICS
tolvaptan tab (JYNARQUE TAB equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate sprinkle cap (TOPAMAX equiv)	PDL	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	90DS-PDL	1	ANTICONVULSANTS
toremifene tab	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	90DS	1	DIURETICS
TRACLEER TAB (QL= 2 tabs/day)	PA-PDL-QL	2	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	PA-PDL	2	ANTIDIABETICS
tramadol tab 50 mg (ULTRAM equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	PDL	1	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 30 tabs/30 days)	QL	1	HEMOSTATICS
TRANSDERM-SCOP PATCH (QL= 10 patches/month)	PDL-QL	2	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	90DS-PDL	1	ANTIDEPRESSANTS
TRELSTAR INJ	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	1	CARDIOVASCULAR AGENTS - MISC.

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tretinoin cap (VESANOID equiv)	MSP	$0	ANTINEOPLASTICS
tretinoin cream (QL= 45gm/30 days)	PDL-QL	1	DERMATOLOGICALS
tretinoin gel (AVITA, RETIN-A equiv) (QL= 45gm/30 days)	PDL-QL	1	DERMATOLOGICALS
TRETTEN INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
triamcinolone cream 0.025% (QL= 80gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone cream 0.1% (QL= 80gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone cream 0.5% (QL= 20gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv) (QL= 1 tube/30 days)	QL	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
TRIAMCINOLONE LOTION (QL=60 gm/30 days)	QL	2	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint 0.025% (QL= 80gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone oint 0.1% (QL= 90gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone oint 0.5% (QL= 15gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT AQ equiv) (QL= 1 bottle/30 days)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	90DS	1	DIURETICS
triamterene/hydrochlorothiazide cap 50/25 mg	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	90DS	1	DIURETICS
TRIESENCE INJ (Medical Benefit)	PA-PDL	MB	OPHTHALMIC AGENTS
trifluoperazine tab (STELAZINE equiv)	90DS	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln	-	1	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
trihexyphenidyl tab (ARTANE equiv)	90DS	1	ANTIPARKINSON AGENTS
trilyte soln (NULYTELY equiv)	-	$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	90DS	$0	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PDL-QL	2	ANTIDEPRESSANTS
triprolidine/pseudoephedrine liquid	OTC	1	COUGH/COLD/ALLERGY
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS
TRIXAICIN CREAM 0.025%	OTC	2	DERMATOLOGICALS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 10ml/30 days)	QL	1	OPHTHALMIC AGENTS
TRULICITY INJ	PA-PDL	2	ANTIDIABETICS
tussigon tab	-	1	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	$0	VACCINES
TYBLUME TAB	90DS	$0	CONTRACEPTIVES
TYENNE IV INJ (Medical Benefit)	PA-PDL	MB	ANALGESICS - ANTI-INFLAMMATORY
TYENNE PEN	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
TYENNE SYRINGE	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
TYLENOL GO EXTRA STRENGTH CHEW TAB	OTC	2	ANALGESICS - NONNARCOTIC
UBRELVY TAB (QL= 10 tabs/30 days)	PA-PDL-QL	2	MIGRAINE PRODUCTS
urea cream 20% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
urea lotion 10% (QL= 1 bottle/fill)	OTC-QL	1	DERMATOLOGICALS
UREA LOTION 40% (QL= 1 bottle/fill)	QL	1	DERMATOLOGICALS
URINE TEST STRIPS (QL= 100 strips/30 days)	OTC-QL	$0	DIAGNOSTIC PRODUCTS
ursodiol cap (ACTIGALL equiv)	90DS	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	90DS	1	GASTROINTESTINAL AGENTS - MISC.

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valacyclovir tab (VALTREX equiv)	PDL	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	90DS-PDL	1	ANTICONVULSANTS
valproic acid soln (DEPAKENE equiv)	90DS-PDL	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY	PDL	2	ANTICONVULSANTS
VALTYA 1/50 TAB	90DS	$0	CONTRACEPTIVES
vancomycin cap (VANCOCIN equiv)	PA	1	ANTI-INFECTIVE AGENTS - MISC.
varenicline tab	SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack	SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VELIVET PAK	90DS	$0	CONTRACEPTIVES
VELTASSA POWDER (QL= 30 packets/30 days)	PA-QL	2	ASSORTED CLASSES
venlafaxine ER cap (EFFEXOR XR equiv)	90DS-PDL	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	90DS-PDL	1	ANTIDEPRESSANTS
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
verapamil ER cap	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
verapamil ER tab (CALAN SR, ISOPTIN SR equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
VICKS WATERLESS VAPORIZER (QL= 1 unit/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
VICTOZA INJ	PA-PDL	2	ANTIDIABETICS
VIDEX SOLN	-	2	ANTIVIRALS
vilazodone HCL tab 10 mg (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	1	ANTIDEPRESSANTS
vilazodone HCL tab 20 mg (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	1	ANTIDEPRESSANTS
vilazodone HCL tab 40 mg (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ANTIDEPRESSANTS
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISINE TEARS OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
vitamin A cap 1000 unit (retinol/retinoic acid)	OTC	1	VITAMINS
vitamin B1 tab (thiamine)	OTC	1	VITAMINS
vitamin B12 inj (cyanocobalamin)	90DS	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin)	OTC	1	HEMATOPOIETIC AGENTS
vitamin B2 tab (riboflavin)	OTC	1	VITAMINS
vitamin B3 cap (niacin ER)	OTC-PDL	1	VITAMINS
vitamin B3 ER tab (niacin ER)	OTC-PDL	1	VITAMINS
vitamin B3 tab (niacin)	OTC-PDL	1	VITAMINS
vitamin B6 tab 25 mg, 50 mg, 100 mg (pyridoxine)	OTC	1	VITAMINS
vitamin C chew tab 500 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 1000 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 250 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 500 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 500 mg (calcium ascorbate)	OTC	1	VITAMINS
vitamin D cap (calciferol) 2000 unit, 5000 unit, 10000 unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 400 unit	OTC	1	VITAMINS
vitamin D cap (calciferol)1000 unit	OTC	1	VITAMINS
vitamin D cap 50,000 units (high potency)	90DS-OTC	1	VITAMINS

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vitamin D drops (calciferol)	OTC	1	VITAMINS
VITAMIN D2 TAB (calciferol)	OTC	2	VITAMINS
VITAMIN D3 CAP	OTC	2	VITAMINS
vitamin D3 liquid (calciferol) 400 unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol)	OTC	1	VITAMINS
vitamin E cap (tocopherol)	OTC	1	VITAMINS
VITAMIN E CAP (TOCOPHEROL)	OTC	2	VITAMINS
vitamin E tab (tocopherol)	OTC	1	VITAMINS
vitamin K tab (phytonadione)	-	1	VITAMINS
VITA-RESPA TAB	-	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
VIVA DROPS 1%	OTC	2	OPHTHALMIC AGENTS
vol-tab	-	1	MULTIVITAMINS
VONVENDI INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
voriconazole tab (VFEND equiv) (QL= 4 tabs/day)	PDL-QL	1	ANTIFUNGALS
VORTEX CHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
WAL-SLEEP Z TAB	OTC	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
warfarin tab, jantoven tab (COUMADIN equiv)	90DS-PDL	1	ANTICOAGULANTS
WEGOVY HD INJ	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
WEGOVY INJ	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
WEGOVY TAB	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
white petrolatum/mineral oil ophth oint	OTC	1	OPHTHALMIC AGENTS
WILATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
XARELTO STARTER PACK (QL= 1 pack/fill per calendar year)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 10 MG (QL= 1 tab/day)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 15 MG (QL= 42 tab/fill per calendar year)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 2.5MG (QL=2 tabs/day)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 20 MG (QL= 1 tab/day)	PDL-QL	2	ANTICOAGULANTS
XIGDUO XR TAB	PA-PDL	2	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60 vials/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
XOLAIR AUTOINJECTOR	MSP-PA-PDL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (Medical Benefit)	PA-PDL	MB	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE	MSP-PA-PDL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOPENEX HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XYNTHA KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
XYNTHA SOLOFUSE KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
zafemy patch	90DS	$0	CONTRACEPTIVES
zaleplon cap 10 mg (SONATA equiv) (QL= 2 caps/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zaleplon cap 5 mg (SONATA equiv) (QL= 1 cap/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZEASORB-AF LOTION	OTC	2	DERMATOLOGICALS
ZEGALOGUE AUTOINJECTOR (QL= 2 inj/fill)	PDL-QL	2	ANTIDIABETICS
ZEGALOGUE SYRINGE (QL= 2 inj/fill)	PDL-QL	2	ANTIDIABETICS

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ZELBORAF TAB	MSP-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENPEP CAP	PDL	2	DIGESTIVE AIDS
ZEPBOUND INJ	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
zinc sulfate cap	OTC	1	MINERALS & ELECTROLYTES
ziprasidone cap 20 mg (QL= 10 caps/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 40 mg (QL= 5 caps/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 60 mg (QL= 3 caps/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 80 mg (QL= 2 caps/day)	90DS-PDL-QL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone inj	PA-PDL	$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZOLADEX IMP	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLINZA CAP	MSP-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan tab (ZOMIG equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
zonisamide cap (ZONEGRAN equiv)	90DS-PDL	1	ANTICONVULSANTS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB	PA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 10 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 12.5 mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 15 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 20 mg (ADDERALL equiv) (QL= 3 tabs/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 30 mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 5 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 7.5 mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
dextroamphetamine ER cap 10 mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
dextroamphetamine ER cap 15 mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
dextroamphetamine ER cap 5 mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
dextroamphetamine tab 10 mg (DEXEDRINE equiv) (QL= 4 tabs/day)	PDL-QL	1
dextroamphetamine tab 5 mg (DEXEDRINE equiv) (QL= 0.5 tab/day)	PDL-QL	1
lisdexamfetamine dimesylate cap (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv)	PA	1
phentermine tab (ADIPEX equiv)	PA	1
ANTI-OBESITY AGENTS		
FOUNDAYO TAB	PA-PDL	2
WEGOVY HD INJ	PA-PDL	2
WEGOVY INJ	PA-PDL	2
WEGOVY TAB	PA-PDL	2
ZEPBOUND INJ	PA-PDL	2
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	PDL-QL	1
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	90DS-PDL-QL	1
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv)	PA	1
dexmethylphenidate tab 10 mg (FOCALIN equiv) (QL= 2 tabs/day)	PDL-QL	1
dexmethylphenidate tab 2.5 mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1
dexmethylphenidate tab 5 mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1
dexmethylphenidate XR cap (FOCALIN XR equiv) (QL= 1 cap/day: only one strength allowed per month)	PDL-QL	1
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab (CONCERTA equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab 10 mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab 20 mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate soln (METHYLIN equiv) (QL= 360ml/30 days)	PDL-QL	1
methylphenidate tab (RITALIN equiv) (QL= 2 tabs/day)	PDL-QL	1
methylphenidate tab 20 mg (QL= 3 tabs/day)	PDL-QL	1
modafinil tab (PROVIGIL equiv)	PA	1
METHYLIN SOLN (QL= 360ml/30 days)	PDL-QL	2
METHYLPHENIDATE ER TAB 27MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2
METHYLPHENIDATE ER TAB 36MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2
METHYLPHENIDATE ER TAB 54MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - M'S		
melatonin SL tab	OTC	1
melatonin tab	OTC	1
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
tobramycin neb soln (TOBI equiv)	MSP-PA-PDL	1
BETHKIS NEB SOLN	MSP-PA-PDL	2
KITABIS PAK	PA-PDL	2
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
tofacitinib citrate ER tab	MSP-PA-PDL	1
tofacitinib citrate tab	MSP-PA-PDL	1
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADBM PEN	MSP-PA-PDL	2
ADALIMUMAB-ADBM SYRINGE	MSP-PA-PDL	2
CYLTEZO PEN	MSP-PA-PDL	2
CYLTEZO SYRINGE	MSP-PA-PDL	2
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TYENNE PEN	MSP-PA-PDL	2
TYENNE SYRINGE	MSP-PA-PDL	2
TYENNE IV INJ (Medical Benefit)	PA-PDL	MB
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
diclofenac potassium tab	PDL	1
diclofenac sodium EC tab (VOLTAREN equiv)	90DS-PDL	1
diclofenac sodium SR tab (VOLTAREN XR equiv)	90DS-PDL	1
etodolac cap (LODINE equiv)	PDL	1
etodolac tab	90DS-PDL	1
flurbiprofen tab	PDL	1
flurbiprofen tab (ANSAID equiv)	PDL-90DS	1
ibuprofen chew tab	OTC	1
ibuprofen susp (ADVIL/MOTRIN equiv)	OTC	1
ibuprofen tab 200 mg	90DS-OTC	1
ibuprofen tab 400 mg	90DS-PDL	1
ibuprofen tab 600 mg	90DS-PDL	1
ibuprofen tab 800 mg	90DS-PDL	1
indomethacin cap (INDOCIN equiv)	90DS-PDL	1
indomethacin ER cap (INDOCIN SR equiv) (QL= 1 cap/day)	PDL-QL	1
ketorolac tab (TORADOL equiv)	PDL	1
meloxicam tab (MOBIC equiv)	90DS-PDL	1
nabumetone tab (RELAFEN equiv)	90DS-PDL	1
naproxen EC tab (NAPROSYN EC equiv) (QL= 3 tabs/day)	PDL-QL	1
naproxen sodium tab (ANAPROX equiv)	90DS-PDL	1
naproxen tab (NAPROSYN equiv)	90DS-PDL	1
piroxicam cap (FELDENE equiv) (QL= 1 cap/day)	PDL-QL	1
sulindac tab (CLINORIL equiv)	90DS-PDL	1

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/year)	MSP-PA-PDL-QL	2
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-PDL-QL	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	90DS	1
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL KIT (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL MINI CARTRIDGE (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL SURECLICK PEN (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL SYRINGE (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL VIAL (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
aspirin/apap/caffeine 250-250-650 mg	OTC	1
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 2 tabs/day)	QL	1
butalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 2 caps/day)	QL	1
butalbital/aspirin/caffeine tab (QL= 2 tabs/day)	QL	1
ANALGESICS OTHER		
acetaminophen 500 liquid	OTC	1
acetaminophen chew tab	OTC	1
acetaminophen dispersible tab	OTC	1
acetaminophen elixir	OTC	1
acetaminophen liquid	OTC	1
acetaminophen soln	OTC	1
acetaminophen supp (QL= 100 supp/30 days)	OTC-QL	1
acetaminophen susp	OTC	1
acetaminophen tab	OTC	1
acetaminophen tab 325 mg (QL= 8 tabs/day)	OTC-QL	1
acetaminophen tab 500 mg	OTC	1
FEVERALL INFANTS SUPP (QL= 100 supp/30 days)	OTC-QL	2
NORTEMP SUSP INFANTS	OTC	2
TYLENOL GO EXTRA STRENGTH CHEW TAB	OTC	2
SALICYLATES		
aspirin buffered tab	OTC	$0
aspirin chew tab 81 mg	OTC	$0
aspirin EC tab 325 mg	OTC	$0
aspirin EC tab 81 mg	OTC	$0
aspirin tab 325 mg	OTC	$0
BUFFERIN EXTRA STRENGTH TAB	OTC	2
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl patch 25 mcg (QL= 10 patches/30 days)	PDL-QL	1
fentanyl patch 50 mcg (QL= 10 patches/30 days)	PDL-QL	1
hydromorphone tab 2 mg (QL= 11.5 tabs/day)	QL	1
hydromorphone tab 4 mg (QL= 5.5 tabs/day)	QL	1
hydromorphone tab 8 mg (QL= 2.5 tabs/day)	QL	1

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
methadone soln 5 mg/5ml	QL	1
morphine sulfate ER tab 100 mg	PDL	1
morphine sulfate ER tab 15 mg (QL= 6 tabs/day)	PDL-QL	1
morphine sulfate ER tab 200 mg	PDL	1
morphine sulfate ER tab 30 mg (QL= 3 tabs/day)	PDL-QL	1
morphine sulfate ER tab 60 mg (QL= 1 tab/day)	PDL-QL	1
morphine sulfate supp 10 mg (QL= 9 supp/day)	QL	1
morphine sulfate supp 20 mg (QL= 4 supp/day)	QL	1
morphine sulfate supp 5 mg (QL= 18 supp/day)	QL	1
morphine sulfate tab 15 mg (QL= 6 tabs/day)	QL	1
morphine sulfate tab 30 mg (QL= 3 tabs/day)	QL	1
oxycodone tab 10 mg (QL= 6 tabs/day)	QL	1
oxycodone tab 15 mg (QL= 4 tabs/day)	QL	1
oxycodone tab 20 mg (QL= 3 tabs/day)	QL	1
oxycodone tab 30 mg (QL= 2 tabs/day)	QL	1
oxycodone tab 5 mg (QL= 12 tabs/day)	QL	1
tramadol tab 50 mg (ULTRAM equiv) (QL= 8 tabs/day)	QL	1
OPIOID COMBINATIONS		
acetaminophen/codeine tab 300 mg-15 mg (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	1
acetaminophen/codeine tab 300 mg-30 mg (TYLENOL/CODEINE #3 equiv) (QL= 13 tabs/day)	QL	1
acetaminophen/codeine tab 300 mg-60 mg (TYLENOL/CODEINE #4 equiv) (QL= 10 tabs/day)	QL	1
hydrocodone/acetaminophen tab 10 mg/325 mg (QL= 9 tabs/day)	QL	1
hydrocodone/acetaminophen tab 5 mg/325 mg (QL= 12 tabs/day)	QL	1
hydrocodone/acetaminophen tab 7.5 mg/325 mg (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 10/325 mg (QL= 6 tabs/day)	QL	1
oxycodone/acetaminophen tab 5 mg/325 mg (ROXICET equiv) (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 7.5/325 mg (QL= 8 tabs/day)	QL	1
oxycodone/aspirin tab (QL= 12 tabs/day)	QL	1
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	1
OPIOID PARTIAL AGONISTS		
buprenorphine patch (QL= 4 patches/28 days; Only one strength allowed per month)	PDL-QL	1
buprenorphine/naloxone 2 mg/0.5 mg SL tablets (QL= 1 tab/day)	PDL-QL	1
buprenorphine/naloxone 8 mg/2 mg SL tablets (QL= 3 tabs/day)	PDL-QL	1
BELBUCA FILM (QL= 2 films/day; Only one strength allowed per month)	PDL-QL	2
SUBOXONE FILM 12 MG-3 MG (QL= 0.5 film/day)	PDL-QL	2
SUBOXONE FILM 2-0.5 MG (QL= 1 film/day)	PDL-QL	2
SUBOXONE FILM 4 MG-1 MG (QL= 0.5 film/day)	PDL-QL	2
SUBOXONE FILM 8-2 MG (QL= 3 films/day)	PDL-QL	2
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1
testosterone enanthate inj	PA	1
testosterone gel (VOGELXO equiv)	PA-PDL	1
testosterone gel packet (VOGELXO equiv)	PA-PDL	1
testosterone pump	PA-PDL	1
TESTIM GEL 1%	PA-PDL	2

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	1
CORTIFOAM	-	2
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	OTC	1
ANORECTAL AND RELATED PRODUCTS		
RECTAL STEROIDS		
hydrocortisone perianal cream	-	1
PREP H CREAM	OTC	2
ANTACIDS		
ANTACID COMBINATIONS		
acid gone chew tab	OTC	1
acid gone susp	OTC	1
almacone chew tab	OTC	1
aluminum hydroxide/magnesium trisilicate chew tab	OTC	1
aluminum/mag/simethicone susp 200-200-20 mg/5ml	OTC	1
aluminum/mag/simethicone susp 400-400-40 mg/5ml	OTC	1
aluminum/magnesium hydroxides susp	OTC	1
calcium carbonate/magnesium hydroxide chew tab 700/300 mg	OTC	1
calcium carbonate/magnesium hydroxide susp	OTC	1
calcium carbonate/simethicone chew tab	OTC	1
magnesium/aluminum hydroxide/simethicone chew tab	OTC	1
DI-GEL SUSP	OTC	2
FOAM ANTACID CHEW	OTC	2
MAALOX TC SUSP	OTC	2
MAG-AL LIQUID	OTC	2
ANTACIDS - ALUMINUM SALTS		
aluminum hydroxide susp	OTC	1
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	1
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg, 500 mg, 600 mg, 750 mg, 1000 mg	OTC	1
calcium carbonate susp 1250 mg/5ml	OTC	1
calcium carbonate tab	OTC	1
CALCIUM CARB SUSP	OTC	2
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide cap 140 mg, 400 mg	OTC	1
magnesium oxide tab 400 mg	OTC	1
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	PA	1
ivermectin tab (STROMECTOL equiv) (QL= 10 tabs/30 days)	QL	1
pyrantel pamoate susp	OTC	1
PIN-X CHEW TAB	-	2
ANTIANGINAL AGENTS		

