

Search Tip:

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

Public Risk Innovation, Solutions, and Management (PRISM)**Alphabetical Index****Last Updated 8/26/2025**

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	\$0	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
acitretin cap (SORIATANE equiv)	-	1	DERMATOLOGICALS
ACTEMRA ACTPEN INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL AUTO-INJECTOR	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ACTHIB INJ, HIBERIX INJ	VAC	\$0	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S	ANTINEOPLASTICS
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10/0.1ML (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	1	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	1	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADMELOG INJ, HUMALOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
ADRENALIN NASAL SOLN	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE, KOVALTRY INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB	-	NC	ANTIHYPERTENSIVES
ADYNOVATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AFSTYLA KIT	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AIMOVI INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	NC	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
ALCLOMETASONE OINT	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	LMSP	S	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	1	ANTIHYPERTENSIVES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	LD-PA-QL	3	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	LD-PA-QL	3	CORTICOSTEROIDS
allopurinol tab (ZYLORPRIM equiv)	-	1	GOUT AGENTS
allopurinol tab 200mg	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCIL OPTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-PIOGLITAZONE TAB	-	NC	ANTIDIABETICS
ALOMIDE OPTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
alosetron tab (LOTROXON equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ALPHANATE, HUMATE-P INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	1	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	1	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
ALPROLIX INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
ALREX OPTH SUSP	-	2	OPHTHALMIC AGENTS
ALREX OPTH SUSP 0.2%	-	3	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTI-HYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALTUVIII INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK	-	NC	ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALYFTREK TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTI-PARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	1	ANTI-PARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTI-PARKINSON AGENTS
amantadine tab	-	1	ANTI-PARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	1	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTI-ARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTI-DEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	1	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	2	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMPHETAMINE ER SUSP, DYANA VEL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	1	PENICILLINS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	3	ANORECTAL AND RELATED PRODUCTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDEMBRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	\$0	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERLIPIDEMICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERTENSIVES
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
ANZUPGO CREAM	-	NC	DERMATOLOGICALS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	2	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	1	OPHTHALMIC AGENTS
APRACLONIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	1	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	1	ANTIEMETICS
APRETUDE SUSP (QL= 7 inj/year)	PA-QL	\$0	ANTIVIRALS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARAKODA TAB	-	3	ANTIMALARIALS
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARBLI SUSP	PA-QL	NC	ANTIHYPERTENSIVES
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	\$0	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	S	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer	INF	Limited Distribution
PA	Plan Exclusion	MSP	Over-the-Counter
RS	Lumicera Mandatory Specialty Pharmacy Program	QL	Restricted to Diagnosis
ST	Prior Authorization	SF	Restricted to Specialist
	Restricted to Specialist	VAC	Smoking Cessation
	Step Therapy		RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ARNUITY ELLIPTA INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
ASMANEX HFA INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for female members only)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for female members only)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
atazanavir cap (REYATAZ equiv)	-	1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	1	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