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
ANTIANGINALS-OTHER		
ranolazine tab	90DS	1
RANEXA TAB	-	2
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	90DS	1
isosorbide mononitrate ER tab (IMDUR equiv)	90DS	1
isosorbide mononitrate tab (MONOKET equiv)	90DS	1
nitroglycerin oint	90DS	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	90DS	1
NITRO-DUR PATCH 0.3 MG/HR, 0.8 MG/HR	-	2
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab 30 mg (BUSPAR equiv) (QL= 4 tabs/day)	QL	1
buspirone tab 5 mg, 10 mg, 15 mg (BUSPAR equiv)	-	1
buspirone tab 7.5 mg	PA	1
hydroxyzine hcl syrup (ATARAX equiv) (Only covered for members age 8 or younger)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
BENZODIAZEPINES		
alprazolam intensol conc (QL= 4ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1
alprazolam tab 0.25 mg, 0.5 mg, 1 mg (XANAX equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
alprazolam tab 2 mg (QL= 2 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
chlordiazepoxide cap (LIBRIUM equiv) (QL= 2 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1
diazepam conc (VALIUM equiv) (QL= 8ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1
diazepam soln (QL= 40ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1
diazepam tab (VALIUM equiv) (QL= 4 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
lorazepam tab (ATIVAN equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
oxazepam cap (SERAX equiv) (QL= 4 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
disopyramide ER cap (NORPACE CR equiv)	-	1
NORPACE CR CAP	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	90DS	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab 200 mg (CORDARONE equiv)	90DS	1
dofetilide cap	PA	1
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
NUCALA AUTOINJECTOR	MSP-PA-PDL	2
NUCALA SYRINGE	MSP-PA-PDL	2
XOLAIR AUTOINJECTOR	MSP-PA-PDL	2
XOLAIR SYRINGE	MSP-PA-PDL	2
NUCALA INJ (Medical Benefit)	PA-PDL	MB
XOLAIR INJ (Medical Benefit)	PA-PDL	MB
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide hfa inhaler aerosol (QL= 1 inhaler/30 days)	QL	1
ipratropium neb soln (ATROVENT equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1
ATROVENT HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SPIRIVA HANDIHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SPIRIVA RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
LEUKOTRIENE MODULATORS		
montelukast chew tab 4 mg (Only covered for members between 2-5 years old)	90DS-PDL	1
montelukast chew tab 5 mg (Only covered for members between 6-14 years old)	90DS-PDL	1
montelukast tab (SINGULAIR equiv)	90DS-PDL	1
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab	90DS-PDL	1
STEROID INHALANTS		
budesonide respules 0.25 mg/2ml, 0.5 mg/2ml (PULMICORT equiv) (QL= 60 vials/30 days)	PDL-QL	1
budesonide respules 1 mg/2ml (QL= 30 vials/30 days)	PDL-QL	1
fluticasone HFA (AG) (inhalation) (QL= 1 inhaler/30 days)	PDL-QL	1
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
ASMANEX INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
PULMICORT FLEXHALER (QL= 1 inhaler/30 days)	PDL-QL	2
QVAR REDIHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SYMPATHOMIMETICS		
advair HFA inhaler (QL= 1 inhaler/30 days)	PDL-QL	1
albuterol HFA inhaler (PROAIR HFA equiv) (QL= 2 inhalers/30 days)	PDL-QL	1
albuterol HFA inhaler (PROVENTIL HFA equiv) (QL= 2 inhalers/30 days)	PDL-QL	1
albuterol neb soln 0.63 mg (ACCUNEB equiv)	90DS-PDL	1
albuterol neb soln 1.25 mg (ACCUNEB equiv)	90DS-PDL	1
albuterol neb soln 100 mg/20ml, 2.5 mg/0.5ml (VENTOLIN equiv)	90DS-PDL	1
albuterol neb soln 2.5 mg/3ml (PROVENTIL equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1
albuterol nebulizer soln	PDL	1
albuterol sulfate syrup	PDL	1
albuterol/ipratropium neb soln (DUONEB equiv) (QL= 180 nebs/30 days)	90DS-PDL-QL	1
metaproterenol syrup	PDL	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS (QL= 1 inhaler/30 days)	PDL-QL	2
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	PDL-QL	2
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
DULERA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
STIOLTO INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SYMBICORT INHALER (QL= 2 inhalers/30 days)	PDL-QL	2

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2
XOPENEX HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2
XANTHINES		
theophylline ER tab	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEO-24 CAP	-	2
THEOCHRON TAB	-	2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab, jantoven tab (COUMADIN equiv)	90DS-PDL	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DOSE PACK (QL= 1 pack/fill, 1 fill/plan year)	PDL-QL	2
ELIQUIS SPRINKLE CAP (QL= 70 caps/28 days)	PDL-QL	2
ELIQUIS TAB (QL= 60 tabs/30 days)	PDL-QL	2
ELIQUIS TAB FOR ORAL SUSP 0.5 MG (QL= 5 tabs/day)	PDL-QL	2
ELIQUIS TAB FOR ORAL SUSP PACK 3 x 0.5 MG (1.5 MG) (QL= 15 tabs/day)	PDL-QL	2
ELIQUIS TAB FOR ORAL SUSP PACK 4 x 0.5 MG (2 MG) (QL= 20 tabs/day)	PDL-QL	2
XARELTO STARTER PACK (QL= 1 pack/fill per calendar year)	PDL-QL	2
XARELTO TAB 10 MG (QL= 1 tab/day)	PDL-QL	2
XARELTO TAB 15 MG (QL= 42 tab/fill per calendar year)	PDL-QL	2
XARELTO TAB 2.5MG (QL=2 tabs/day)	PDL-QL	2
XARELTO TAB 20 MG (QL= 1 tab/day)	PDL-QL	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin syringe (LOVENOX equiv)	PDL	1
enoxaparin vial (LOVENOX equiv)	PDL	1
FRAGMIN VIAL	PDL	2
THROMBIN INHIBITORS		
PRADAXA CAP	PDL	2
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp (QL= 240ml/30 days)	PDL-QL	1
clobazam tab	PDL	1
clonazepam tab (KLONOPIN equiv)	-	1
diazepam rectal gel (QL= 2 inj/fill)	PDL-QL	1
NAYZILAM SPRAY	PDL	2
VALTOCO NASAL SPRAY	PDL	2
ANTICONVULSANTS - MISC.		
brivaracetam tab (QL= 2 tabs/day)	PDL-QL	1
carbamazepine chew tab (TEGRETOL equiv)	90DS-PDL	1
carbamazepine ER tab (TEGRETOL XR equiv)	90DS-PDL	1
carbamazepine susp (TEGRETOL equiv)	PDL	1
carbamazepine tab (TEGRETOL equiv)	90DS-PDL	1
gabapentin cap 100 mg (QL= 36 caps/day)	PDL-QL	1
gabapentin cap 300 mg (QL= 12 caps/day)	PDL-QL	1

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
gabapentin cap 400 mg (QL= 9 caps/day)	PDL-QL	1
gabapentin soln (NEURONTIN equiv)	PDL	1
gabapentin tab 600 mg (QL= 6 tabs/day)	PDL-QL	1
gabapentin tab 800 mg (QL= 4.5 tabs/day)	PDL-QL	1
lacosamide oral solution (QL= 1200 ml/30 days)	PDL-QL	1
lacosamide tab (QL= 2 tabs/day)	PDL-QL	1
lamotrigine chew tab (LAMICTAL equiv)	PDL	1
lamotrigine ER tab (LAMICTAL XR equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
lamotrigine tab (LAMICTAL equiv)	90DS-PDL	1
levetiracetam ER tab, roweepra ER tab (KEPPRA XR equiv)	90DS-PDL	1
levetiracetam soln (KEPPRA equiv)	90DS-PDL	1
levetiracetam tab, roweepra tab (KEPPRA equiv)	90DS-PDL	1
oxcarbazepine susp (TRILEPTAL equiv)	PDL	1
oxcarbazepine tab (TRILEPTAL equiv)	90DS-PDL	1
pregabalin cap (QL= 3 caps/day; Only one strength allowed per month)	PDL-QL	1
primidone tab (MYSOLINE equiv)	90DS-PDL	1
topiramate sprinkle cap (TOPAMAX equiv)	PDL	1
topiramate tab (TOPAMAX equiv)	90DS-PDL	1
zonisamide cap (ZONEGRAN equiv)	90DS-PDL	1
CARBATROL CAP 100 MG, 200 MG (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	2
CARBATROL CAP 300 MG (QL= 4 caps/day; Only one strength allowed per month)	PDL-QL	2
QUDEXY XR CAP 200 MG (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	2
QUDEXY XR CAP 25 MG, 50 MG, 100 MG, 150 MG (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2
CARBAMATES		
felbamate susp (FELBATOL equiv)	PDL	1
felbamate tab (FELBATOL equiv)	PDL	1
HYDANTOINS		
phenytoin cap, phenytoin ext cap (DILANTIN equiv)	90DS-PDL	1
phenytoin chew tab (DILANTIN equiv)	PDL	1
phenytoin susp (DILANTIN equiv)	90DS-PDL	1
DILANTIN CAP 30 MG	PDL	2
DILANTIN CAP, PHENYTEK CAP	PDL	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	PDL	1
ethosuximide syrup (ZARONTIN equiv)	90DS-PDL	1
CELONTIN CAP	PDL	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	90DS-PDL	1
divalproex sodium DR tab (DEPAKOTE equiv)	90DS-PDL	1
divalproex sprinkle cap (DEPAKOTE equiv)	PDL	1
valproic acid cap (DEPAKENE equiv)	90DS-PDL	1
valproic acid soln (DEPAKENE equiv)	90DS-PDL	1
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv) (QL= 1 tab/day)	90DS-PDL-QL	1
mirtazapine tab 15 mg (QL= 0.5 tab/day)	90DS-PDL-QL	1
mirtazapine tab 30 mg (QL= 1 tab/day)	90DS-PDL-QL	1

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
mirtazapine tab 45 mg (QL= 1 tab/day)	90DS-PDL-QL	1
mirtazapine tab 7.5 mg (REMERON equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	90DS-PDL	1
bupropion tab (WELLBUTRIN equiv)	90DS-PDL	1
bupropion XL tab 150 mg (WELLBUTRIN XL equiv)	90DS-PDL	1
bupropion XL tab 300 mg (QL= 2 tabs/day)	90DS-PDL-QL	1
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
MARPLAN TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	90DS-PDL	1
citalopram tab (CELEXA equiv)	90DS-PDL	1
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
fluoxetine cap (PROZAC equiv)	90DS-PDL	1
fluoxetine soln (PROZAC equiv)	PDL	1
fluvoxamine tab (LUVOX equiv)	90DS-PDL	1
paroxetine tab (PAXIL equiv)	90DS-PDL	1
sertraline conc (ZOLOFT equiv)	90DS-PDL	1
sertraline tab (ZOLOFT equiv)	90DS-PDL	1
SEROTONIN MODULATORS		
nefazodone tab	PDL	1
trazodone tab (DESYREL equiv)	90DS-PDL	1
vilazodone HCL tab 10 mg (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	1
vilazodone HCL tab 20 mg (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	1
vilazodone HCL tab 40 mg (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
TRINTELLIX TAB (QL= 1 tab/day)	PDL-QL	2
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
duloxetine EC cap 20 mg, 60 mg (CYMBALTA equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
duloxetine EC cap 30 mg (QL= 1 cap/day)	90DS-PDL-QL	1
venlafaxine ER cap (EFFEXOR XR equiv)	90DS-PDL	1
venlafaxine tab (EFFEXOR equiv)	90DS-PDL	1
FETZIMA CAP (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2
FETZIMA TITRATION PACK (QL= 1 pack/365 days)	PDL-QL	2
TRICYCLIC AGENTS		
amitriptyline 10 mg tab (QL= 1 tab/day)	90DS-QL	1
amitriptyline 25 mg tab (QL= 1 tab/day)	90DS-QL	1
amitriptyline 50 mg tab (QL= 1 tab/day)	90DS-QL	1
amitriptyline tab 100 mg	90DS	1
amitriptyline tab 150 mg	90DS	1
amitriptyline tab 75 mg	90DS	1
desipramine tab (NORPRAMIN equiv)	-	1
doxepin cap (SINEQUAN equiv)	90DS	1
doxepin conc (SINEQUAN equiv) (QL= 0.6ml/day)	90DS-QL	1

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ANTIDEPRESSANTS Cont.		
imipramine tab (TOFRANIL equiv)	90DS	1
nortriptyline cap (PAMELOR equiv)	90DS	1
nortriptyline soln	-	1
DOXEPIN HCL CONC (QL= 0.6ml/day)	90DS-QL	2
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	90DS-PDL	1
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLIN PEN INJ	PA-PDL	2
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	PA	1
glyburide/metformin tab (GLUCOVANCE equiv)	PA	1
JANUMET TAB	PA-PDL	2
JENTADUETO TAB	PA-PDL	2
JENTADUETO XR TAB	PA-PDL	2
SYNJARDY TAB	PA-PDL	2
SYNJARDY XR TAB	PA-PDL	2
XIGDUO XR TAB	PA-PDL	2
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	90DS	1
metformin tab (GLUCOPHAGE equiv)	90DS	1
DIABETIC OTHER		
glucagon emergency kit (amphastar equiv) (QL= 2 inj/fill)	PDL-QL	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	PDL-QL	2
PROGLYCEM SUSP (QL= 180ml/30 days)	PDL-QL	2
ZEGALOGUE AUTOINJECTOR (QL= 2 inj/fill)	PDL-QL	2
ZEGALOGUE SYRINGE (QL= 2 inj/fill)	PDL-QL	2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB	PA-PDL	2
TRADJENTA TAB	PA-PDL	2
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ	PA-PDL	2
OZEMPIC INJ	PA-PDL	2
OZEMPIC TAB	PA-PDL	2
TRULICITY INJ	PA-PDL	2
VICTOZA INJ	PA-PDL	2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ	PA-PDL	2
INSULIN		
HUMALOG CARTRIDGE	PDL	2
HUMALOG JUNIOR KWIKPEN	PDL	2
HUMALOG MIX PEN	PDL	2
HUMALOG MIX VIAL	PDL	2
HUMALOG PEN	PDL	2
HUMALOG VIAL	PDL	2
HUMULIN 70/30 PEN	OTC-PDL	2

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ANTIDIABETICS Cont.		
HUMULIN 70/30 VIAL	OTC-PDL	2
HUMULIN R U-500 KWIKPEN INJ, VIAL	PDL	2
HUMULIN VIAL (R, N)	OTC-PDL	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG FLEXPEN INJ equiv)	PDL	2
INSULIN ASPART PENFILL INJ (NOVOLOG PENFILL INJ equiv)	PDL	2
INSULIN ASPART VIAL (NOVOLOG INJ equiv)	PDL	2
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) PEN (NOVOLOG MIX FLEXPEN INJ equiv)	PDL	2
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) VIAL (NOVOLOG MIX INJ equiv)	PDL	2
INSULIN GLARGINE-YFGN PEN	PDL	2
INSULIN LISPRO JUNIOR KWIKPEN	PDL	2
INSULIN LISPRO PEN	PDL	2
INSULIN LISPRO VIAL	PDL	2
LANTUS SOLOSTAR PEN	PDL	2
LANTUS VIAL	PDL	2
NOVOLIN N INJ VIAL	OTC-PDL	2
NOVOLIN R INJ VIAL	OTC-PDL	2
NOVOLOG FLEXPEN INJ	PDL	2
NOVOLOG MIX FLEXPEN INJ	PDL	2
NOVOLOG MIX VIAL	PDL	2
NOVOLOG PENFILL CARTRIDGE	PDL	2
NOVOLOG VIAL	PDL	2
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	90DS-PDL	1
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	90DS	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB	PA-PDL	2
JARDIANCE TAB (QL= 1 tab/day)	PA-PDL-QL	2
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	90DS	1
glipizide ER tab (GLUCOTROL XL equiv)	90DS	1
glipizide tab (GLUCOTROL equiv)	90DS	1
glyburide tab (MICRONASE equiv)	90DS	1
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
loperamide hcl susp	OTC	1
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab	OTC	1
bismuth subsalicylate susp	OTC	1
bismuth subsalicylate tab	OTC	1
ANTIDIARRHEAL COMBINATIONS		
loperamide/simethicone tab	OTC	1
IMODIUM CHEW TAB	OTC	2
ANTIPERISTALTIC AGENTS		

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ANTIDIARRHEALS Cont.		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	OTC	1
loperamide tab	OTC	1
IMODIUM A-D CHEW TAB	OTC	2
ANTIDOTES		
ANTIDOTES		
charcoal activated cap	OTC	1
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
naloxone prefilled syringe (QL= 2 inj/30 days)	PDL-QL	1
naloxone vial (QL= 1 vial/fill)	PDL-QL	1
KLOXXADO NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	OTC-PDL-QL	2
REXTOVY NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ondansetron ODT (ZOFRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1
ondansetron soln (ZOFRAN equiv) (QL= 120ml/15 days)	PDL-QL	1
ondansetron tab 4 mg, 8 mg (ZOFRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab 12.5 mg, 25 mg (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
TRANSDERM-SCOP PATCH (QL= 10 patches/month)	PDL-QL	2
ANTIEMETICS - MISCELLANEOUS		
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	PA-QL	1
DICLEGIS TAB (QL= 4 tabs/day)	PDL-QL	2
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap 40 mg (EMEND equiv) (QL= 3 caps/180 days)	QL	1
aprepitant cap 80 mg (EMEND equiv) (QL= 2 caps/15 days)	QL	1
aprepitant pak (EMEND PAK equiv)	PA	1
ANTIFUNGALS		
ANTIFUNGALS		
nystatin powder	PDL	1
terbinafine tab (LAMISIL equiv)	PDL	1
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	PDL	1
fluconazole tab (DIFLUCAN equiv)	PDL	1
voriconazole tab (VFEND equiv) (QL= 4 tabs/day)	PDL-QL	1
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine CR tab	OTC	1
chlorpheniramine liquid	OTC	1

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ANTIHISTAMINES Cont.		
chlorpheniramine maleate syrup	OTC	1
chlorpheniramine tab	OTC	1
ANTIHISTAMINES - ETHANOLAMINES		
aler-dryl tab	OTC	1
clemastine fumarate tab	OTC	1
clemastine tab	OTC	1
diphenhydramine cap 25 mg	OTC	1
diphenhydramine cap 50 mg (BENADRYL equiv)	OTC	1
diphenhydramine elixir	OTC	1
diphenhydramine liquid	OTC	1
diphenhydramine tab 25 mg	OTC	1
ANTIHISTAMINES - NON-SEDATING		
cetirizine soln (ZYRTEC equiv)	OTC-PDL	1
cetirizine tab (ZYRTEC equiv)	OTC-PDL	1
fexofenadine susp 30 mg/5 ml (ALLEGRA equiv) (QL= 10 ml/day)	OTC-PDL-QL	1
fexofenadine tab 180 mg (ALLEGRA equiv) (QL= 1 tab/day)	OTC-PDL-QL	1
fexofenadine tab 60 mg (ALLEGRA equiv) (QL= 2 tabs/day)	OTC-PDL-QL	1
levocetirizine soln (XYZAL equiv)	PDL	1
levocetirizine tab (XYZAL equiv)	PDL	1
loratadine ODT (CLARITIN equiv)	OTC-PDL	1
loratadine soln (CLARITIN equiv)	OTC-PDL	1
loratadine syrup (CLARITIN equiv)	OTC-PDL	1
loratadine tab (CLARITIN equiv)	OTC-PDL	1
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine tab (PHENERGAN equiv) (Prior Authorization required for members age 65 or older)	PA	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup (Only covered for members age 8 or younger)	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
omega-3 acid ethyl esters cap (LOVAZA equiv)	90DS-PDL	1
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv) (QL= 3 cans (718.2gm)/30 days)	90DS-PDL-QL	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	90DS-PDL	1
cholestyramine powder (QUESTRAN equiv) (QL= 3 cans (1,134gm)/30 days)	PDL-QL	1
cholestyramine powder pack (QUESTRAN equiv)	90DS-PDL	1
colestipol granule (COLESTID equiv)	PDL	1
colestipol powder packet (COLESTID equiv)	PDL	1
colestipol tab (COLESTID equiv)	90DS-PDL	1
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67 mg, 134 mg, 200 mg (QL= 1 cap/day)	90DS-PDL-QL	1
fenofibrate tab 48 mg, 145 mg (QL= 1 tab/day)	90DS-PDL-QL	1
fenofibrate tab 54 mg, 160 mg (QL= 1 tab/day)	90DS-PDL-QL	1
gemfibrozil tab (LOPID equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
lovastatin tab (MEVACOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0
simvastatin tab (ZOCOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	$0
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab	90DS-PDL	1
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	PDL	1
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	90DS-PDL	1
captopril tab (CAPOTEN equiv)	PDL	1
enalapril tab (VASOTEC equiv)	90DS-PDL	1
fosinopril tab (MONOPRIL equiv)	PDL	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	90DS-PDL	1
moexipril tab (UNIVASC equiv)	PDL	1
perindopril tab (ACEON equiv)	PDL	1
ramipril cap (ALTACE equiv)	90DS-PDL	1
trandolapril tab (MAVIK equiv)	PDL	1
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	90DS-PDL	1
losartan tab (COZAAR equiv)	90DS-PDL	1
olmesartan tab (BENICAR equiv)	90DS-PDL	1
valsartan tab (DIOVAN equiv)	90DS-PDL	1
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv) (QL= 4 patches/30 days)	90DS-QL	1
clonidine tab (CATAPRES equiv)	90DS	1
doxazosin tab (CARDURA equiv)	90DS-PDL	1
guanfacine IR tab (TENEX equiv)	90DS	1
prazosin cap (MINIPRESS equiv)	90DS	1
terazosin cap (HYTRIN equiv)	90DS-PDL	1
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	90DS-PDL	1
amlodipine/valsartan tab (EXFORGE equiv)	90DS-PDL	1
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	PDL	1
atenolol/chlorthalidone tab (TENORETIC equiv)	PDL	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	90DS-PDL	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	PDL	1
captopril/hydrochlorothiazide tab	PDL	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	90DS-PDL	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	PDL	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	90DS-PDL	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	90DS-PDL	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	90DS-PDL	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	90DS-PDL	1
propranolol/hydrochlorothiazide tab	PDL	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	PDL	1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	90DS-PDL	1
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg (QL= 0.5 tab/day)	90DS-QL	1
eplerenone tab 50 mg (QL= 1 tab/day)	90DS-QL	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	90DS	1
minoxidil tab (LONITEN equiv)	90DS	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab 500 mg (QL= 4 tabs/fill)	QL	1
trimethoprim tab (PROLOPRIM equiv)	-	1
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv) (COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1
GLYCOPEPTIDES		
vancomycin cap (VANCOCIN equiv)	PA	1
LEPROSTATICS		
dapsone tab	90DS	1
LINCOSAMIDES		
clindamycin cap 150 mg (CLEOCIN equiv)	-	1
clindamycin cap 300 mg (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
OXAZOLIDINONES		
linezolid tab (ZYVOX equiv) (QL= 2 tabs/day)	QL	1
URINARY ANTI-INFECTIVES		
nitrofurantoin macrocrystals cap 50 mg, 100 mg (MACRODANTIN equiv) (Prior Authorization required for members age 65 or older)	PA	1
nitrofurantoin monohydrate cap (MACROBID equiv) (Prior Authorization required for members age 65 or older)	PA	1
nitrofurantoin susp	PA	1
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	2
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	90DS	1
mefloquine tab (LARIAM equiv)	-	1
pyrimethamine/leucovorin compounded capsules	PA	1
CHLOROQUINE TAB	-	2
HYDROXYCHLOROQUINE TAB	90DS	2
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
ANTIMYCOBACTERIAL AGENTS		

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DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid tab	90DS	1
pyrazinamide tab	-	1
rifampin cap (RIFADIN equiv)	-	1
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	MSP	$0
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	$0
cyclophosphamide tab (CYTOXAN equiv)	-	$0
GLEOSTINE CAP	PA	$0
HEXALEN CAP	-	$0
LEUKERAN TAB	-	$0
lomustine cap	PA	$0
MYLERAN TAB	MSP	$0
temozolomide cap (TEMODAR equiv)	MSP-PA	$0
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	MSP-PA	$0
mercaptopurine tab (PURINETHOL equiv)	-	$0
methotrexate inj	-	$0
methotrexate tab	-	$0
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB	MSP-PA-SF	$0
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab	MSP-PA-SF	$0
TARCEVA TAB	MSP-PA-SF	$0
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	MSP-PA-SF	$0
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	90DS	$0
bicalutamide tab (CASODEX equiv)	-	$0
ELIGARD INJ	MSP-PA	$0
ELIGARD INJ, LUPRON DEPOT INJ	MSP-PA	$0
ELIGARD INJ, VABRINITY INJ	MSP-PA	$0
ELIGARD INJ, VABRINTY INJ	MSP-PA	$0
exemestane tab (AROMASIN equiv)	90DS	$0
FIRMAGON INJ	PA	$0
FLUTAMIDE CAP	-	$0
flutamide cap (EULEXIN equiv)	-	$0
letrozole tab (FEMARA equiv)	90DS	$0
leuprolide inj (LUPRON equiv)	MSP-PA	$0
LUPRON DEPOT INJ	MSP-PA	$0
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	$0
megestrol susp (MEGACE equiv) (QL= 20ml/day)	PDL-QL	$0

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
megestrol tab (MEGACE equiv)	PDL	$0
tamoxifen tab (NOLVADEX equiv)	90DS	$0
toremifene tab	-	$0
TRELSTAR INJ	PA	$0
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	$0
ZOLADEX IMP	PA	$0
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide cap	PA	$0
ANTINEOPLASTIC ENZYME INHIBITORS		
bosutinib tab	MSP-PA-SF	$0
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	$0
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	$0
dasatinib tab	MSP-PA-SF	$0
everolimus tab (AFINITOR TAB equiv)	MSP-PA-SF	$0
ICLUSIG TAB (Available only at AcariaHealth 1-800-511-5144)	LD-PA-SF	$0
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	$0
ISTODAX INJ	PA	$0
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	$0
JAKAFI XR TAB (QL= 1 tabs/day)	MSP-PA-QL	$0
lapatinib ditosylate tab	MSP-PA	$0
MEKINIST TAB	MSP-PA	$0
nilotinib hcl cap	MSP-PA-SF	$0
pazopanib hcl tab	MSP-PA-SF	$0
romidepsin for IV inj	PA	$0
sorafenib tosylate tab	MSP-PA-SF	$0
STIVARGA TAB	MSP-PA-SF	$0
sunitinib malate cap	MSP-PA-SF	$0
TAFINLAR CAP	MSP-PA-SF	$0
ZELBORAF TAB	MSP-SF	$0
ZOLINZA CAP	MSP-PA-SF	$0
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	$0
ZYKADIA CAP	PA	$0
ZYKADIA TAB	PA	$0
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	$0
hydroxyurea cap (HYDREA equiv)	-	$0
MATULANE CAP	PA	$0
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN TAB	-	$0
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	90DS	1
trihexyphenidyl tab (ARTANE equiv)	90DS	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	PDL	1
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	90DS	1

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
amantadine syrup (SYMMETREL equiv)	90DS	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	90DS	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	90DS-PDL	1
carbidopa/levodopa ODT (PARCOPA equiv)	PDL	1
carbidopa/levodopa tab (SINEMET equiv)	90DS-PDL	1
pramipexole tab (MIRAPEX equiv)	90DS-PDL	1
ropinirole tab (REQUIP equiv)	90DS-PDL	1
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv)	PA	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON DOPAMINERGICS		
carbidopa/levodopa/entacapone tab	PDL	1
APOKYN INJ	MSP-PA-PDL	2
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	90DS	$0
lithium carbonate ER tab (LITHOBID equiv)	90DS	$0
lithium carbonate tab	90DS	$0
ANTIPSYCHOTICS - MISC.		
lurasidone HCL tab 120 mg (QL= 1 tab/day)	90DS-PDL-QL	$0
lurasidone HCL tab 20 mg, 40 mg, 60 mg (QL= 0.5 tab/day)	90DS-PDL-QL	$0
lurasidone HCL tab 80 mg (QL= 1 tab/day)	90DS-PDL-QL	$0
ziprasidone cap 20 mg (QL= 10 caps/day)	90DS-PDL-QL	$0
ziprasidone cap 40 mg (QL= 5 caps/day)	90DS-PDL-QL	$0
ziprasidone cap 60 mg (QL= 3 caps/day)	90DS-PDL-QL	$0
ziprasidone cap 80 mg (QL= 2 caps/day)	90DS-PDL-QL	$0
ziprasidone inj	PA-PDL	$0
BENZISOXAZOLES		
INVEGA HAFYERA INJ	PA-PDL	$0
INVEGA SUSTENNA INJ	PA-PDL	$0
INVEGA TRINZA INJ	PA-PDL	$0
paliperidone ER tab 1.5 mg, 3 mg, 9 mg (INVEGA equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	$0
paliperidone ER tab 6 mg (INVEGA equiv) (QL= 2 tabs/day; Only one strength allowed per month)	PDL-QL	$0
RISPERDAL CONSTA	PA-PDL	$0
risperidone ODT (RISPERDAL M equiv)	PDL	$0
risperidone soln (RISPERDAL equiv)	90DS-PDL	$0
risperidone tab (RISPERDAL equiv)	90DS-PDL	$0
BUTYROPHENONES		
haloperidol tab (HALDOL equiv)	90DS	$0
DIBENZAPINES		
clozapine ODT (FAZACLO equiv)	PDL	$0
clozapine tab (CLOZARIL equiv)	PDL	$0
olanzapine inj	PA-PDL	$0

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
olanzapine tab (ZYPREXA equiv)	90DS-PDL	$0
quetiapine tab (SEROQUEL equiv)	90DS-PDL	$0
quetiapine XR tab	90DS-PDL	$0
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	90DS	$0
fluphenazine inj	PA	$0
fluphenazine tab (PROLIXIN equiv)	90DS	$0
perphenazine tab (TRILAFON equiv)	-	$0
prochlorperazine tab (COMPAZINE equiv)	90DS	$0
trifluoperazine tab (STELAZINE equiv)	90DS	$0
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII INJ	PA-PDL	$0
ABILIFY MAINTENA INJ	PA-PDL	$0
aripiprazole soln (ABILIFY equiv) (QL= 30ml/30 days)	90DS-PDL-QL	$0
aripiprazole tab (QL= 1 tab/day)	90DS-PDL-QL	$0
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	90DS	$0
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln	OTC	1
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liq	OTC	1
IODINE ANTISEPTICS		
povidone/iodine soln	OTC	1
ANTIVIRALS		
ANTIRETROVIRALS		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	90DS	$0
abacavir soln	-	1
abacavir tab (ZIAGEN equiv)	90DS	1
abacavir/lamivudine tab (EPZICOM equiv)	-	1
atazanavir cap 150 mg, 200 mg, 300 mg	-	1
darunavir tab	-	1
efavirenz tab	-	1
efavirenz/emtricitabine/tenofovir tab	-	1
emtricitabine cap	-	1
emtricitabine-rilpivirine-tenofovir df tab	-	1
etravirine tab	-	1
fosamprenavir tab (LEXIVA TAB equiv)	-	1
lamivudine soln (EPIVIR equiv)	90DS	1
lamivudine tab (EPIVIR equiv)	-	1
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1
lopinavir-ritonavir tab	-	1
maraviroc tab	-	1
nevirapine ER tab (VIRAMUNE XR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
rilpivirine hcl tab	-	1

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ritonavir tab (NORVIR TAB equiv)	90DS	1
tenofovir disoproxil fumarate tab	90DS	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
APTIVUS CAP	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
DELSTRIGO TAB	-	2
DESCOVY ER TAB FOR TREATMENT (**DESCOVY ER TAB FOR PREVENTION (Tier $0)**)	PA	2
DOVATO TAB	-	2
EDURANT PED TAB	-	2
EPIVIR SOLN	-	2
EPIVIR TAB	-	2
EVOTAZ TAB	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
ISENTRESS POWDER PACK	-	2
ISENTRESS TAB	-	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA TAB	-	2
SELZENTRY ORAL SOLN	-	2
STRIBILD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ PD TAB	-	2
TRIUMEQ TAB	-	2
VIDEX SOLN	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/90 days)	PDL-QL	2
PAXLOVID TAB 150-100 MG (QL= 20 tabs/90 days)	PDL-QL	2
PAXLOVID TAB 300-100 MG (QL= 30 tabs/90 days)	PDL-QL	2
CMV AGENTS		
valganciclovir tab (VALCYTE equiv)	-	1
HEPATITIS AGENTS		
entecavir tab (BARACLUDE equiv)	90DS-PDL	1
lamivudine HBV tab 100 mg (EPIVIR HBV equiv)	PDL	1
ribavirin cap	PDL	1
ribavirin cap (REBETOL equiv)	PDL	1
ribavirin tab 200 mg	MSP-PDL	1
BARACLUDE SOLN	PDL	2
MAVYRET PELLET PAK	MSP-PA-PDL	2
MAVYRET TAB	MSP-PA-PDL	2
PEGASYS SYRINGE	MSP-PA-PDL	2
PEGASYS VIAL	MSP-PA-PDL	2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	PDL	1
acyclovir susp (ZOVIRAX equiv)	PDL	1
acyclovir tab (ZOVIRAX equiv)	PDL	1
valacyclovir tab (VALTREX equiv)	PDL	1
INFLUENZA AGENTS		
oseltamivir cap 30 mg (QL= 20 caps/fill)	PDL-QL	1
oseltamivir cap 45 mg, 75 mg (QL= 10 caps/fill)	PDL-QL	1
oseltamivir susp (QL= 120ml/fill, 2 fills/year)	PDL-QL	1
RELENZA DISKHALER (QL= 2 inhalers/180 days)	PDL-QL	2
MISC. ANTIVIRALS		
LAGEVRIO CAP 200 MG (QL= 40 caps/fill)	QL	2
ASSORTED CLASSES		
IMMUNOMODULATORS		
THALOMID CAP	MSP-PA	2
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	90DS-PDL	1
cyclosporine cap (SANDIMMUNE equiv)	PDL	1
cyclosporine modified cap (NEORAL equiv)	PDL	1
cyclosporine modified soln (NEORAL equiv)	PDL	1
mycophenolate mofetil cap (CELLCEPT equiv)	90DS-PDL	1
mycophenolate mofetil tab (CELLCEPT equiv)	90DS-PDL	1
tacrolimus cap (PROGRAF equiv)	90DS-PDL	1
CELLCEPT SUSP	PDL	2
POTASSIUM REMOVING RESINS		
sodium polystyrene soln 15 gm/60ml (SPS equiv)	-	1
VELTASSA POWDER (QL= 30 packets/30 days)	PA-QL	2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol ER cap (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
carvedilol tab (COREG equiv)	90DS-PDL	1
labetalol tab (NORMODYNE equiv)	90DS-PDL	1
BETA BLOCKERS CARDIO-SELECTIVE		
atenolol tab (TENORMIN equiv)	90DS-PDL	1
bisoprolol tab (ZEBETA equiv)	90DS-PDL	1
metoprolol ER tab (TOPROL XL equiv)	90DS-PDL	1
metoprolol tab (LOPRESSOR equiv)	90DS-PDL	1
nebivolol hcl tab	90DS-PDL	1
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	90DS-PDL	1
propranolol ER cap (INDERAL LA equiv)	90DS-PDL	1
propranolol hcl oral soln 20mg/5ml	90DS-PDL	1
propranolol tab (INDERAL equiv)	90DS-PDL	1
sotalol AF tab (BETAPACE AF equiv)	PDL	1
sotalol tab (BETAPACE equiv)	90DS-PDL	1
CALCIUM CHANNEL BLOCKERS		

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90DS	90 Day Supply Allowed	LD	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	90DS-PDL	1
diltiazem ER cap (CARDIZEM CD equiv)	90DS-PDL	1
diltiazem ER cap (DILACOR XR equiv)	90DS-PDL	1
diltiazem ER cap (TIAZAC equiv)	90DS-PDL	1
diltiazem tab (CARDIZEM equiv)	90DS-PDL	1
felodipine ER tab (PLENDIL equiv)	90DS-PDL	1
nifedipine cap (PROCARDIA equiv)	90DS-PDL	1
nifedipine ER tab (ADALAT CC equiv)	90DS-PDL	1
verapamil ER cap	90DS-PDL	1
verapamil ER tab (CALAN SR, ISOPTIN SR equiv)	90DS-PDL	1
verapamil tab (CALAN equiv)	90DS-PDL	1
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	90DS	1
digoxin tab (LANOXIN equiv)	90DS	1
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan tab (QL= 2 tabs/day)	PDL-QL	1
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	1
treprostinil inj	PA	1
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab	PA-PDL	1
TRACLEER TAB (QL= 2 tabs/day)	PA-PDL-QL	2
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp/sildenafil susp (authorized generic)	PA-PDL	1
sildenafil tab 20 mg (REVATIO equiv)	PA-PDL	1
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	PDL	1
cefadroxil susp (DURICEF equiv)	PDL	1
cephalexin cap (KEFLEX equiv)	PDL	1
cephalexin susp (KEFLEX equiv)	PDL	1
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap (CECLOR equiv)	PDL	1
cefaclor susp	PDL	1
cefprozil susp (CEFZIL equiv)	PDL	1
cefprozil tab (CEFZIL equiv)	PDL	1
cefuroxime tab (CEFTIN equiv)	PDL	1
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	PDL	1
cefdinir susp (OMNICEF equiv)	PDL	1
cefixime cap	PDL	1
cefpodoxime proxetil tab	PDL	1
CONTRACEPTIVES		

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - ORAL		
apri tab (DESOGEN equiv)	90DS	$0
ARANELLE TAB	90DS	$0
aranelle tab (TRI-NORINYL equiv)	90DS	$0
aviane tab (ALESSE equiv)	90DS	$0
cesia tab (CYCLESSA equiv)	90DS	$0
cryselle tab (LO/OVRAL equiv)	90DS	$0
enpresse tab (TRI-LEVELEN equiv)	90DS	$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	90DS	$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	90DS	$0
junel FE tab (LOESTRIN FE equiv)	90DS	$0
junel tab (LOESTRIN equiv)	90DS	$0
kariva tab (MIRCETTE equiv)	90DS	$0
kelnor tab (DEMULEN equiv)	90DS	$0
mononessa tab (ORTHO-CYCLEN equiv)	90DS	$0
nortrel tab (OVCON 35 equiv)	90DS	$0
OGESTREL TAB	90DS	$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	90DS	$0
TYBLUME TAB	90DS	$0
VALTYA 1/50 TAB	90DS	$0
VELIVET PAK	90DS	$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch	90DS	$0
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng vaginal ring	90DS	$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB (QL= 4 fills/year)	QL	$0
levonorgestrel tab (PLAN B equiv) (QL= 4 fills/year)	OTC-QL	$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	90DS	$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln 15 mg/5ml (PEDIAPRED equiv)	-	1
prednisolone soln 25 mg/5ml	-	1
prednisolone syrup	-	1
prednisone tab (DELTASONE equiv)	-	1
prednisone tab 50 mg	-	1
MEDROL TAB	-	2
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	2

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	90DS	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
dextromethorphan cap	OTC	1
dextromethorphan ER liquid	90DS-OTC	1
hydrocodone/homatropine syrup	-	1
tussigon tab	-	1
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine/pse elixir	OTC	1
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC-PDL	1
guaifenesin/codeine soln 100-10 mg/5ml	OTC	1
guaifenesin-dm ER tab 30/600 mg	OTC	1
guaifenesin-dm ER tab 60/1200 mg	OTC	1
guaifenesin-dm liquid 10-100 mg/5ml	OTC	1
guaifenesin-dm liquid 10-200 mg/5ml	OTC	1
guaifenesin-dm liquid 5-100 mg/5ml	OTC	1
guaifenesin-dm syrup	OTC	1
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC-PDL	1
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC-PDL	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
triprolidine/pseudoephedrine liquid	OTC	1
PROMETHAZINE VC SYRUP	-	2
PSEUDOEPHEDRINE/GUAIFENESIN SYRUP 30-100 MG/5ML	OTC	2
EXPECTORANTS		
guaifenesin ER tab (MUCINEX equiv)	OTC	1
guaifenesin liquid	OTC	1
guaifenesin syrup (ROBITUSSIN equiv)	OTC	1
guaifenesin tab (ALLFEN JR equiv)	OTC	1
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln 0.9%	OTC	1
HYPERSAL NEB SOLN 0.9%	-	2
HYPERSAL NEB SOLN 10%	-	2
HYPERSAL NEB SOLN 3%	-	2
HYPERSAL NEB SOLN 7%	-	2
MUCOLYTICS		
acetylcysteine soln 20%	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene gel (DIFFERIN equiv) (QL= 45gm/30 days)	PDL-QL	1
adapalene gel OTC (QL= 45gm/30 days)	OTC-PDL-QL	1
benzoyl peroxide cleanser/wash 3%, 5%, 6%, 9%, 10% only	OTC-PDL	1
benzoyl peroxide gel	OTC-PDL	1

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
benzoyl peroxide lotion	OTC-PDL	1
clindamycin gel (CLEOCIN equiv) (QL= 60gm/30 days)	PDL-QL	1
clindamycin lotion (CLEOCIN- T equiv) (QL= 60gm/30 days)	PDL-QL	1
clindamycin swab (CLEOCIN-T equiv) (QL= 60 pads/30 days)	PDL-QL	1
clindamycin topical soln (CLEOCIN-T equiv) (QL= 60ml/30 days)	PDL-QL	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL= 50gm/30 days)	PDL-QL	1
clindamycin/benzoyl peroxide gel (DUAC equiv) (QL= 45gm/30 days)	PDL-QL	1
erythromycin gel (QL= 60gm/30 days)	PDL-QL	1
erythromycin med swab (QL= 60 pads/30 days)	PDL-QL	1
erythromycin soln (QL= 60ml/30 days)	PDL-QL	1
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) (QL= 46.6gm/30 days)	PDL-QL	1
isotretinoin cap (ACCUTANE equiv)	PA	1
sodium sulfacetamide susp (KLARON equiv) (QL= 118gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfer wash/cleanser (QL= 340.2ml/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur (topical) (QL= 57gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur cream (QL= 57gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur susp (QL=473gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur wash/cleanser (QL= 340.2ml/30days)	PDL-QL	1
tretinoin cream (QL= 45gm/30 days)	PDL-QL	1
tretinoin gel (AVITA, RETIN-A equiv) (QL= 45gm/30 days)	PDL-QL	1
ANTIBIOTICS - TOPICAL		
bacitracin oint	OTC	1
bacitracin zinc oint	OTC	1
bacitracin/polymyxin b oint	OTC	1
gentamicin sulfate cream (QL= 30gm/30 days)	QL	1
gentamicin sulfate oint (QL= 30gm/30 days)	QL	1
mupirocin oint (BACTROBAN equiv) (QL= 30gm/30 days)	PDL-QL	1
neomycin-bacitracin-poly oint	OTC	1
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1
ciclopirox soln (PENLAC equiv) (QL= 7ml/30 days)	PDL-QL	1
ciclopirox topical susp (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1
clotrimazole cream (LOTRIMIN AF equiv) (QL= 30gm/30 days)	OTC-PDL-QL	1
clotrimazole soln (Rx Only) (QL= 30ml/30 days)	PDL-QL	1
clotrimazole/betamethasone cream (LOTRISONE equiv) (QL= 30gm/30 days)	PDL-QL	1
econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)	PDL-QL	1
ketoconazole cream (NIZORAL equiv) (QL= 60gm/30 days)	PDL-QL	1
ketoconazole shampoo (NIZORAL equiv) (QL= 120ml/30 days)	PDL-QL	1
miconazole nitrate aerosol	OTC	1
miconazole nitrate aerosol powder	OTC-PDL	1
miconazole nitrate cream	OTC-PDL	1
miconazole nitrate oint	OTC	1
miconazole nitrate powder	OTC-PDL	1
miconazole nitrate soln	OTC	1
nystatin cream (MYCOSTATIN equiv) (QL= 30gm/30 days)	PDL-QL	1
nystatin oint (QL= 30gm/30 days)	PDL-QL	1
nystatin topical powder (QL= 60gm/30 days)	PDL-QL	1
nystatin/triamcinolone cream (QL= 30gm/30 days)	PDL-QL	1

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VAC Vaccine Program

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PDL Preferred Drug
SMKG Smoking Cessation

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
terbinafine cream	OTC-PDL	1
tolnaftate aerosol powder	OTC	1
tolnaftate cream	OTC-PDL	1
tolnaftate powder	OTC	1
tolnaftate spray	OTC	1
MIRANEL AF SOLN	OTC	2
ZEASORB-AF LOTION	OTC	2
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel OTC (VOLTAREN equiv) (QL= 100gm/30 days)	OTC-PDL-QL	1
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX equiv) (QL= 40gm/30 days)	QL	1
ANTIPSORIATICS		
calcipotriene cream (DOVONEX equiv) (QL= 120gm/30 days)	QL	1
calcipotriene oint (QL= 120gm/30 days)	QL	1
calcipotriene soln (QL= 60 ml/30 days)	QL	1
calcipotriene soln (DOVONEX equiv) (QL= 60 ml/30 days)	QL	1
STARJEMZA INJ	MSP-PA-PDL	2
STARJEMZA SYRINGE	MSP-PA-PDL	2
ANTISEBORRHEIC PRODUCTS		
selenium sulf 1% shampoo	OTC	1
selenium sulfide lotion (QL= 120gm/30 days)	QL	1
selenium sulfide lotion 2.5% (QL= 120 gm/30 days)	QL	1
sodium sulfacetamide susp (OVACE equiv)	PDL	1
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv) (QL= 15gm/30 days)	PDL-QL	1
docosanol cream	OTC	1
DENAVIR CREAM	PDL	2
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE equiv) (QL= 50gm/30 days)	QL	1
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1
alclometasone oint (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1
betamethasone augmented cream (DIPROLENE AF equiv) (QL= 50gm/30 days)	QL	1
betamethasone augmented lotion (DIPROLENE equiv) (QL= 60gm/30 days)	QL	1
betamethasone augmented oint (DIPROLENE equiv) (QL= 50gm/30 days)	QL	1
betamethasone diproprionate cream (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1
betamethasone diproprionate lotion (QL= 60gm/30 days)	QL	1
betamethasone diproprionate oint (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1
betamethasone valerate cream (QL= 45gm/30 days)	QL	1
betamethasone valerate lotion (QL= 60gm/30 days)	QL	1
betamethasone valerate oint (QL= 45gm/30 days)	QL	1
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1
clobetasol propionate gel (TEMOVATE equiv) (QL= 60gm/30 days)	QL	1
clobetasol propionate oint (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/30 days)	QL	1
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/30 days)	QL	1
desonide cream (QL= 60gm/30 days)	QL	1

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DERMATOLOGICALS Cont.		
desonide lotion (QL= 59ml/30 days)	QL	1
desonide oint (QL= 60gm/30 days)	QL	1
desoximetasone cream 0.25% (QL= 60gm/30 days)	QL	1
fluocinolone acetonide cream 0.025% (QL= 60gm/30 days)	QL	1
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) (QL= 1 bottle/30 days)	QL	1
fluocinolone acetonide oint (QL= 60gm/30 days)	QL	1
fluocinolone acetonide soln (QL= 60ml/30 days)	QL	1
fluocinonide cream (LIDEX equiv) (QL= 60gm/30 days)	QL	1
fluocinonide emollient cream (QL= 60gm/30 days)	QL	1
fluocinonide gel (QL= 60gm/30 days)	QL	1
fluocinonide oint (QL= 60gm/30 days)	QL	1
fluocinonide soln (QL= 60ml/30 days)	QL	1
fluticasone propionate cream (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1
fluticasone propionate oint (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1
hydrocortisone acetate oint	OTC	1
hydrocortisone cream (PROCTOCORT equiv)	OTC	1
hydrocortisone gel	OTC	1
hydrocortisone lotion 1%, 2.5% (HYTONE equiv) (QL= 118ml/30 days)	QL	1
hydrocortisone oint	OTC	1
hydrocortisone oint in absorbase	OTC	1
hydrocortisone soln	OTC	1
hydrocortisone valerate cream (QL= 15gm/30 days)	QL	1
mometasone cream (ELOCON equiv) (QL= 50gm/30 days)	QL	1
mometasone oint (ELOCON equiv) (QL= 45gm/30 days)	QL	1
mometasone soln (ELOCON equiv) (QL= 60ml/30 days)	QL	1
triamcinolone cream 0.025% (QL= 80gm/30 days)	QL	1
triamcinolone cream 0.1% (QL= 80gm/30 days)	QL	1
triamcinolone cream 0.5% (QL= 20gm/30 days)	QL	1
triamcinolone lotion (QL= 60gm/30 days)	QL	1
triamcinolone oint 0.025% (QL= 80gm/30 days)	QL	1
triamcinolone oint 0.1% (QL= 90gm/30 days)	QL	1
triamcinolone oint 0.5% (QL= 15gm/30 days)	QL	1
ALCLOMETASONE CREAM (QL= 45gm/30 days)	QL	2
ALCLOMETASONE OINT (QL= 45gm/30 days)	QL	2
BETAMETHASONE VALERATE LOTION (QL= 60gm/30 days)	QL	2
HYDROCORTISONE LOTION 2.5% (QL= 118ml/30 days)	QL	2
ITCH-X FOAM	OTC	2
TRIAMCINOLONE LOTION (QL=60 gm/30 days)	QL	2
ECZEMA AGENTS		
DUPIXENT INJ	PA-PDL	2
DUPIXENT PEN INJ	PA-PDL	2
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 20% (QL= 1 bottle/30 days)	OTC-QL	1
urea lotion 10% (QL= 1 bottle/fill)	OTC-QL	1
UREA LOTION 40% (QL= 1 bottle/fill)	QL	1
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion 12% (LAC-HYDRIN equiv)	OTC	1

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DERMATOLOGICALS Cont.		
ammonium lactate lotion 5%	OTC	1
ENZYMES - TOPICAL		
SANTYL OINT	PA	2
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv) (QL= 12gm/30 days)	QL	1
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC equiv) (QL= 60gm/30 days)	QL	1
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv) (QL= 3.5ml/30 days)	QL	1
salicylic acid liquid 17% (QL= 1 bottle/30 days)	OTC-QL	1
DUOFILM SOLN 17% (QL= 1 bottle/30 days)	OTC-QL	2
PODOFILOX SOLN	-	2
LINIMENTS		
TRIXAICIN CREAM 0.025%	OTC	2
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream (QL= 60gm/30 days)	OTC-QL	1
dibucaine ointment 1% (QL= 1 tube/fill)	OTC-QL	1
lidocaine oint (QL= 60gm/30 days)	QL	1
lidocaine/prilocaine cream (EMLA equiv) (QL= 60gm/30 days)	QL	1
LIDOCAINE CREAM 4% (QL= 1 tube/fill)	OTC-QL	2
LIDOCAINE OINT (QL= 60gm/30 days)	QL	2
MISC. TOPICAL		
alcohol wipes	OTC	$0
aluminum chloride soln (DRYSOL equiv) (QL= 60ml/30 days)	QL	1
calamine lotion	OTC	1
dimethicone cream 1%	OTC	1
mineral oil light	OTC	1
skin protectants cream	OTC	1
skin protectants lotion	OTC	1
CERAVE THERA HAND CREAM 1%	OTC	2
DRYSOL SOLN (QL= 60ml/30 days)	QL	2
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	PA-PDL	2
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv) (QL= 45gm/30 days)	QL	1
metronidazole gel 0.75% (METROGEL equiv) (QL= 45gm/30 days)	QL	1
metronidazole gel 1% (QL= 60gm/30 days)	QL	1
metronidazole lotion (METROLOTION equiv) (QL= 59gm/30 days)	QL	1
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE equiv) (QL= 60gm/30 days)	PDL-QL	1
permethrin creme rinse 1%	OTC-PDL	1
piperonyl butoxide/pyrethrins shampoo	OTC-PDL	1
NATROBA SUSP (QL= 120ml/30 days)	PDL-QL	2
NATROBA SUSP 0.90% (QL= 120ml/30 days)	PDL-QL	2
TAR PRODUCTS		
coal tar shampoo	OTC	1

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS TEST STRIP (NDC 65702-0407-10)	OTC-PDL	$0
ACCU-CHEK AVIVA PLUS TEST STRIP (NDC 65702-0408-10)	OTC-PDL	$0
ACCU-CHEK GUIDE TEST STRIP (NDC 65702-0711-10)	OTC-PDL	$0
ACCU-CHEK GUIDE TEST STRIP (NDC 65702-0712-10)	OTC-PDL	$0
ACCU-CHEK SMARTVIEW TEST STRIP (NDC 65702-0492-10)	OTC-PDL	$0
ACCU-CHEK SMARTVIEW TEST STRIP (NDC 65702-0493-10)	OTC-PDL	$0
CONTOUR NEXT TEST STRIP (NDC 00193-7310-25)	OTC-PDL	$0
CONTOUR NEXT TEST STRIP (NDC 00193-7311-50)	OTC-PDL	$0
CONTOUR NEXT TEST STRIP (NDC 00193-7312-21)	OTC-PDL	$0
CONTOUR PLUS TEST STRIP (NDC 00193-7584-50)	OTC-PDL	$0
CONTOUR TEST STRIP (NDC 00193-7080-50)	OTC-PDL	$0
CONTOUR TEST STRIP (NDC 00193-7090-21)	OTC-PDL	$0
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	$0
KETO-DIASTIX TEST STRIP	OTC	$0
KETOSTIX	OTC	$0
URINE TEST STRIPS (QL= 100 strips/30 days)	OTC-QL	$0
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
folbic tab (FOLTX equiv)	-	1
VITA-RESPA TAB	-	2
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
lactase chew tab	OTC	1
lactase tab	OTC	1
CREON CAP	PDL	2
LACTAID CHEW TAB	OTC	2
LACTRASE CAP	OTC	2
ZENPEP CAP	PDL	2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	90DS	1
acetazolamide tab	90DS	1
methazolamide tab (NEPTAZANE equiv)	-	1
DIURETIC COMBINATIONS		
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	90DS	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	90DS	1
triamterene/hydrochlorothiazide cap 50/25 mg	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	90DS	1
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	90DS	1
furosemide tab (LASIX equiv)	90DS	1
torsemide tab (DEMADEX equiv)	90DS	1
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	90DS	1
spironolactone tab (ALDACTONE equiv)	90DS	1

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DrugName	Special Code	Tier
DIURETICS Cont.		
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone 25 mg (QL= 0.5 tab/day)	90DS-QL	1
chlorthalidone 50 mg (QL= 2 tabs/day)	90DS-QL	1
hydrochlorothiazide cap (MICROZIDE equiv)	90DS	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	90DS	1
indapamide tab (LOZOL equiv)	90DS	1
metolazone tab (ZAROXOLYN equiv)	90DS	1
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate soln	PDL	1
alendronate tab (FOSAMAX equiv)	90DS-PDL	1
alendronate tab 40 mg	PDL	1
calcitonin (salmon) inj 200 unit/ml	-	1
calcitonin nasal spray (MIACALCIN equiv)	PDL	1
ibandronate tab 150 mg (BONIVA equiv) (QL= 1 tab/30 days)	90DS-PDL-QL	1
FORTEO INJ 620 MCG/2.4ML	MSP-PA-PDL	2
MIACALCIN INJ 200 UNIT/ML	PDL	2
MIACALCIN NASAL SPRAY	PDL	2
GROWTH HORMONES		
NORDITROPIN FLEXPRO PEN	MSP-PA-PDL	2
ZOMACTON INJ	MSP-PA-PDL	2
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	90DS-PDL	$0
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	90DS	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sapropterin dihydrochloride tab	MSP-PA	1
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	PA	1
desmopressin acetate tab (DDAVP equiv)	PA	1
desmopressin nasal soln (DDAVP equiv)	PA	1
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg (MIFIPREX equiv) (QL= 1 tab/dispense)	QL	1
MIFEPREX TAB (QL= 1 tab/dispense)	QL	2
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (JYNARQUE TAB equiv)	PA	1
tolvaptan tab (SAMSCA equiv)	PA	1
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVELLA equiv)	90DS	1
jinteli tab (FEMHRT equiv)	-	1
COMBIPATCH	-	2

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DrugName	Special Code	Tier
ESTROGENS Cont.		
ESTROGENS		
estradiol patch (CLIMARA equiv) (Prior Authorization required for members age 65 or older)	PA	1
estradiol patch (VIVELLE-DOT equiv) (Prior Authorization required for members age 65 or older)	PA	1
estradiol tab (ESTRACE equiv) (Prior Authorization required for members age 65 or older)	PA	1
estradiol valerate 10 mg/ml inj (QL= 5 ml/30 days)	QL	1
estradiol valerate 20 mg/ml inj (QL= 5 ml/30 days)	QL	1
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	PDL	1
ciprofloxacin tab 100 mg	PDL	1
levofloxacin soln (LEVAQUIN equiv)	PDL	1
levofloxacin tab (LEVAQUIN equiv)	PDL	1
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (QL= 1 tab/day)	PDL-QL	1
ANTIFLATULENTS		
simethicone chew tab	OTC	1
simethicone liquid	OTC	1
simethicone susp	OTC	1
BICARSIM TAB	OTC	2
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	90DS	1
ursodiol tab (URSO (FORTE) equiv)	90DS	1
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap	PA-PDL	1
GASTROINTESTINAL STIMULANTS		
metoclopramide tab (REGLAN equiv)	-	1
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	PDL	1
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	PDL-QL	1
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	PDL-QL	1
sulfasalazine DR tab (AZULFIDINE equiv)	90DS-PDL	1
sulfasalazine tab (AZULFIDINE equiv)	90DS-PDL	1
PENTASA CR CAP	PDL	2
ROWASA KIT	PDL	2
SFROWASA ENEMA	PDL	2
INFLIXIMAB INJ (Medical Benefit)	PA-PDL	MB
INTESTINAL ACIDIFIERS		
lactulose soln	90DS	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP	PA-PDL	2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	90DS-PDL	1
calcium acetate tab (ELIPHOS equiv)	PDL	1
sevelamer carbonate tab (RENVELA equiv)	PDL	1
sevelamer packet 0.8 gm (RENVELA equiv) (QL= 6 packets/day)	PDL-QL	1

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GASTROINTESTINAL AGENTS - MISC. Cont.		
sevelamer packet 2.4 gm (RENVELA equiv) (QL= 3 packets/day)	PDL-QL	1
ELIPHOS TAB	-	2
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate CR tab (UROCIT-K equiv)	-	1
sodium citrate/citric acid soln	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day)	QL	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	90DS-PDL	1
dutasteride cap	90DS-PDL	1
finasteride tab (PROSCAR equiv)	90DS-PDL	1
tamsulosin cap (FLOMAX equiv)	90DS-PDL	1
URINARY ANALGESICS		
phenazopyridine tab 100 mg, 200 mg (PYRIDIUM equiv)	-	1
PHENAZOPYRID TAB	-	2
GOUT AGENTS		
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	90DS	1
colchicine tab	-	1
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 1000 UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 1500 UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 2000 UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 250 UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 3000 UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 4000 UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 500 UNIT (Medical Benefit)	PA-PDL	MB
ADYNOVATE INJ (Medical Benefit)	PA-PDL	MB
AFSTYLA KIT (Medical Benefit)	PA-PDL	MB
ALPHANATE INJ VWF/HUM (Medical Benefit)	PA-PDL	MB
ALPHANINE SD INJ (Medical Benefit)	PA-PDL	MB
ALPROLIX INJ (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 1000 UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 2000 UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 250 UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 3000 UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 500 UNIT (Medical Benefit)	PA-PDL	MB
COAGADEX INJ (Medical Benefit)	PA-PDL	MB
CORIFACT KIT (Medical Benefit)	PA-PDL	MB
ELOCTATE INJ (Medical Benefit)	PA-PDL	MB
ESPEROCT INJ (Medical Benefit)	PA-PDL	MB

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
FEIBA NF INJ (Medical Benefit)	PA-PDL	MB
HEMOFIL M INJ 1000 UNIT (Medical Benefit)	PA-PDL	MB
HEMOFIL M INJ 1700 UNIT (Medical Benefit)	PA-PDL	MB
HEMOFIL M INJ 250 UNIT (Medical Benefit)	PA-PDL	MB
HEMOFIL M INJ 401-800 (Medical Benefit)	PA-PDL	MB
HEMOFIL M INJ 500 UNIT (Medical Benefit)	PA-PDL	MB
HUMATE-P KIT (Medical Benefit)	PA-PDL	MB
IDELVION INJ (Medical Benefit)	PA-PDL	MB
IXINITY INJ (Medical Benefit)	PA-PDL	MB
JIVI INJ (Medical Benefit)	PA-PDL	MB
KOATE-DVI KIT (Medical Benefit)	PA-PDL	MB
KOATE-DVI VIAL (Medical Benefit)	PA-PDL	MB
KOGENATE FS INJ (Medical Benefit)	PA-PDL	MB
KOVALTRY INJ (Medical Benefit)	PA-PDL	MB
NOVOEIGHT INJ (Medical Benefit)	PA-PDL	MB
NOVOSEVEN RT INJ (Medical Benefit)	PA-PDL	MB
NUWIQ INJ (Medical Benefit)	PA-PDL	MB
OBIZUR INJ (Medical Benefit)	PA-PDL	MB
PROFILNINE SD (Medical Benefit)	PA-PDL	MB
REBINYN INJ (Medical Benefit)	PA-PDL	MB
RECOMBINATE INJ (Medical Benefit)	PA-PDL	MB
RIXUBIS INJ (Medical Benefit)	PA-PDL	MB
SEVENFACT INJ (Medical Benefit)	PA-PDL	MB
TRETTEN INJ (Medical Benefit)	PA-PDL	MB
VONVENDI INJ (Medical Benefit)	PA-PDL	MB
WILATE INJ (Medical Benefit)	PA-PDL	MB
XYNTHA KIT (Medical Benefit)	PA-PDL	MB
XYNTHA SOLOFUSE KIT (Medical Benefit)	PA-PDL	MB
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj	MSP-PA-PDL	1
COMPLEMENT INHIBITORS		
SOLIRIS INJ	PA	2
BERINERT INJ (Medical Benefit)	PA-PDL	MB
CINRYZE INJ (Medical Benefit)	PA-PDL	MB
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	90DS	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	90DS	1
clopidogrel tab 300 mg (PLAVIX equiv) (QL= 2 tab/fill per calendar year)	90DS-PDL-QL	1
clopidogrel tab 75 mg (PLAVIX equiv) (QL= 1 tab/day)	90DS-PDL-QL	1
dipyridamole tab (PERSANTINE equiv)	PDL	1
prasugrel tab (EFFIENT equiv)	90DS-PDL	1
ticagrelor tab (QL= 2 tabs/day)	PDL-QL	1
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	PA-PDL	2

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HEMATOPOIETIC AGENTS Cont.		
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POWDER PACK	PA-PDL	2
ADAKVEO INJ (Medical Benefit)	PA-PDL	MB
COBALAMINS		
vitamin B12 inj (cyanocobalamin)	90DS	1
vitamin B12 tab (cyanocobalamin)	OTC	1
FOLIC ACID/FOLATES		
folic acid tab 1 mg (folate) ($0 for females)	90DS-OTC	1
folic acid tab 400 mcg (folate) ($0 for females)	90DS-OTC	1
folic acid tab 800 mcg (folate) ($0 for females)	90DS-OTC	1
HEMATOPOIETIC GROWTH FACTORS		
eltrombopag olamine tab	MSP-PA	1
ARANESP SYRINGE	MSP-PA-PDL	2
ARANESP VIAL	MSP-PA-PDL	2
EPOGEN INJ	MSP-PA-PDL	2
NEULASTA INJ	MSP-PA	2
NEUPOGEN INJ	MSP-PA	2
RETACRIT INJ	MSP-PA-PDL	2
HEMATOPOIETIC MIXTURES		
folbee tab	-	1
folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5 mg, 2.2-25-1 mg, 2.5-25-1 mg	OTC	1
FOLPLEX TAB	-	2
IRON		
ferrous fumarate tab 325 mg	OTC	1
ferrous fumarate tab 90 mg	OTC	1
ferrous gluconate tab 225 mg	OTC	1
ferrous gluconate tab 239 mg (27 mg elemental iron)	OTC	1
ferrous gluconate tab 324 mg	OTC	1
ferrous gluconate tab 325 mg	OTC	1
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe) ($0 for members age 6-12 months; Prior Authorization required for members age 8 or older)	OTC-PA	1
ferrous sulfate 325mg	OTC	1
ferrous sulfate drops ($0 for members age 6-12 months)	OTC	1
ferrous sulfate EC tab	OTC	1
ferrous sulfate tab CR 142 mg (45 mg Fe equivalent)	OTC	1
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv) (QL= 30 tabs/30 days)	QL	1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine (sleep) cap 50 mg	OTC	1
diphenhydramine (sleep) tab	OTC	1
doxylamine succinate (sleep) tab	OTC	1
WAL-SLEEP Z TAB	OTC	2
BARBITURATE HYPNOTICS		
phenobarbital tab	-	1

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
NON-BARBITURATE HYPNOTICS		
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	PDL-QL	1
temazepam cap 15 mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1
temazepam cap 30 mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1
zaleplon cap 10 mg (SONATA equiv) (QL= 2 caps/day)	PDL-QL	1
zaleplon cap 5 mg (SONATA equiv) (QL= 1 cap/day)	PDL-QL	1
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	PDL-QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 15 MG, 20 MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2
BELSOMRA TAB 5 MG, 10 MG (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	2
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (QL= 1 tab/day)	PDL-QL	1
LAXATIVES		
BULK LAXATIVES		
calcium polycarbophil tab	OTC	1
methylcellulose laxative powder	OTC	1
psyllium powder	OTC	1
HYDROCIL POWDER 95%	OTC	2
PSYLLIUM POWDER 33%	OTC	2
PSYLLIUM POWDER 49%	OTC	2
ELECTROLYTE-BASED OSMOTIC LAXATIVES		
sodium phosphates enema	OTC	1
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN	-	$0
GOLYTELY SOLN	-	$0
NULYTELY SOLN	-	$0
peg 3350/electrolytes soln (COLYTE equiv)	-	$0
trilyte soln (NULYTELY equiv)	-	$0
sennosides/docusate sodium tab	OTC	1
LAXATIVES - MISCELLANEOUS		
glycerin supp 1 g, 1.2 g, 2 g, 2.1 g, 80.7%	OTC	1
lactulose soln	90DS	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
FLEET LIQUID GLYCERIN ENEMA	OTC	2
PEDIA-LAX SUPP	OTC	2
SORBITOL SOLN 70%	OTC	2
LUBRICANT LAXATIVES		
mineral oil	OTC	1
mineral oil light	OTC	1
SALINE LAXATIVES		
magnesium citrate soln	OTC	1
magnesium hydroxide chew tab	OTC	1
magnesium hydroxide susp	OTC	1
magnesium oxide (laxative) tab	OTC	1
sodium phosphates enema	OTC	1
sodium phosphates soln	OTC	1

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DrugName	Special Code	Tier
LAXATIVES Cont.		
STIMULANT LAXATIVES		
bisacodyl DR tab	OTC	1
bisacodyl supp	OTC	1
sennosides cap	OTC	1
sennosides chew tab	OTC	1
sennosides syrup	OTC	1
sennosides tab 8.6 mg	OTC	1
SURFACTANT LAXATIVES		
docusate calcium cap	OTC	1
docusate sodium cap	OTC	1
docusate sodium enema	OTC	1
docusate sodium liquid	OTC	1
docusate sodium syrup	OTC	1
docusate sodium tab	OTC	1
MACROLIDES		
AZITHROMYCIN		
azithromycin powder pack	PDL	1
azithromycin susp (ZITHROMAX equiv)	PDL	1
azithromycin tab (ZITHROMAX equiv)	PDL	1
CLARITHROMYCIN		
clarithromycin tab (BIAXIN equiv)	PDL	1
ERYTHROMYCINS		
erythromycin base DR tab (QL= 2 tabs/day)	PDL-QL	1
erythromycin base tab 250 mg	PDL	1
erythromycin base tab 500 mg (QL= 2 tabs/day)	PDL-QL	1
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
MALE CONDOMS (QL= 24 units/30 days)	OTC-QL	$0
OMNIFLEX DIAPHRAGM	-	$0
DIABETIC SUPPLIES		
ACCU-CHEK CALIBRATION SOLUTION (QL= 1 bottle/365 days)	OTC-QL	$0
ACCU-CHEK GUIDE ME METER (NDC 65702-0731-10) (QL= 1 meter/365 days)	OTC-PDL-QL	$0
ACCU-CHEK GUIDE METER (NDC 65702-0729-10) (QL= 1 meter/365 days)	OTC-PDL-QL	$0
CONTOUR METER (QL= 1 meter/365 days)	OTC-PDL-QL	$0
CONTOUR NEXT EZ METER KIT (NDC 00193-7553-01) (QL= 1 meter/365 days)	OTC-PDL-QL	$0
CONTOUR NEXT ONE METER (NDC 00193-7825-01) (QL= 1 meter/365 days)	OTC-PDL-QL	$0
CONTOUR PLUS BLUE METER (NDC 00193-7036-01) (QL= 1 meter/365 days)	OTC-PDL-QL	$0
LANCET DEVICE (QL= 1 device/365 days)	OTC-QL	$0
LANCETS	OTC	$0
DEXCOM G6 RECEIVER (NDC 08627-0091-11) (QL= 1 receiver/year)	PDL-QL	2
DEXCOM G6 SENSOR (NDC 08627-0053-03) (QL= 3 sensors/28 days)	PDL-QL	2
DEXCOM G6 TRANSMITTER (NDC 08627-0016-01) (QL= 1 transmitter/90 days)	90DS-PDL-QL	2
DEXCOM G7 RECEIVER (NDC 08627-0078-01) (QL= 1 receiver/year)	PDL-QL	2
DEXCOM G7 SENSOR (15-DAY) (NDC 08627-0079-01) (QL=2 sensors/30 days)	PDL-QL	2
DEXCOM G7 SENSOR (NDC 08627-0077-01) (QL= 3 sensors/28 days)	PDL-QL	2
FREESTYLE LIBRE 14 DAY SENSOR (NDC 57599-0001-01) (QL= 2 sensors/28 days)	PDL-QL	2

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LIBRE 2 RECEIVER (NDC 57599-0803-00) (QL= 1 receiver/year)	PDL-QL	2
FREESTYLE LIBRE 2 SENSOR (NDC 57599-0800-00) (QL= 2 sensors/30 days)	PDL-QL	2
FREESTYLE LIBRE 2-PLUS SENSOR (NDC 57599-0835-00) (QL= 2 sensors/30 days)	PDL-QL	2
FREESTYLE LIBRE 3 RECEIVER (NDC 57599-0820-00) (QL= 1 receiver/year)	PDL-QL	2
FREESTYLE LIBRE 3 SENSOR (NDC 57599-0818-00) (QL= 2 sensors/30 days)	PDL-QL	2
FREESTYLE LIBRE 3-PLUS SENSOR (NDC 57599-0844-00) (QL= 2 sensors/30 days)	PDL-QL	2
MISC. DEVICES		
alcohol swabs	OTC	$0
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	$0
B-D INSULIN SYRINGE U-500	OTC	$0
B-D PEN NEEDLE 29G x 12.7MM	OTC	$0
B-D PEN NEEDLE 30G x 5MM	OTC	$0
B-D PEN NEEDLE 31G x 5MM	OTC	$0
B-D PEN NEEDLE 31G x 8MM	OTC	$0
B-D PEN NEEDLE 32G x 4MM	OTC	$0
B-D PEN NEEDLE 32G x 6MM	OTC	$0
EMBACTA INSULIN SYRINGE	OTC	$0
EMBECTA INSULIN SYRINGE	OTC	$0
EMBECTA INSULIN SYRINGE U-500	OTC	$0
EMBECTA PEN NEEDLE 29G x 12.7MM	OTC	$0
EMBECTA PEN NEEDLE 30G x 5MM	OTC	$0
EMBECTA PEN NEEDLE 31G x 5MM	OTC	$0
EMBECTA PEN NEEDLE 31G x 8MM	OTC	$0
EMBECTA PEN NEEDLE 32G x 4MM	OTC	$0
EMBECTA PEN NEEDLE 32G x 6MM	OTC	$0
FREESTYLE INSULIN SYRINGE	OTC	$0
INSULIN SYRINGE	OTC	$0
LANCETS	OTC	$0
MONOJECT SYRINGE	OTC	$0
NOVOFINE PEN NEEDLE 30G x 8MM	OTC	$0
NOVOFINE PEN NEEDLE 32G x 6MM	OTC	$0
NOVOTWIST PEN NEEDLE 32G x 5MM	OTC	$0
NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM	OTC	$0
PEN NEEDLE 31G x 6MM, 32G x 8MM	OTC	$0
PRECISION INSULIN SYRINGE	OTC	$0
TECHLITE PEN NEEDLE 32G x 4MM	OTC	$0
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER 2GO (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER MV (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER PLUS (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER Z-STAT PLUS (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER/FLOWSIGNAL (QL= 1 spacer/365 days)	QL	2
AEROVENT PLUS HOLDING CHAMBER (QL= 1 spacer/365 days)	QL	2
ARIAL CHAMBER (QL= 1 spacer/365 days)	OTC-QL	2
LITEAIRE (QL= 1 spacer/365 days)	QL	2
MICROCHAMBER (QL= 1 spacer/365 days)	QL	2
MICROSPACER (QL= 1 spacer/365 days)	QL	2

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MEDICAL DEVICES AND SUPPLIES Cont.		
NEBULIZER (QL= 1 unit/365 days)	OTC-QL	2
POCKET CHAMBER (QL= 1 spacer/365 days)	QL	2
POCKET SPACER (QL= 1 spacer/365 days)	QL	2
VICKS WATERLESS VAPORIZER (QL= 1 unit/365 days)	OTC-QL	2
VORTEX CHAMBER (QL= 1 spacer/365 days)	QL	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY AUTOINJECTOR	PA-PDL	2
QULIPTA TAB (Ql= 1 tab/day)	PDL-QL	2
MIGRAINE COMBINATIONS		
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB (QL= 20 tabs/30 days)	QL	1
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 12 inj/30 days)	QL	1
dihydroergotamine mesylate nasal spray (QL= 1 bottle/fill; 1 fill/month)	QL	1
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ	PA-PDL	2
AJOVY INJ	PA-PDL	2
EMGALITY PEN 120 MG/ML	PA-PDL	2
EMGALITY SYRINGE 120 MG/ML	PA-PDL	2
UBRELVY TAB (QL= 10 tabs/30 days)	PA-PDL-QL	2
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1
rizatriptan tab (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 kits/30 days)	PDL-QL	1
sumatriptan kit (IMITREX equiv) (QL= 4 kits/30 days)	PDL-QL	1
sumatriptan nasal spray (IMITREX equiv) (QL= 3 boxes/30 days)	PDL-QL	1
sumatriptan tab (IMITREX equiv) (QL= 18 tabs/30 days)	PDL-QL	1
sumatriptan vial (IMITREX equiv) (QL= 8 vials/30 days)	PDL-QL	1
zolmitriptan tab (ZOMIG equiv) (QL= 18 tabs/30 days)	PDL-QL	1
RELPAX TAB (QL= 6 tabs/fill; 3 fills/30 days)	PDL-QL	2
MINERALS & ELECTROLYTES		
CALCIUM		
calci-chew 1250 mg	OTC	1
calcium carbonate susp 1250 mg/5ml	OTC	1
calcium carbonate tab	OTC	1
calcium carbonate with vitamin D chew tab	OTC	1
calcium carbonate with vitamin D tab	OTC	1
calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400	OTC	1
calcium carbonate/ergocalciferol tab	OTC	1
calcium citrate plus vitamin D tab	OTC	1
calcium citrate/vitamin D tab	OTC	1
calcium w/vitamin D tab	OTC	1
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1
oyster shell tab	OTC	1
CALCIUM CHEW	OTC	2
CALCIUM CITRATE/VITAMIN D TAB	OTC	2
OYSTER SHELL/D TAB	OTC	2

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MINERALS & ELECTROLYTES Cont.		
ELECTROLYTE MIXTURES		
oral electrolyte solution	OTC	1
oral electrolytes soln	OTC	1
FLUORIDE		
sodium fluoride chew tab (LURIDE equiv)	-	1
sodium fluoride soln (LURIDE equiv)	-	1
sodium fluoride tab	-	1
SODIUM FLUORIDE CHEW TAB	-	2
MAGNESIUM		
magnesium gluconate tab	OTC	1
MAGNESIUM OXIDE CHEW TAB	OTC	1
magnesium oxide tab	OTC	1
PHOSPHATE		
PHOSPHA 250 NEUTRAL	90DS	2
POTASSIUM		
potassium bicarbonate effer tab (K-LYTE equiv)	90DS	1
potassium chloride ER cap (MICRO-K equiv)	90DS	1
potassium chloride ER tab 10 meq (KLOR-CON equiv)	90DS	1
potassium chloride micro tab (K-DUR equiv)	90DS	1
potassium chloride soln 20% (40 meq/15ml)	-	1
EFFER-K TAB	90DS	2
ZINC		
zinc sulfate cap	OTC	1
MISCELLANEOUS THERAPEUTIC CLASSES		
IMMUNOMODULATORS		
lenalidomide cap	MSP-PA	1
IMMUNOSUPPRESSIVE AGENTS		
sirolimus soln (QL= 2ml/day)	PDL-QL	1
sirolimus tab 0.5 mg (QL= 1 tab/day)	PDL-QL	1
sirolimus tab 1 mg (QL= 6 tabs/day)	PDL-QL	1
sirolimus tab 2 mg (QL= 3 tabs/day)	PDL-QL	1
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 30 paks/30 days)	PA-QL	2
SODIUM POLYSTYRENE SOLN 15 GM/60ML (SPS equiv)	-	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln 2%	-	1
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX equiv)	-	1
nystatin susp	PDL	1
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv)	90DS	1
DENTA 5000 CREAM PLUS	90DS	2

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
SODIUM FLUORIDE GEL	90DS	2
SODIUM FLUORIDE PASTE	90DS	2
LOZENGES		
throat lozenges	OTC	1
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv) (QL= 1 tube/30 days)	QL	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	90DS	1
MULTIVITAMINS		
B-COMPLEX VITAMINS		
B-complex vitamin cap	OTC	1
B-COMPLEX W/ C		
B-complex with C/E + Zn tab	OTC	1
B-COMPLEX W/ FOLIC ACID		
B-complex with vitamin C and folic acid tab	OTC	1
MYNEPHRON CAP	-	1
renaphro cap (NEPHROCAP equiv)	-	1
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/iron tab	OTC	1
MULTIPLE VITAMINS W/ MINERALS		
multivitamin cap	OTC	1
multivitamin/minerals tab (STROVITE equiv)	OTC	1
50+ ADULT CAP EYE HEALTH	OTC	2
ICAPS PLUS TAB	OTC	2
MULTIPLE VITAMINS W/MINERALS LIQUID	OTC	2
MULTIVITAMINS		
multiple vitamin tab	OTC	1
MULTIPLE VITAMIN TAB	OTC	2
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals chew tab	OTC	1
pediatric multivitamin w/minerals/C chew tab 60 mg	OTC	1
PED MV W/ IRON		
multivitamin with iron drops	OTC	1
pediatric multiple vitamins w/iron chew tab	OTC	1
pediatric multivitamin/iron drops	OTC	1
PEDIATRIC MULTIPLE VITAMINS		
multivitamin drops	OTC	1
pediatric multivitamin w/C/FA chew tab	OTC	1
CHILD MULTI CHEW VITAMINS	OTC	2
PEDIATRIC VITAMINS		
HONEY BEARS CHEW TAB	OTC	2
PRENATAL VITAMINS		
citranatal harmony cap	-	1
pregen DHA cap	PA	1
prenatabs FA tab	-	1

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
prenatal 19 tab	OTC	1
prenatal plus tab	OTC	1
prenatal tab 27-0.8 mg	OTC	1
vol-tab	-	1
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	1
cyclobenzaprine tab 10 mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5 mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	1
MUSCLE RELAXANT COMBINATIONS		
orphenadrine/aspirin/caffeine tab	-	1
VISCOSUPPLEMENTS		
SUPARTZ INJ 25 MG/2.5ML	PA	2
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray	OTC	1
AYR NASAL DROPS	OTC	2
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/30 days)	PDL-QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	PDL	1
cromolyn nasal spray	OTC	1
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	90DS-PDL	1
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	PDL-QL	1
mometasone nasal spray	PDL	1
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT AQ equiv) (QL= 1 bottle/30 days)	OTC-QL	1
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine er hcl tab	OTC	1
pseudoephedrine ER tab	OTC	1
pseudoephedrine liquid	OTC	1
pseudoephedrine syrup	OTC	1
pseudoephedrine tab	OTC	1
SUDAFED SR TAB	OTC	2
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	1
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		

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NUTRIENTS Cont.		
omega-3 fatty acids cap 1000 mg	OTC	1
omega-3 fatty acids cap 1200 mg	OTC	1
PROTEINS		
levocarnitine cap	OTC	1
levocarnitine fumarate cap	OTC	1
levocarnitine tab	OTC	1
L-CARNITINE CAP	OTC	2
L-CARNITINE TAB	OTC	2
L-CARNITINE TAB 500 MG	OTC	2
LEVOCARNITINE FUMARATE CAP	OTC	2
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears ophth soln	OTC	1
carboxymethyl cellulose sodium ophth soln	OTC	1
carboxymethyl cellulose-glycerin ophth soln	OTC	1
carboxymethyl cellulose-hypromellose ophth gel	OTC	1
glycerin/hypromellose/peg 400 ophth soln	OTC	1
hypromellose ophth soln	OTC	1
hypromellose ophth soln 0.4%	OTC	1
lubricant eye drop 0.6%	OTC	1
polyethylene glycol soln	OTC	1
polyethylene glycol/propylene glycol ophth soln	OTC	1
polyethylene glycol-propylene glycol ophth gel	OTC	1
polyvinyl alcohol ophth soln	OTC	1
polyvinyl alcohol/povidone ophth soln	OTC	1
propylene glycol/glycerin ophth soln	OTC	1
white petrolatum/mineral oil ophth oint	OTC	1
BLINK TEARS OPHTH DROPS	OTC	2
COMPUTER EYE DROPS	OTC	2
DAKRINA OPHTH SOLN	OTC	2
GENTEAL MILD OPHTH DROPS	OTC	2
GENTEAL OPHTH GEL	OTC	2
GENTEAL OPHTH SOLN	OTC	2
HYPOTEARS OPHTH SOLN	OTC	2
IMPROVUE SOLN	OTC	2
LUBRICANT EYE DROPS	OTC	2
REFRESH LIQUIGEL OPHTH DROPS	OTC	2
REFRESH OPTIVE ADVANCED OPHTH SOLN	OTC	2
RETAINE MGD OPHTH EMULSION	OTC	2
SOOTHE OPHTH DROPS	OTC	2
STERILE LUBRICANT OPHTH DROPS	OTC	2
TEARS AGAIN NIGHT/DAY OPHTH GEL	OTC	2
VISINE TEARS OPHTH DROPS	OTC	2
VIVA DROPS 1%	OTC	2
BETA-BLOCKERS - OPHTHALMIC		
dorzolamide/timolol ophth soln (COSOPT equiv)	90DS-PDL	1
metipranolol ophth soln	-	1

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
timolol maleate ophth soln (TIMOPTIC equiv)	90DS-PDL	1
COMBIGAN OPHTH SOLN	PDL	2
CYCLOPLEGIC MYDRIATICS		
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 5ml/30 days)	90DS-QL	1
cyclopentolate ophth soln 1%	90DS	1
tropicamide ophth soln (MYDRIACYL equiv) (QL= 10ml/30 days)	QL	1
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (ALPHAGAN P equiv)	90DS-PDL	1
brimonidine tartrate ophth soln 0.1%	90DS	1
ALPHAGAN P OPHTH SOLN	PDL	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
BACITRACIN/POLYMYXIN B OPTH OINT	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	PDL	1
erythromycin ophth oint	-	1
gentak ophth oint	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
moxifloxacin ophth soln	PDL	1
neomycin/polymixin/gramicidin ophth soln	-	1
ofloxacin ophth soln (OCUFLOX equiv)	PDL	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
trifluridine ophth soln	-	1
trifluridine ophth soln (VIROPTIC equiv)	-	1
NEO/BAC/POLY OPHTH OINT	-	2
SULFACETAMIDE SOD OPHTH SOLN	-	2
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	PDL-QL	2
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	PDL-QL	2
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days)	PDL-QL	2
OPHTHALMIC LOCAL ANESTHETICS		
tetracaine ophth soln	-	1
TETRACAINE OPHTH SOLN	-	2
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	PA	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	PDL	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/polymyxin/hydrocortisone ophth soln	-	1
prednisolone acetate ophth soln (PRED FORTE equiv)	PDL	1
prednisolone/sulfacetamide ophth soln	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSPENSION (QL= 5ml/30 days)	PDL-QL	2
NEO/POLY/BAC/HC OINT	-	2
TOBRADEX OPHTH SOLN	PDL	2
TRIESENCE INJ (Medical Benefit)	PA-PDL	MB
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv) (QL= 6ml/30 days)	PDL-QL	1
cromolyn ophth soln (CROLOM equiv)	PDL	1
diclofenac sodium ophth soln (VOLTAREN equiv)	PDL	1
dorzolamide ophth soln (TRUSOPT equiv)	90DS-PDL	1
ketorolac ophth soln (ACULAR equiv)	PDL	1
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	PDL	1
ketotifen ophth soln (ZADITOR equiv)	OTC-PDL	1
olopatadine ophth soln (PATANOL equiv)	OTC-PDL	1
olopatadine ophth soln 0.2%	OTC-PDL	1
sodium chloride hypertonic ophth soln	OTC	1
BEPREVE OPHTH SOLN (QL= 5ml/30 days)	PDL-QL	2
CROMOLYN SODIUM OPHTH SOLN	PDL	2
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv)	90DS-PDL	1
TRAVATAN Z OPHTH SOLN	PDL	2
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
acetic acid/aluminum acetate otic soln	-	1
carbamide peroxide otic soln	OTC	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	PDL	1
OTIC COMBINATIONS		
ciprofloxacin/dexamethasone otic susp (QL= 1 bottle/30 days)	PDL-QL	1
ciprofloxacin-hydrocortisone otic susp	-	1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	PDL	1
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	PDL	1
CIPRO HC OTIC SUSP	PDL	2
OTIC STEROIDS		
fluocinolone otic oil (DERMOTIC equiv) (QL= 1 bottle/30 days)	QL	1
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	1
PASSIVE IMMUNIZING AGENTS		
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	2
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1

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DrugName	Special Code	Tier
PENICILLINS Cont.		
amoxicillin tab 875 mg (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp	-	1
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLN VK SOLN	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	PDL	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	PDL	1
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
SORBITOL SOLN	OTC	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	90DS	1
norethindrone tab (AYGESTIN equiv)	90DS	1
progesterone cap (PROMETRIUM equiv)	90DS	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	PA	1
disulfiram tab (ANTABUSE equiv)	-	1
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv)	PDL	1
donepezil tab (ARICEPT equiv)	90DS-PDL	1
memantine tab (NAMENDA equiv)	90DS-PDL	1
EXELON PATCH (QL= 30 patches/30 days; Only one strength allowed per month)	PDL-QL	2
FIBROMYALGIA AGENTS		
milnacipran hcl tab	-	1
milnacipran hcl tab (QL= 2 tabs/day)	--QL	1
SAVELLA PAK	PDL	2
SAVELLA TAB (QL= 2 tabs/day)	PDL-QL	2
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (QL= 2 tabs/day)	PDL-QL	1
dimethyl fumarate DR cap	MSP-PA-PDL	1
fingolimod cap (GILENYA equiv)	MSP-PA-PDL	1
teriflunomide tab	MSP-PA-PDL	1
AVONEX KIT	MSP-PA-PDL	2
AVONEX PEN KIT	MSP-PA-PDL	2
AVONEX PREFILLED SYRINGE KIT	MSP-PA-PDL	2
BETASERON PEN KIT	MSP-PA-PDL	2
COPAXONE INJ 20 MG/ML	MSP-PA-PDL	2
REBIF INJ	MSP-PA-PDL	2
REBIF REBIDOSE PEN	MSP-PA-PDL	2

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap	PA	1
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv)	SMKG	$0
CHANTIX TAB	SMKG	$0
nicotine gum (NICORETTE equiv)	OTC-SMKG	$0
nicotine lozenge (COMMIT equiv)	OTC-SMKG	$0
nicotine patch (NICODERM equiv)	OTC-SMKG	$0
varenicline tab	SMKG	$0
varenicline tartrate tab starter pack	SMKG	$0
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
PULMOZYME INH SOLN	MSP-PA	2
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	1
TETRACYCLINES		
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab 20 mg, 100 mg (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100 mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50 mg (MONODOX equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	90DS	1
propylthiouracil tab	90DS	1
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	90DS	1
liothyronine tab (CYTOMEL equiv)	90DS	1
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ, BOOSTRIX INJ	VAC	$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	$0
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab 1 mg, 2 mg (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	90DS	1
hyoscyamine tab (LEVSIN equiv)	90DS	1
H-2 ANTAGONISTS		

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine susp (PEPCID equiv) (QL= 50ml/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	1
famotidine tab (PEPCID equiv)	90DS-OTC	1
nizatidine cap (AXID equiv)	-	1
PEPCID AC CHEW TAB	OTC	2
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	90DS	1
PROTON PUMP INHIBITORS		
esomeprazole cap (NEXIUM equiv)	90DS-PDL	1
lansoprazole DR cap (PREVACID equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
omeprazole DR cap 10 mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
omeprazole DR cap 20 mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
omeprazole DR cap 40 mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	90DS	1
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
HYOSCYAMINE SULFATE SL TAB	--90DS	2
HYOSCYAMINE TAB	90DS	2
HYOSCYAMINE TAB ODT	-	2
H-2 ANTAGONISTS		
nizatidine cap	-	1
PROTON PUMP INHIBITORS		
NEXIUM GRANULE PACK FOR SUSP	PDL	2
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
fesoterodine fumarate ER tab (QL= 1 tab/day)	90DS-PDL-QL	1
oxybutynin ER tab (DITROPAN XL equiv)	90DS-PDL	1
oxybutynin syrup	90DS-PDL	1
oxybutynin tab (DITROPAN equiv)	90DS-PDL	1
solifenacin tab	90DS-PDL	1
tolterodine ER cap (DETROL LA equiv) (QL= 1 cap/day)	90DS-PDL-QL	1
tolterodine tab (DETROL equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
OXYTROL PATCH	PDL	2
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB (QL= 1 tab/day)	PDL-QL	2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
VACCINES		
VIRAL VACCINES		
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	$0
COMIRNATY INJ	VAC	$0
COVID-19 VACCINE INJ (MODERNA)	VAC	$0
COVID-19 VACCINE INJ (PFIZER)	VAC	$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10 MCG/0.3ML	VAC	$0

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VACCINES Cont.		
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3 MCG/0.3ML	VAC	$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUBLOK INJ (QL=1 inj/28 days)	QL-VAC	$0
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUCELVAX INJ (QL=1 inj/28 days)	QL-VAC	$0
FLUMIST NASAL (QL=1 dose/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 HIGH-DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUZONE INTRADERMAL (QL= 1 inj/28 days)	QL-VAC	$0
FLUZONE PF INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
HAVRIX INJ, VAQTA INJ	VAC	$0
HEPLISAV-B INJ	VAC	$0
MFLUSIVA INJ (QL= 1 inj/28 days; Covered for members age 50 years and older)	QL-VAC	$0
MNEXSPIKE INJ	VAC	$0
NOVAVAX INJ	VAC	$0
SHINGRIX INJ (Only covered for members 50 years of age and older)	VAC	$0
SPIKEVAX INJ	VAC	$0
TWINRIX INJ	VAC	$0
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFLAMMATORY AGENTS		
hydrocortisone cream (PROCTOCORT equiv)	OTC	1
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
acetic acid vaginal soln	OTC	1
SPERMICIDES		
CONTRACEPTIVE GEL	OTC	$0
CONTRACEPTIVE SUPP	OTC	$0
TODAY SPONGE	OTC	$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
clotrimazole vaginal cream	OTC	1
metronidazole vaginal gel (METROGEL equiv)	-	1
miconazole 3 supp 200 mg	-	1
MICONAZOLE 7 SUPP	OTC	1
miconazole nitrate vaginal kit	OTC	1
miconazole vaginal cream	OTC	1
miconazole vaginal kit	OTC	1
miconazole vaginal supp	OTC	1
terconazole cream (TERAZOL equiv)	-	1
terconazole supp (TERAZOL equiv)	-	1
terconazole vaginal cream	-	1
CLEOCIN VAGINAL SUPP	-	2

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
VAGINAL ESTROGENS		
estradiol vaginal cream (ESTRACE equiv)	90DS	1
estradiol vaginal tab, yuvafem vaginal tab	-	1
FEMRING	-	2
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15 mg (mylan) (QL= 2 inj/fill)	PDL-QL	1
epinephrine pen inj 0.3 mg (mylan) (QL= 2 inj/fill)	PDL-QL	1
EPIPEN INJ 0.3 MG (QL= 2 inj/fill)	PDL-QL	2
EPIPEN JR INJ 0.15 MG (QL= 2 inj/fill)	PDL-QL	2
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
MISC. NUTRITIONAL FACTORS		
citranatal tab Rx	-	1
inatal ultra tab	-	1
prenatal 19 chew tab	-	1
taron-bc tab	-	1
OIL SOLUBLE VITAMINS		
vitamin A cap 1000 unit (retinol/retinoic acid)	OTC	1
vitamin D cap (calciferol) 2000 unit, 5000 unit, 10000 unit	OTC	1
vitamin D cap (calciferol) 400 unit	OTC	1
vitamin D cap (calciferol)1000 unit	OTC	1
vitamin D cap 50,000 units (high potency)	90DS-OTC	1
vitamin D drops (calciferol)	OTC	1
vitamin D3 liquid (calciferol) 400 unit	OTC	1
vitamin D3 tab (calciferol)	OTC	1
vitamin E cap (tocopherol)	OTC	1
vitamin E tab (tocopherol)	OTC	1
vitamin K tab (phytonadione)	-	1
VITAMIN D2 TAB (calciferol)	OTC	2
VITAMIN D3 CAP	OTC	2
VITAMIN E CAP (TOCOPHEROL)	OTC	2
WATER SOLUBLE VITAMINS		
vitamin B1 tab (thiamine)	OTC	1
vitamin B2 tab (riboflavin)	OTC	1
vitamin B3 cap (niacin ER)	OTC-PDL	1
vitamin B3 ER tab (niacin ER)	OTC-PDL	1
vitamin B3 tab (niacin)	OTC-PDL	1
vitamin B6 tab 25 mg, 50 mg, 100 mg (pyridoxine)	OTC	1
vitamin C chew tab 500 mg (ascorbic acid)	OTC	1
vitamin C tab 1000 mg (ascorbic acid)	OTC	1
vitamin C tab 250 mg (ascorbic acid)	OTC	1
vitamin C tab 500 mg (ascorbic acid)	OTC	1
vitamin C tab 500 mg (calcium ascorbate)	OTC	1

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Hennepin Health Formulary
Prior Authorization Drug List
Last Updated 1/1/2027

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY ASIMTUFII INJ	$0
ABILIFY MAINTENA INJ	$0
acamprosate calcium DR tab	1
ADAKVEO INJ	MB
ADALIMUMAB-ADBM PEN	2
ADALIMUMAB-ADBM SYRINGE	2
ADVATE INJ 1000 UNIT	MB
ADVATE INJ 1500 UNIT	MB
ADVATE INJ 2000 UNIT	MB
ADVATE INJ 250 UNIT	MB
ADVATE INJ 3000 UNIT	MB
ADVATE INJ 4000 UNIT	MB
ADVATE INJ 500 UNIT	MB
ADYNOVATE INJ	MB
AFSTYLA KIT	MB
AIMOVIG INJ	2
AJOVY AUTOINJECTOR	2
AJOVY INJ	2
albendazole tab	1
ALPHANATE INJ VWF/HUM	MB
ALPHANINE SD INJ	MB
alprazolam intensol conc	1
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	1
alprazolam tab 2 mg	1
ALPROLIX INJ	MB
ambrisentan tab	1
APOKYN INJ	2
aprepitant pak	1
ARANESP SYRINGE	2
ARANESP VIAL	2
armodafinil tab	1
AVONEX KIT	2
AVONEX PEN KIT	2
AVONEX PREFILLED SYRINGE KIT	2
BENEFIX KIT 1000 UNIT	MB
BENEFIX KIT 2000 UNIT	MB
BENEFIX KIT 250 UNIT	MB
BENEFIX KIT 3000 UNIT	MB
BENEFIX KIT 500 UNIT	MB
BERINERT INJ	MB
BETASERON PEN KIT	2
BETHKIS NEB SOLN	2
bexarotene cap	$0
bosutinib tab	$0
buspirone tab 7.5 mg	1
capecitabine tab	$0

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CAPRELSA TAB	$0
chlordiazepoxide cap	1
CINRYZE INJ	MB
COAGADEX INJ	MB
COMETRIQ KIT	$0
COPAXONE INJ 20 MG/ML	2
CORIFACT KIT	MB
CYLTEZO PEN	2
CYLTEZO SYRINGE	2
dasatinib tab	$0
DESCOVY ER TAB FOR TREATMENT (**DESCOVY ER TAB FOR PREVENTION (Tier $0)**)	2
desmopressin acetate nasal spray	1
desmopressin acetate tab	1
desmopressin nasal soln	1
dexamethasone ophth soln	1
dextromethorphan hbr-quinidine sulfate cap	1
diazepam conc	1
diazepam soln	1
diazepam tab	1
dimethyl fumarate DR cap	1
dofetilide cap	1
dronabinol cap	1
DROXIA CAP	2
DUPIXENT INJ	2
DUPIXENT PEN INJ	2
ELIGARD INJ	$0
ELIGARD INJ, LUPRON DEPOT INJ	$0
ELIGARD INJ, VABRINITY INJ	$0
ELIGARD INJ, VABRINTY INJ	$0
ELOCTATE INJ	MB
eltrombopag olamine tab	1
EMGALITY PEN 120 MG/ML	2
EMGALITY SYRINGE 120 MG/ML	2
ENBREL KIT	2
ENBREL MINI CARTRIDGE	2
ENBREL SURECLICK PEN	2
ENBREL SYRINGE	2
ENBREL VIAL	2
ENDARI POWDER PACK	2
EPOGEN INJ	2
epoprostenol inj	1
ERIVEDGE CAP	$0
erlotinib tab	$0
ESPEROCT INJ	MB
estradiol patch	1

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
estradiol tab	1
EUCRISA OINT	2
everolimus tab	$0
famotidine susp	1
FARXIGA TAB	2
FEIBA NF INJ	MB
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	1
fingolimod cap	1
FIRMAGON INJ	$0
fluphenazine inj	$0
FORTEO INJ 620 MCG/2.4ML	2
FOUNDAYO TAB	2
GLEOSTINE CAP	$0
glipizide/metformin tab	1
glyburide/metformin tab	1
HEMOFIL M INJ 1000 UNIT	MB
HEMOFIL M INJ 1700 UNIT	MB
HEMOFIL M INJ 250 UNIT	MB
HEMOFIL M INJ 401-800	MB
HEMOFIL M INJ 500 UNIT	MB
HUMATE-P KIT	MB
icatibant inj	1
ICLUSIG TAB	$0
IDELVION INJ	MB
imatinib tab	$0
INFLIXIMAB INJ	MB
INLYTA TAB	$0
INVEGA HAFYERA INJ	$0
INVEGA SUSTENNA INJ	$0
INVEGA TRINZA INJ	$0
isotretinoin cap	1
ISTODAX INJ	$0
IXINITY INJ	MB
JAKAFI TAB	$0
JAKAFI XR TAB	$0
JANUMET TAB	2
JANUVIA TAB	2
JARDIANCE TAB	2
JENTADUETO TAB	2
JENTADUETO XR TAB	2
JIVI INJ	MB
KITABIS PAK	2
KOATE-DVI KIT	MB
KOATE-DVI VIAL	MB
KOGENATE FS INJ	MB
KOVALTRY INJ	MB

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.

Hennepin Health Formulary cont.
Prior Authorization Drug List
Last Updated 1/1/2027

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)
lapatinib ditosylate tab	$0
lenalidomide cap	1
leuprolide inj	$0
LINZESS CAP	2
LOKELMA PAK	2
lomustine cap	$0
lorazepam tab	1
lubiprostone cap	1
LUPRON DEPOT INJ	$0
MATULANE CAP	$0
MAVYRET PELLET PAK	2
MAVYRET TAB	2
MEKINIST TAB	$0
modafinil tab	1
MOUNJARO INJ	2
NEULASTA INJ	2
NEUPOGEN INJ	2
nilotinib hcl cap	$0
nitrofurantoin macrocrystals cap 50 mg, 100 mg	1
nitrofurantoin monohydrate cap	1
nitrofurantoin susp	1
NORDITROPIN FLEXPRO PEN	2
NOVOEIGHT INJ	MB
NOVOSEVEN RT INJ	MB
NUCALA AUTOINJECTOR	2
NUCALA INJ	MB
NUCALA SYRINGE	2
NUWIQ INJ	MB
OBIZUR INJ	MB
olanzapine inj	$0
OTEZLA STARTER PACK	2
OTEZLA TAB	2
oxazepam cap	1
OZEMPIC INJ	2
OZEMPIC TAB	2
pazopanib hcl tab	$0
PEGASYS SYRINGE	2
PEGASYS VIAL	2
phentermine cap	1
phentermine tab	1
pomalidomide cap	$0
pregen DHA cap	1
PROFILNINE SD	MB
promethazine tab	1
PULMOZYME INH SOLN	2
pyrimethamine/leucovorin compounded capsules	1

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Hennepin Health Formulary cont.
Prior Authorization Drug List
Last Updated 1/1/2027

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)
rasagiline tab	1
REBIF INJ	2
REBIF REBIDOSE PEN	2
REBINYN INJ	MB
RECOMBINATE INJ	MB
RETACRIT INJ	2
RISPERDAL CONSTA	$0
RIXUBIS INJ	MB
romidepsin for IV inj	$0
SANTYL OINT	2
sapropterin dihydrochloride tab	1
SEVENFACT INJ	MB
sildenafil susp/sildenafil susp (authorized generic)	1
sildenafil tab 20 mg	1
SOLIRIS INJ	2
sorafenib tosylate tab	$0
STARJEMZA INJ	2
STARJEMZA SYRINGE	2
STIVARGA TAB	$0
sunitinib malate cap	$0
SUPARTZ INJ 25 MG/2.5ML	2
SYMLIN PEN INJ	2
SYNAGIS INJ	2
SYNJARDY TAB	2
SYNJARDY XR TAB	2
TAFINLAR CAP	$0
TARCEVA TAB	$0
temozolomide cap	$0
teriflunomide tab	1
TESTIM GEL 1%	2
testosterone cypionate inj	1
testosterone enanthate inj	1
testosterone gel	1
testosterone gel packet	1
testosterone pump	1
THALOMID CAP	2
tobramycin neb soln	1
tofacitinib citrate ER tab	1
tofacitinib citrate tab	1
tolvaptan tab	1
TRACLEER TAB	2
TRADJENTA TAB	2
TRELSTAR INJ	$0
treprostinil inj	1
TRETTEN INJ	MB
TRIESENCE INJ	MB

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Hennepin Health Formulary cont.
Prior Authorization Drug List
Last Updated 1/1/2027

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)
TRULICITY INJ	2
TYENNE IV INJ	MB
TYENNE PEN	2
TYENNE SYRINGE	2
UBRELVY TAB	2
vancomycin cap	1
VELTASSA POWDER	2
VICTOZA INJ	2
VONVENDI INJ	MB
WEGOVY HD INJ	2
WEGOVY INJ	2
WEGOVY TAB	2
WILATE INJ	MB
XIGDUO XR TAB	2
XOLAIR AUTOINJECTOR	2
XOLAIR INJ	MB
XOLAIR SYRINGE	2
XTANDI CAP	$0
XYNTHA KIT	MB
XYNTHA SOLOFUSE KIT	MB
ZEPBOUND INJ	2
ziprasidone inj	$0
ZOLADEX IMP	$0
ZOLINZA CAP	$0
ZOMACTON INJ	2
ZYDELIG TAB	$0
ZYKADIA CAP	$0
ZYKADIA TAB	$0

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

Over-the-Counter (OTC) Medications

50+ ADULT CAP EYE HEALTH	ACCU-CHEK AVIVA PLUS TEST STRIP (NDC 65702-0407-10)	ACCU-CHEK AVIVA PLUS TEST STRIP (NDC 65702-0408-10)	ACCU-CHEK CALIBRATION SOLUTION
ACCU-CHEK GUIDE ME METER (NDC 65702-0731-10)	ACCU-CHEK GUIDE METER (NDC 65702-0729-10)	ACCU-CHEK GUIDE TEST STRIP (NDC 65702-0711-10)	ACCU-CHEK GUIDE TEST STRIP (NDC 65702-0712-10)
ACCU-CHEK SMARTVIEW TEST STRIP (NDC 65702-0492-10)	ACCU-CHEK SMARTVIEW TEST STRIP (NDC 65702-0493-10)	acetaminophen 500 liquid	acetaminophen chew tab
acetaminophen dispersible tab	acetaminophen elixir	acetaminophen liquid	acetaminophen soln
acetaminophen supp	acetaminophen susp	acetaminophen tab	acetaminophen tab 325 mg
acetaminophen tab 500 mg	acetic acid vaginal soln	acid gone chew tab	acid gone susp
adapalene gel OTC	alcohol swabs	alcohol wipes	aler-dryl tab
almacone chew tab	aluminum hydroxide susp	aluminum hydroxide/magnesium trisilicate chew tab	aluminum/mag/simethicone susp 200-200-20 mg/5ml
aluminum/mag/simethicone susp 400-400-40 mg/5ml	aluminum/magnesium hydroxides susp	ammonium lactate cream	ammonium lactate lotion 12%
ammonium lactate lotion 5%	ARIAL CHAMBER	artificial tears ophth soln	aspirin buffered tab
aspirin chew tab 81 mg	aspirin EC tab 325 mg	aspirin EC tab 81 mg	aspirin tab 325 mg
aspirin/apap/caffeine 250-250-650 mg	AYR NASAL DROPS	bacitracin oint	bacitracin zinc oint
bacitracin/polymyxin b oint	B-complex vitamin cap	B-complex with C/E + Zn tab	B-complex with vitamin C and folic acid tab
B-D INSULIN SYRINGE	B-D INSULIN SYRINGE U-500	B-D PEN NEEDLE 29G x 12.7MM	B-D PEN NEEDLE 30G x 5MM
B-D PEN NEEDLE 31G x 5MM	B-D PEN NEEDLE 31G x 8MM	B-D PEN NEEDLE 32G x 4MM	B-D PEN NEEDLE 32G x 6MM
benzoyl peroxide cleanser/wash 3%, 5%, 6%, 9%, 10% only	benzoyl peroxide gel	benzoyl peroxide lotion	BICARSIM TAB
bisacodyl DR tab	bisacodyl supp	bismuth subsalicylate chew tab	bismuth subsalicylate susp
bismuth subsalicylate tab	BLINK TEARS OPHTH DROPS	brompheniramine/pse elixir	BUFFERIN EXTRA STRENGTH TAB
calamine lotion	calci-chew 1250 mg	CALCIUM CARB SUSP	calcium carbonate (antacid) chew tab 400 mg, 500 mg, 600 mg, 750 mg, 1000 mg
calcium carbonate susp 1250 mg/5ml	calcium carbonate tab	calcium carbonate with vitamin D chew tab	calcium carbonate with vitamin D tab

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calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400	calcium carbonate/ergocalciferol tab	calcium carbonate/magnesium hydroxide chew tab 700/300 mg	calcium carbonate/magnesium hydroxide susp
calcium carbonate/simethicone chew tab	CALCIUM CHEW	calcium citrate plus vitamin D tab	CALCIUM CITRATE/VITAMIN D TAB
calcium polycarbophil tab	calcium w/vitamin D tab	capsaicin cream	carbamide peroxide otic soln
carboxymethyl cellulose sodium ophth soln	carboxymethyl cellulose-glycerin ophth soln	carboxymethyl cellulose-hypromellose ophth gel	CERAVE THERA HAND CREAM 1%
cetirizine soln	cetirizine tab	cetirizine/pseudoephedrine 12-hour tab	charcoal activated cap
CHILD MULTI CHEW VITAMINS	chlorhexidine gluconate liq	chlorpheniramine CR tab	chlorpheniramine liquid
chlorpheniramine maleate syrup	chlorpheniramine tab	cimetidine tab	clemastine fumarate tab
clemastine tab	clotrimazole cream	clotrimazole vaginal cream	coal tar shampoo
COMPUTER EYE DROPS	CONTOUR METER	CONTOUR NEXT EZ METER KIT (NDC 00193-7553-01)	CONTOUR NEXT ONE METER (NDC 00193-7825-01)
CONTOUR NEXT TEST STRIP (NDC 00193-7310-25)	CONTOUR NEXT TEST STRIP (NDC 00193-7311-50)	CONTOUR NEXT TEST STRIP (NDC 00193-7312-21)	CONTOUR PLUS BLUE METER (NDC 00193-7036-01)
CONTOUR PLUS TEST STRIP (NDC 00193-7584-50)	CONTOUR TEST STRIP (NDC 00193-7080-50)	CONTOUR TEST STRIP (NDC 00193-7090-21)	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	COVID-19 TEST	cromolyn nasal spray	DAKRINA OPHTH SOLN
dextromethorphan cap	dextromethorphan ER liquid	dibucaine ointment 1%	diclofenac gel OTC
DI-GEL SUSP	dimethicone cream 1%	diphenhydramine (sleep) cap 50 mg	diphenhydramine (sleep) tab
diphenhydramine cap 25 mg	diphenhydramine cap 50 mg	diphenhydramine elixir	diphenhydramine liquid
diphenhydramine tab 25 mg	docosanol cream	docusate calcium cap	docusate sodium cap
docusate sodium enema	docusate sodium liquid	docusate sodium syrup	docusate sodium tab
doxylamine succinate (sleep) tab	DUOFILM SOLN 17%	EMBACTA INSULIN SYRINGE	EMBECTA INSULIN SYRINGE
EMBECTA INSULIN SYRINGE U-500	EMBECTA PEN NEEDLE 29G x 12.7MM	EMBECTA PEN NEEDLE 30G x 5MM	EMBECTA PEN NEEDLE 31G x 5MM
EMBECTA PEN NEEDLE 31G x 8MM	EMBECTA PEN NEEDLE 32G x 4MM	EMBECTA PEN NEEDLE 32G x 6MM	famotidine tab
ferrous fumarate tab 325 mg	ferrous fumarate tab 90 mg	ferrous gluconate tab 225 mg	ferrous gluconate tab 239 mg (27 mg elemental iron)
ferrous gluconate tab 324 mg	ferrous gluconate tab 325 mg	ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	ferrous sulfate 325mg
ferrous sulfate drops	ferrous sulfate EC tab	ferrous sulfate tab CR 142 mg (45 mg Fe equivalent)	FEVERALL INFANTS SUPP
fexofenadine susp 30 mg/5 ml	fexofenadine tab 180 mg	fexofenadine tab 60 mg	FLEET LIQUID GLYCERIN ENEMA
FOAM ANTACID CHEW	folic acid tab 1 mg (folate)	folic acid tab 400 mcg (folate)	folic acid tab 800 mcg (folate)
folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5 mg, 2.2-25-1 mg, 2.5-25-1 mg	FREESTYLE INSULIN SYRINGE	GENTEAL MILD OPHTH DROPS	GENTEAL OPHTH GEL
GENTEAL OPHTH SOLN	glycerin supp 1 g, 1.2 g, 2 g, 2.1 g, 80.7%	glycerin/hypromellose/peg 400 ophth soln	guaifenesin ER tab
guaifenesin liquid	guaifenesin syrup	guaifenesin tab	

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guaifenesin/codeine soln 100-10 mg/5ml	guaifenesin-dm ER tab 30/600 mg	guaifenesin-dm ER tab 60/1200 mg	guaifenesin-dm liquid 10-100 mg/5ml
guaifenesin-dm liquid 10-200 mg/5ml	guaifenesin-dm liquid 5-100 mg/5ml	guaifenesin-dm syrup	HONEY BEARS CHEW TAB
HUMULIN 70/30 PEN	HUMULIN 70/30 VIAL	HUMULIN VIAL (R, N)	HYDROCIL POWDER 95%
hydrocortisone acetate oint	hydrocortisone cream	hydrocortisone gel	hydrocortisone oint
hydrocortisone oint in absorbase	hydrocortisone soln	hydrogen peroxide soln	HYPOTEARS OPHTH SOLN
hypromellose ophth soln	hypromellose ophth soln 0.4%	ibuprofen chew tab	ibuprofen susp
ibuprofen tab 200 mg	ICAPS PLUS TAB	IMODIUM A-D CHEW TAB	IMODIUM CHEW TAB
IMPROVUE SOLN	INSULIN SYRINGE	ITCH-X FOAM	KETO-DIASTIX TEST STRIP
KETOSTIX	ketotifen ophth soln	LACTAID CHEW TAB	lactase chew tab
lactase tab	LACTRASE CAP	LANCET DEVICE	LANCETS
L-CARNITINE CAP	L-CARNITINE TAB	L-CARNITINE TAB 500 MG	levocarnitine cap
levocarnitine fumarate cap	levocarnitine tab	levonorgestrel tab	LIDOCAINE CREAM 4%
loperamide cap	loperamide hcl susp	loperamide tab	loperamide/simethicone tab
loratadine ODT	loratadine soln	loratadine syrup	loratadine tab
loratadine/pseudoephedrine 12-hour tab	loratadine/pseudoephedrine 24-hour tab	lubricant eye drop 0.6%	LUBRICANT EYE DROPS
MAALOX TC SUSP	MAG-AL LIQUID	magnesium citrate soln	magnesium gluconate tab
magnesium hydroxide chew tab	magnesium hydroxide susp	magnesium oxide (laxative) tab	magnesium oxide cap 140 mg, 400 mg
MAGNESIUM OXIDE CHEW TAB	magnesium oxide tab	magnesium oxide tab 400 mg	magnesium/aluminum hydroxide/simethicone chew tab
MALE CONDOMS	meclizine chew tab	meclizine tab 12.5 mg, 25 mg	melatonin SL tab
melatonin tab	methylcellulose laxative powder	MICONAZOLE 7 SUPP	miconazole nitrate aerosol
miconazole nitrate aerosol powder	miconazole nitrate cream	miconazole nitrate oint	miconazole nitrate powder
miconazole nitrate soln	miconazole nitrate vaginal kit	miconazole vaginal cream	miconazole vaginal kit
miconazole vaginal supp	mineral oil	mineral oil light	MIRANEL AF SOLN
MONOJECT SYRINGE	multiple vitamin tab	multiple vitamins w/iron tab	MULTIPLE VITAMINS W/MINERALS LIQUID
multivitamin cap	multivitamin drops	multivitamin with iron drops	multivitamin/minerals tab
NARCAN NASAL SPRAY	NEBULIZER	neomycin-bacitracin-poly oint	nicotine gum
nicotine lozenge	nicotine patch	NORTEMP SUSP INFANTS	NOVOFINE PEN NEEDLE 30G x 8MM
NOVOFINE PEN NEEDLE 32G x 6MM	NOVOLIN N INJ VIAL	NOVOLIN R INJ VIAL	NOVOTWIST PEN NEEDLE 32G x 5MM
NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM	olopatadine ophth soln	olopatadine ophth soln 0.2%	omega-3 fatty acids cap 1000 mg
omega-3 fatty acids cap 1200 mg	oral electrolyte solution	oral electrolytes soln	oyster shell calcium/vitamin D (ergocalciferol) tab
oyster shell tab	OYSTER SHELL/D TAB	PEDIA-LAX SUPP	pediatric multiple vitamin w/ minerals chew tab
pediatric multiple vitamins w/iron chew tab	pediatric multivitamin w/C/FA chew tab	pediatric multivitamin w/minerals/C chew tab 60 mg	pediatric multivitamin/iron drops
PEN NEEDLE 31G x 6MM, 32G x 8MM	PEPCID AC CHEW TAB	permethrin creme rinse 1%	piperonyl butoxide/pyrethrins shampoo
polyethylene glycol 3350 powder	polyethylene glycol soln	polyethylene glycol/propylene glycol ophth soln	polyethylene glycol-propylene glycol ophth gel
polyvinyl alcohol ophth soln	polyvinyl alcohol/povidone ophth soln	povidone/iodine soln	PRECISION INSULIN SYRINGE
prenatal 19 tab	prenatal plus tab	prenatal tab 27-0.8 mg	PREP H CREAM

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proctosol HC cream	propylene glycol/glycerin ophth soln	pseudoephedrine er hcl tab	pseudoephedrine ER tab
pseudoephedrine liquid	pseudoephedrine syrup	pseudoephedrine tab	PSEUDOEPHEDRINE/GUAIFENESIN SYRUP 30-100 MG/5ML
psyllium powder	PSYLLIUM POWDER 33%	PSYLLIUM POWDER 49%	pyrantel pamoate susp
REFRESH LIQUIGEL OPHTH DROPS	REFRESH OPTIVE ADVANCED OPHTH SOLN	RETAINE MGD OPHTH EMULSION	salicylic acid liquid 17%
saline nasal spray	selenium sulf 1% shampoo	sennosides cap	sennosides chew tab
sennosides syrup	sennosides tab 8.6 mg	sennosides/docusate sodium tab	simethicone chew tab
simethicone liquid	simethicone susp	skin protectants cream	skin protectants lotion
sodium bicarbonate tab	sodium chloride hypertonic ophth soln	sodium chloride neb soln 0.9%	sodium phosphates enema
sodium phosphates soln	SOOTHE OPHTH DROPS	SORBITOL SOLN	SORBITOL SOLN 70%
STERILE LUBRICANT OPHTH DROPS	SUDAFED SR TAB	TEARS AGAIN NIGHT/DAY OPHTH GEL	TECHLITE PEN NEEDLE 32G x 4MM
terbinafine cream	throat lozenges	TODAY SPONGE	tolnaftate aerosol powder
tolnaftate cream	tolnaftate powder	tolnaftate spray	triamcinolone OTC nasal spray
triprolidine/pseudoephedrine liquid	TRIXAICIN CREAM 0.025%	TYLENOL GO EXTRA STRENGTH CHEW TAB	urea cream 20%
urea lotion 10%	URINE TEST STRIPS	VICKS WATERLESS VAPORIZER	VISINE TEARS OPHTH DROPS
vitamin A cap 1000 unit (retinol/retinoic acid)	vitamin B1 tab (thiamine)	vitamin B12 tab (cyanocobalamin)	vitamin B2 tab (riboflavin)
vitamin B3 cap (niacin ER)	vitamin B3 ER tab (niacin ER)	vitamin B3 tab (niacin)	vitamin B6 tab 25 mg, 50 mg, 100 mg (pyridoxine)
vitamin C chew tab 500 mg (ascorbic acid)	vitamin C tab 1000 mg (ascorbic acid)	vitamin C tab 250 mg (ascorbic acid)	vitamin C tab 500 mg (ascorbic acid)
vitamin C tab 500 mg (calcium ascorbate)	vitamin D cap (calciferol) 2000 unit, 5000 unit, 10000 unit	vitamin D cap (calciferol) 400 unit	vitamin D cap (calciferol)1000 unit
vitamin D cap 50,000 units (high potency)	vitamin D drops (calciferol)	VITAMIN D2 TAB (calciferol)	VITAMIN D3 CAP
vitamin D3 liquid (calciferol) 400 unit	vitamin D3 tab (calciferol)	VITAMIN E CAP (TOCOPHEROL)	vitamin E tab (tocopherol)
VIVA DROPS 1%	WAL-SLEEP Z TAB	white petrolatum/mineral oil ophth oint	ZEASORB-AF LOTION
zinc sulfate cap			

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Hennepin Health Formulary
Last Updated 1/1/2027
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

ADALIMUMAB-ADBM PEN	ADALIMUMAB-ADBM SYRINGE	APOKYN INJ	ARANESP SYRINGE
ARANESP VIAL	AVONEX KIT	AVONEX PEN KIT	AVONEX PREFILLED SYRINGE KIT
BETASERON PEN KIT	BETHKIS NEB SOLN	bexarotene cap	bosutinib tab
capecitabine tab	CAPRELSA TAB	COMETRIQ KIT	COPAXONE INJ 20 MG/ML
CYLTEZO PEN	CYLTEZO SYRINGE	dasatinib tab	dimethyl fumarate DR cap
ELIGARD INJ	ELIGARD INJ, LUPRON DEPOT INJ	ELIGARD INJ, VABRINITY INJ	ELIGARD INJ, VABRINTY INJ
eltrombopag olamine tab	ENBREL KIT	ENBREL MINI CARTRIDGE	ENBREL SURECLICK PEN
ENBREL SYRINGE	ENBREL VIAL	EPOGEN INJ	ERIVEDGE CAP
erlotinib tab	everolimus tab	fingolimod cap	FORTEO INJ 620 MCG/2.4ML
icatibant inj	ICLUSIG TAB	imatinib tab	INLYTA TAB
JAKAFI TAB	JAKAFI XR TAB	lapatinib ditosylate tab	lenalidomide cap
leuprolide inj	LUPRON DEPOT INJ	LYSODREN TAB	MAVYRET PELLET PAK
MAVYRET TAB	MEKINIST TAB	MYLERAN TAB	NEULASTA INJ
NEUPOGEN INJ	nilotinib hcl cap	NORDITROPIN FLEXPRO PEN	NUCALA AUTOINJECTOR
NUCALA SYRINGE	OTEZLA STARTER PACK	OTEZLA TAB	pazopanib hcl tab
PEGASYS SYRINGE	PEGASYS VIAL	PULMOZYME INH SOLN	REBIF INJ
REBIF REBIDOSE PEN	RETACRIT INJ	ribavirin tab 200 mg	sapropterin dihydrochloride tab
sorafenib tosylate tab	STARJEMZA INJ	STARJEMZA SYRINGE	STIVARGA TAB
sunitinib malate cap	TAFINLAR CAP	TARCEVA TAB	temozolomide cap
teriflunomide tab	THALOMID CAP	tobramycin neb soln	tofacitinib citrate ER tab
tofacitinib citrate tab	tretinoin cap	TYENNE PEN	TYENNE SYRINGE
XOLAIR AUTOINJECTOR	XOLAIR SYRINGE	XTANDI CAP	ZELBORAF TAB
ZOLINZA CAP	ZOMACTON INJ	ZYDELIG TAB	

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Hennepin Health Formulary
Smoking Cessation Agents
Last Updated 1/1/2027

Drug Name	Tier # for Drug Copay
BUPROPION SR TAB	$0
CHANTIX TAB	$0
NICOTINE GUM	$0
NICOTINE LOZENGE	$0
NICOTINE PATCH	$0
VARENICLINE TAB	$0
VARENICLINE TARTRATE TAB STARTER PACK	$0

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Hennepin Health Formulary
Last Updated 1/1/2027
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ACCU-CHEK CALIBRATION SOLUTION	QL= 1 bottle/365 days
ACCU-CHEK GUIDE ME METER (NDC 65702-0731-10)	QL= 1 meter/365 days
ACCU-CHEK GUIDE METER (NDC 65702-0729-10)	QL= 1 meter/365 days
acetaminophen supp	QL= 100 supp/30 days
acetaminophen tab 325 mg	QL= 8 tabs/day
acetaminophen/codeine tab 300 mg-15 mg	QL= 13 tabs/day
acetaminophen/codeine tab 300 mg-30 mg	QL= 13 tabs/day
acetaminophen/codeine tab 300 mg-60 mg	QL= 10 tabs/day
acyclovir oint	QL= 15gm/30 days
adapalene gel	QL= 45gm/30 days
adapalene gel OTC	QL= 45gm/30 days
ADVAIR DISKUS	QL= 1 inhaler/30 days
advair HFA inhaler	QL= 1 inhaler/30 days
AEROCHAMBER 2GO	QL= 1 spacer/365 days
AEROCHAMBER MV	QL= 1 spacer/365 days
AEROCHAMBER PLUS	QL= 1 spacer/365 days
AEROCHAMBER Z-STAT PLUS	QL= 1 spacer/365 days
AEROCHAMBER/FLOWSIGNAL	QL= 1 spacer/365 days
AEROVENT PLUS HOLDING CHAMBER	QL= 1 spacer/365 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
albuterol HFA inhaler	QL= 2 inhalers/30 days
albuterol neb soln 2.5 mg/3ml	QL= 125 vials/30 days
albuterol/ipratropium neb soln	QL= 180 nebs/30 days
ALCLOMETASONE CREAM	QL= 45gm/30 days
alclometasone oint	QL= 45gm/30 days
alprazolam intensol conc	QL= 4ml/day; Prior Authorization required for members age 65 or older
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	QL= 3 tabs/day; Prior Authorization required for members age 65 or older
alprazolam tab 2 mg	QL= 2 tabs/day; Prior Authorization required for members age 65 or older
ALREX OPHTH SUSPENSION	QL= 5ml/30 days
aluminum chloride soln	QL= 60ml/30 days
amitriptyline 10 mg tab	QL= 1 tab/day
amitriptyline 25 mg tab	QL= 1 tab/day
amitriptyline 50 mg tab	QL= 1 tab/day
amphetamine/dextroamphetamine ER cap	QL= 1 cap/day; Only one strength allowed per month
amphetamine/dextroamphetamine salt combo tab 10 mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine salt combo tab 12.5 mg	QL= 2 tabs/day
amphetamine/dextroamphetamine salt combo tab 15 mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine salt combo tab 20 mg	QL= 3 tabs/day
amphetamine/dextroamphetamine salt combo tab 30 mg	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
amphetamine/dextroamphetamine salt combo tab 5 mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine salt combo tab 7.5 mg	QL= 0.5 tab/day
ANORO ELLIPTA INHALER	QL= 60 gm/30 days
aprepitant cap 40 mg	QL= 3 caps/180 days
aprepitant cap 80 mg	QL= 2 caps/15 days
ARIAL CHAMBER	QL= 1 spacer/365 days
aripiprazole soln	QL= 30ml/30 days
aripiprazole tab	QL= 1 tab/day
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
atomoxetine cap	QL= 1 cap/day; Only one strength allowed per month
atorvastatin tab	QL= 1 tab/day
atropine ophth soln	QL= 5ml/30 days
ATROVENT HFA INHALER	QL= 1 inhaler/30 days
azelastine nasal spray 0.1%	QL= 2 bottles/30 days
azelastine ophth soln	QL= 6ml/30 days
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BELBUCA FILM	QL= 2 films/day; Only one strength allowed per month
BELSOMRA TAB 15 MG, 20 MG	QL= 1 tab/day; Only one strength allowed per month
BELSOMRA TAB 5 MG, 10 MG	QL= 0.5 tab/day; Only one strength allowed per month
BEPREVE OPHTH SOLN	QL= 5ml/30 days
betamethasone augmented cream	QL= 50gm/30 days
betamethasone augmented lotion	QL= 60gm/30 days
betamethasone augmented oint	QL= 50gm/30 days
betamethasone diproprionate cream	QL= 45gm/30 days
betamethasone diproprionate lotion	QL= 60gm/30 days
betamethasone diproprionate oint	QL= 45gm/30 days
betamethasone valerate cream	QL= 45gm/30 days
BETAMETHASONE VALERATE LOTION	QL= 60gm/30 days
betamethasone valerate oint	QL= 45gm/30 days
brivaracetam tab	QL= 2 tabs/day
budesonide respules 0.25 mg/2ml, 0.5 mg/2ml	QL= 60 vials/30 days
budesonide respules 1 mg/2ml	QL= 30 vials/30 days
buprenorphine patch	QL= 4 patches/28 days; Only one strength allowed per month
buprenorphine/naloxone 2 mg/0.5 mg SL tablets	QL= 1 tab/day
buprenorphine/naloxone 8 mg/2 mg SL tablets	QL= 3 tabs/day
bupropion XL tab 300 mg	QL= 2 tabs/day
buspirone tab 30 mg	QL= 4 tabs/day
butalbital/acetaminophen/caffeine tab	QL= 2 tabs/day
butalbital/aspirin/caffeine cap	QL= 2 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
butalbital/aspirin/caffeine tab	QL= 2 tabs/day
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB	QL= 20 tabs/30 days
calcipotriene cream	QL= 120gm/30 days
calcipotriene oint	QL= 120gm/30 days
calcipotriene soln	QL= 60 ml/30 days
capsaicin cream	QL= 60gm/30 days
CARBATROL CAP 100 MG, 200 MG	QL= 2 caps/day; Only one strength allowed per month
CARBATROL CAP 300 MG	QL= 4 caps/day; Only one strength allowed per month
carvedilol ER cap	QL= 1 cap/day; Only one strength allowed per month
celecoxib cap	QL= 2 caps/day; Only one strength allowed per month
chlordiazepoxide cap	QL= 2 caps/day; Prior Authorization required for members age 65 or older
chlorthalidone 25 mg	QL= 0.5 tab/day
chlorthalidone 50 mg	QL= 2 tabs/day
cholestyramine lite powder	QL= 3 cans (718.2gm)/30 days
cholestyramine powder	QL= 3 cans (1,134gm)/30 days
ciclopirox cream	QL= 30gm/30 days
ciclopirox soln	QL= 7ml/30 days
ciclopirox topical susp	QL= 30gm/30 days
ciprofloxacin/dexamethasone otic susp	QL= 1 bottle/30 days
clindamycin gel	QL= 60gm/30 days
clindamycin lotion	QL= 60gm/30 days
clindamycin swab	QL= 60 pads/30 days
clindamycin topical soln	QL= 60ml/30 days
clindamycin/benzoyl peroxide gel	QL= 45gm/30 days
clobazam susp	QL= 240ml/30 days
clobetasol propionate cream	QL= 45gm/30 days
clobetasol propionate gel	QL= 60gm/30 days
clobetasol propionate oint	QL= 45gm/30 days
clobetasol propionate soln	QL= 50ml/30 days
clobetasol shampoo	QL= 118ml/30 days
clonidine ER tab	QL= 4 tabs/day
clonidine patch	QL= 4 patches/30 days
clopidogrel tab 300 mg	QL= 2 tab/fill per calendar year
clopidogrel tab 75 mg	QL= 1 tab/day
clotrimazole cream	QL= 30gm/30 days
clotrimazole soln (Rx Only)	QL= 30ml/30 days
clotrimazole/betamethasone cream	QL= 30gm/30 days
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/30 days
CONTOUR METER	QL= 1 meter/365 days
CONTOUR NEXT EZ METER KIT (NDC 00193-7553-01)	QL= 1 meter/365 days
CONTOUR NEXT ONE METER (NDC 00193-7825-01)	QL= 1 meter/365 days
CONTOUR PLUS BLUE METER (NDC 00193-7036-01)	QL= 1 meter/365 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 TEST	QL= 8 tests/30 days
dalfampridine ER tab	QL= 2 tabs/day
desonide cream	QL= 60gm/30 days
desonide lotion	QL= 59ml/30 days
desonide oint	QL= 60gm/30 days
desoximetasone cream 0.25%	QL= 60gm/30 days
desvenlafaxine ER tab	QL= 1 tab/day; Only one strength allowed per month
DEXCOM G6 RECEIVER (NDC 08627-0091-11)	QL= 1 receiver/year
DEXCOM G6 SENSOR (NDC 08627-0053-03)	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (NDC 08627-0016-01)	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER (NDC 08627-0078-01)	QL= 1 receiver/year
DEXCOM G7 SENSOR (15-DAY) (NDC 08627-0079-01)	QL=2 sensors/30 days
DEXCOM G7 SENSOR (NDC 08627-0077-01)	QL= 3 sensors/28 days
dexmethylphenidate tab 10 mg	QL= 2 tabs/day
dexmethylphenidate tab 2.5 mg	QL= 1 tab/day
dexmethylphenidate tab 5 mg	QL= 1 tab/day
dexmethylphenidate XR cap	QL= 1 cap/day: only one strength allowed per month
dextroamphetamine ER cap 10 mg	QL= 2 caps/day; Only one strength allowed per month
dextroamphetamine ER cap 15 mg	QL= 2 caps/day; Only one strength allowed per month
dextroamphetamine ER cap 5 mg	QL= 2 caps/day; Only one strength allowed per month
dextroamphetamine tab 10 mg	QL= 4 tabs/day
dextroamphetamine tab 5 mg	QL= 0.5 tab/day
diazepam conc	QL= 8ml/day; Prior Authorization required for members age 65 or older
diazepam rectal gel	QL= 2 inj/fill
diazepam soln	QL= 40ml/day; Prior Authorization required for members age 65 or older
diazepam tab	QL= 4 tabs/day; Prior Authorization required for members age 65 or older
dibucaine ointment 1%	QL= 1 tube/fill
DICLEGIS TAB	QL= 4 tabs/day
diclofenac gel OTC	QL= 100gm/30 days
dihydroergotamine mesylate inj	QL= 12 inj/30 days
dihydroergotamine mesylate nasal spray	QL= 1 bottle/fill; 1 fill/month
doxepin conc	QL= 0.6ml/day
DOXEPIN HCL CONC	QL= 0.6ml/day
dronabinol cap	QL= 2 caps/day
DRYSOL SOLN	QL= 60ml/30 days
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine EC cap 20 mg, 60 mg	QL= 2 caps/day
duloxetine EC cap 30 mg	QL= 1 cap/day
DUOFILM SOLN 17%	QL= 1 bottle/30 days
econazole cream	QL= 30gm/30 days

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Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ELIQUIS DOSE PACK	QL= 1 pack/fill, 1 fill/plan year
ELIQUIS SPRINKLE CAP	QL= 70 caps/28 days
ELIQUIS TAB	QL= 60 tabs/30 days
ELIQUIS TAB FOR ORAL SUSP 0.5 MG	QL= 5 tabs/day
ELIQUIS TAB FOR ORAL SUSP PACK 3 x 0.5 MG (1.5 MG)	QL= 15 tabs/day
ELIQUIS TAB FOR ORAL SUSP PACK 4 x 0.5 MG (2 MG)	QL= 20 tabs/day
ELLA TAB	QL= 4 fills/year
ELMIRON CAP	QL= 3 caps/day
ENBREL KIT	QL= 4 inj/28 days
ENBREL MINI CARTRIDGE	QL= 4 inj/28 days
ENBREL SURECLICK PEN	QL= 4 inj/28 days
ENBREL SYRINGE	QL= 8 inj/28 days
ENBREL VIAL	QL= 8 inj/28 days
epinephrine pen inj 0.15 mg (mylan)	QL= 2 inj/fill
epinephrine pen inj 0.3 mg (mylan)	QL= 2 inj/fill
EPIPEN INJ 0.3 MG	QL= 2 inj/fill
EPIPEN JR INJ 0.15 MG	QL= 2 inj/fill
eplerenone tab 25 mg	QL= 0.5 tab/day
eplerenone tab 50 mg	QL= 1 tab/day
erythromycin base DR tab	QL= 2 tabs/day
erythromycin base tab 500 mg	QL= 2 tabs/day
erythromycin gel	QL= 60gm/30 days
erythromycin med swab	QL= 60 pads/30 days
erythromycin soln	QL= 60ml/30 days
erythromycin/benzoyl peroxide gel	QL= 46.6gm/30 days
escitalopram tab	QL= 1 tab/day; Only one strength allowed per month
estradiol valerate 10 mg/ml inj	QL= 5 ml/30 days
estradiol valerate 20 mg/ml inj	QL= 5 ml/30 days
eszopiclone tab	QL= 1 tab/day
EXELON PATCH	QL= 30 patches/30 days; Only one strength allowed per month
famotidine susp	QL= 50ml/30 days; Prior Authorization required for members age 9 years and older
fenofibrate cap 67 mg, 134 mg, 200 mg	QL= 1 cap/day
fenofibrate tab 48 mg, 145 mg	QL= 1 tab/day
fenofibrate tab 54 mg, 160 mg	QL= 1 tab/day
fentanyl patch 25 mcg	QL= 10 patches/30 days
fentanyl patch 50 mcg	QL= 10 patches/30 days
fesoterodine fumarate ER tab	QL= 1 tab/day
FETZIMA CAP	QL= 1 cap/day; Only one strength allowed per month
FETZIMA TITRATION PACK	QL= 1 pack/365 days
FEVERALL INFANTS SUPP	QL= 100 supp/30 days
fexofenadine susp 30 mg/5 ml	QL= 10 ml/day
fexofenadine tab 180 mg	QL= 1 tab/day
fexofenadine tab 60 mg	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FLUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL=1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLUMIST NASAL	QL=1 dose/28 days
fluocinolone acetonide cream 0.025%	QL= 60gm/30 days
fluocinolone acetonide oil	QL= 1 bottle/30 days
fluocinolone acetonide oint	QL= 60gm/30 days
fluocinolone acetonide soln	QL= 60ml/30 days
fluocinolone otic oil	QL= 1 bottle/30 days
fluocinonide cream	QL= 60gm/30 days
fluocinonide emollient cream	QL= 60gm/30 days
fluocinonide gel	QL= 60gm/30 days
fluocinonide oint	QL= 60gm/30 days
fluocinonide soln	QL= 60ml/30 days
fluorouracil cream	QL= 40gm/30 days
fluticasone HFA (AG) (inhalation)	QL= 1 inhaler/30 days
fluticasone nasal spray	QL= 1 bottle/30 days
fluticasone propionate cream	QL= 30gm/30 days
fluticasone propionate oint	QL= 30gm/30 days
FLUVIRIN INJ	QL= 1 inj/28 days
FLUVIRIN PF INJ	QL= 1 inj/28 days
FLUZONE HIGH-DOSE PF INJ	QL= 1 inj/28 days
FLUZONE INTRADERMAL	QL= 1 inj/28 days
FLUZONE PF INJ	QL= 1 inj/28 days
FLUZONE QUAD INJ	QL= 1 inj/28 days
FREESTYLE LIBRE 14 DAY SENSOR (NDC 57599-0001-01)	QL= 2 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER (NDC 57599-0803-00)	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (NDC 57599-0800-00)	QL= 2 sensors/30 days
FREESTYLE LIBRE 2-PLUS SENSOR (NDC 57599-0835-00)	QL= 2 sensors/30 days
FREESTYLE LIBRE 3 RECEIVER (NDC 57599-0820-00)	QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR (NDC 57599-0818-00)	QL= 2 sensors/30 days
FREESTYLE LIBRE 3-PLUS SENSOR (NDC 57599-0844-00)	QL= 2 sensors/30 days
gabapentin cap 100 mg	QL= 36 caps/day
gabapentin cap 300 mg	QL= 12 caps/day
gabapentin cap 400 mg	QL= 9 caps/day
gabapentin tab 600 mg	QL= 6 tabs/day
gabapentin tab 800 mg	QL= 4.5 tabs/day
gemfibrozil tab	QL= 2 tabs/day
gentamicin sulfate cream	QL= 30gm/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
gentamicin sulfate oint	QL= 30gm/30 days
glucagon emergency kit	QL= 2 inj/fill
guanfacine ER tab	QL= 1 tab/day
hydrocodone/acetaminophen tab 10 mg/325 mg	QL= 9 tabs/day
hydrocodone/acetaminophen tab 5 mg/325 mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 7.5 mg/325 mg	QL= 12 tabs/day
hydrocortisone lotion 1%, 2.5%	QL= 118ml/30 days
HYDROCORTISONE LOTION 2.5%	QL= 118ml/30 days
hydrocortisone valerate cream	QL= 15gm/30 days
hydromorphone tab 2 mg	QL= 11.5 tabs/day
hydromorphone tab 4 mg	QL= 5.5 tabs/day
hydromorphone tab 8 mg	QL= 2.5 tabs/day
ibandronate tab 150 mg	QL= 1 tab/30 days
imiquimod cream	QL= 12gm/30 days
indomethacin ER cap	QL= 1 cap/day
ipratropium bromide hfa inhaler aerosol	QL= 1 inhaler/30 days
ipratropium neb soln	QL= 125 vials/30 days
ivermectin tab	QL= 10 tabs/30 days
JAKAFI TAB	QL= 2 tabs/day
JAKAFI XR TAB	QL= 1 tabs/day
JARDIANCE TAB	QL= 1 tab/day
ketoconazole cream	QL= 60gm/30 days
ketoconazole shampoo	QL= 120ml/30 days
KLOXXADO NASAL SPRAY	QL= 2 sprays/fill
lacosamide oral solution	QL= 1200 ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200 MG	QL= 40 caps/fill
lamotrigine ER tab	QL= 2 tabs/day
LANCET DEVICE	QL= 1 device/365 days
lansoprazole DR cap	QL= 2 caps/day
levonorgestrel tab	QL= 4 fills/year
LIDOCAINE CREAM 4%	QL= 1 tube/fill
lidocaine oint	QL= 60gm/30 days
lidocaine/prilocaine cream	QL= 60gm/30 days
linezolid tab	QL= 2 tabs/day
lisdexamfetamine dimesylate cap	QL= 1 cap/day; Only one strength allowed per month
LITEAIRE	QL= 1 spacer/365 days
LOKELMA PAK	QL= 30 paks/30 days
lorazepam tab	QL= 3 tabs/day; Prior Authorization required for members age 65 or older
lovastatin tab	QL= 1 tab/day
lurasidone HCL tab 120 mg	QL= 1 tab/day
lurasidone HCL tab 20 mg, 40 mg, 60 mg	QL= 0.5 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lurasidone HCL tab 80 mg	QL= 1 tab/day
MALE CONDOMS	QL= 24 units/30 days
megestrol susp	QL= 20ml/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine supp	QL= 1 supp/day
methadone soln 5 mg/5ml	
METHYLIN SOLN	QL= 360ml/30 days
methylphenidate ER cap	QL= 1 cap/day; Only one strength allowed per month
methylphenidate ER tab	QL= 1 tab/day; Only one strength allowed per month
methylphenidate ER tab 10 mg	QL= 1 tab/day; Only one strength allowed per month
methylphenidate ER tab 20 mg	QL= 1 tab/day; Only one strength allowed per month
METHYLPHENIDATE ER TAB 27MG	QL= 1 tab/day; Only one strength allowed per month
METHYLPHENIDATE ER TAB 36MG	QL= 1 tab/day; Only one strength allowed per month
METHYLPHENIDATE ER TAB 54MG	QL= 1 tab/day; Only one strength allowed per month
methylphenidate soln	QL= 360ml/30 days
methylphenidate tab	QL= 2 tabs/day
methylphenidate tab 20 mg	QL= 3 tabs/day
metronidazole cream	QL= 45gm/30 days
metronidazole gel 0.75%	QL= 45gm/30 days
metronidazole gel 1%	QL= 60gm/30 days
metronidazole lotion	QL= 59gm/30 days
MFLUSIVA INJ	QL= 1 inj/28 days; Covered for members age 50 years and older
MICROCHAMBER	QL= 1 spacer/365 days
MICROSPACER	QL= 1 spacer/365 days
MIFEPREX TAB	QL= 1 tab/dispense
mifepristone tab 200 mg	QL= 1 tab/dispense
milnacipran hcl tab	QL= 2 tabs/day
mirtazapine ODT	QL= 1 tab/day
mirtazapine tab 15 mg	QL= 0.5 tab/day
mirtazapine tab 30 mg	QL= 1 tab/day
mirtazapine tab 45 mg	QL= 1 tab/day
mirtazapine tab 7.5 mg	QL= 0.5 tab/day
mometasone cream	QL= 50gm/30 days
mometasone oint	QL= 45gm/30 days
mometasone soln	QL= 60ml/30 days
morphine sulfate ER tab 15 mg	QL= 6 tabs/day
morphine sulfate ER tab 30 mg	QL= 3 tabs/day
morphine sulfate ER tab 60 mg	QL= 1 tab/day
morphine sulfate supp 10 mg	QL= 9 supp/day
morphine sulfate supp 20 mg	QL= 4 supp/day
morphine sulfate supp 5 mg	QL= 18 supp/day
morphine sulfate tab 15 mg	QL= 6 tabs/day
morphine sulfate tab 30 mg	QL= 3 tabs/day
mupirocin oint	QL= 30gm/30 days
MYRBETRIQ TAB	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
naloxone prefilled syringe	QL= 2 inj/30 days
naloxone vial	QL= 1 vial/fill
naproxen EC tab	QL= 3 tabs/day
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NATROBA SUSP	QL= 120ml/30 days
NATROBA SUSP 0.90%	QL= 120ml/30 days
NEBULIZER	QL= 1 unit/365 days
nystatin cream	QL= 30gm/30 days
nystatin oint	QL= 30gm/30 days
nystatin topical powder	QL= 60gm/30 days
nystatin/triamcinolone cream	QL= 30gm/30 days
omeprazole DR cap 10 mg	QL= 2 caps/day
omeprazole DR cap 20 mg	QL= 2 caps/day
omeprazole DR cap 40 mg	QL= 2 caps/day
ondansetron ODT	QL= 90 tabs/30 days
ondansetron soln	QL= 120ml/15 days
ondansetron tab 4 mg, 8 mg	QL= 90 tabs/30 days
oseltamivir cap 30 mg	QL= 20 caps/fill
oseltamivir cap 45 mg, 75 mg	QL= 10 caps/fill
oseltamivir susp	QL= 120ml/fill, 2 fills/year
OTEZLA STARTER PACK	QL= 1 pack/year
OTEZLA TAB	QL= 2 tabs/day
oxazepam cap	QL= 4 caps/day; Prior Authorization required for members age 65 or older
oxycodone tab 10 mg	QL= 6 tabs/day
oxycodone tab 15 mg	QL= 4 tabs/day
oxycodone tab 20 mg	QL= 3 tabs/day
oxycodone tab 30 mg	QL= 2 tabs/day
oxycodone tab 5 mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 10/325 mg	QL= 6 tabs/day
oxycodone/acetaminophen tab 5 mg/325 mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5/325 mg	QL= 8 tabs/day
oxycodone/aspirin tab	QL= 12 tabs/day
paliperidone ER tab 1.5 mg, 3 mg, 9 mg	QL= 1 tab/day; Only one strength allowed per month
paliperidone ER tab 6 mg	QL= 2 tabs/day; Only one strength allowed per month
pantoprazole EC tab	QL= 2 tabs/day
PAXLOVID PAK	QL= 11 tabs/90 days
PAXLOVID TAB 150-100 MG	QL= 20 tabs/90 days
PAXLOVID TAB 300-100 MG	QL= 30 tabs/90 days
permethrin cream	QL= 60gm/30 days
piroxicam cap	QL= 1 cap/day
POCKET CHAMBER	QL= 1 spacer/365 days
POCKET SPACER	QL= 1 spacer/365 days
podofilox soln	QL= 3.5ml/30 days
pravastatin tab	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
pregabalin cap	QL= 3 caps/day; Only one strength allowed per month
PROGLYCEM SUSP	QL= 180ml/30 days
prucalopride succinate tab	QL= 1 tab/day
PULMICORT FLEXHALER	QL= 1 inhaler/30 days
QUDEXY XR CAP 200 MG	QL= 2 caps/day; Only one strength allowed per month
QUDEXY XR CAP 25 MG, 50 MG, 100 MG, 150 MG	QL= 1 cap/day; Only one strength allowed per month
QULIPTA TAB	Ql= 1 tab/day
QVAR REDIHALER	QL= 1 inhaler/30 days
ramelteon tab	QL= 1 tab/day
RELENZA DISKHALER	QL= 2 inhalers/180 days
RELPAX TAB	QL= 6 tabs/fill; 3 fills/30 days
RESTASIS MULTI-DOSE	QL= 5.5ml/30 days
RESTASIS OPHTH EMULSION	QL= 60 vials/30 days
REXTOVY NASAL SPRAY	QL= 2 sprays/fill
rizatriptan ODT	QL= 18 tabs/30 days
rizatriptan tab	QL= 18 tabs/30 days
rosuvastatin tab	QL= 1 tab/day
sacubitril-valsartan tab	QL= 2 tabs/day
salicylic acid liquid 17%	QL= 1 bottle/30 days
SAVELLA TAB	QL= 2 tabs/day
selenium sulfide lotion	QL= 120gm/30 days
selenium sulfide lotion 2.5%	QL= 120 gm/30 days
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
sevelamer packet 0.8 gm	QL= 6 packets/day
sevelamer packet 2.4 gm	QL= 3 packets/day
silver sulfadiazine cream	QL= 50gm/30 days
simvastatin tab	QL= 1 tab/day
sirolimus soln	QL= 2ml/day
sirolimus tab 0.5 mg	QL= 1 tab/day
sirolimus tab 1 mg	QL= 6 tabs/day
sirolimus tab 2 mg	QL= 3 tabs/day
sodium sulfacetamide susp	QL= 118gm/30 days
sodium sulfacetamide/sulfer wash/cleanser	QL= 340.2ml/30 days
sodium sulfacetamide/sulfur (topical)	QL= 57gm/30 days
sodium sulfacetamide/sulfur cream	QL= 57gm/30 days
sodium sulfacetamide/sulfur susp	QL=473gm/30 days
sodium sulfacetamide/sulfur wash/cleanser	QL= 340.2ml/30days
SPIRIVA HANDIHALER	QL= 1 inhaler/30 days
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days
STIOLTO INHALER	QL= 1 inhaler/30 days
SUBOXONE FILM 12 MG-3 MG	QL= 0.5 film/day
SUBOXONE FILM 2-0.5 MG	QL= 1 film/day
SUBOXONE FILM 4 MG-1 MG	QL= 0.5 film/day
SUBOXONE FILM 8-2 MG	QL= 3 films/day

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sumatriptan inj	QL= 4 kits/30 days
sumatriptan kit	QL= 4 kits/30 days
sumatriptan nasal spray	QL= 3 boxes/30 days
sumatriptan tab	QL= 18 tabs/30 days
sumatriptan vial	QL= 8 vials/30 days
SYMBICORT INHALER	QL= 2 inhalers/30 days
tacrolimus oint	QL= 60gm/30 days
temazepam cap 15 mg	QL= 1 cap/day
temazepam cap 30 mg	QL= 1 cap/day
ticagrelor tab	QL= 2 tabs/day
tinidazole tab 500 mg	QL= 4 tabs/fill
tolterodine ER cap	QL= 1 cap/day
tolterodine tab	QL= 2 tabs/day
TRACLEER TAB	QL= 2 tabs/day
tramadol tab 50 mg	QL= 8 tabs/day
tranexamic acid tab	QL= 30 tabs/30 days
TRANSDERM-SCOP PATCH	QL= 10 patches/month
tretinoin cream	QL= 45gm/30 days
tretinoin gel	QL= 45gm/30 days
triamcinolone cream 0.025%	QL= 80gm/30 days
triamcinolone cream 0.1%	QL= 80gm/30 days
triamcinolone cream 0.5%	QL= 20gm/30 days
triamcinolone in orabase paste	QL= 1 tube/30 days
triamcinolone lotion	QL= 60gm/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone oint 0.025%	QL= 80gm/30 days
triamcinolone oint 0.1%	QL= 90gm/30 days
triamcinolone oint 0.5%	QL= 15gm/30 days
triamcinolone OTC nasal spray	QL= 1 bottle/30 days
TRINTELLIX TAB	QL= 1 tab/day
tropicamide ophth soln	QL= 10ml/30 days
UBRELVY TAB	QL= 10 tabs/30 days
urea cream 20%	QL= 1 bottle/30 days
urea lotion 10%	QL= 1 bottle/fill
UREA LOTION 40%	QL= 1 bottle/fill
URINE TEST STRIPS	QL= 100 strips/30 days
VELTASSA POWDER	QL= 30 packets/30 days
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VICKS WATERLESS VAPORIZER	QL= 1 unit/365 days
vilazodone HCL tab 10 mg	QL= 0.5 tab/day; Only one strength allowed per month
vilazodone HCL tab 20 mg	QL= 0.5 tab/day; Only one strength allowed per month
vilazodone HCL tab 40 mg	QL= 1 tab/day; Only one strength allowed per month
voriconazole tab	QL= 4 tabs/day
VORTEX CHAMBER	QL= 1 spacer/365 days
XARELTO STARTER PACK	QL= 1 pack/fill per calendar year

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Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XARELTO TAB 10 MG	QL= 1 tab/day
XARELTO TAB 15 MG	QL= 42 tab/fill per calendar year
XARELTO TAB 2.5MG	QL=2 tabs/day
XARELTO TAB 20 MG	QL= 1 tab/day
XIIDRA OPHTH SOLN	QL= 60 vials/30 days
XOPENEX HFA INHALER	QL= 2 inhalers/30 days
XTANDI CAP	QL= 4 caps/day
zaleplon cap 10 mg	QL= 2 caps/day
zaleplon cap 5 mg	QL= 1 cap/day
ZEGALOGUE AUTOINJECTOR	QL= 2 inj/fill
ZEGALOGUE SYRINGE	QL= 2 inj/fill
ziprasidone cap 20 mg	QL= 10 caps/day
ziprasidone cap 40 mg	QL= 5 caps/day
ziprasidone cap 60 mg	QL= 3 caps/day
ziprasidone cap 80 mg	QL= 2 caps/day
zolmitriptan tab	QL= 18 tabs/30 days
zolpidem tab	QL= 1 tab/day

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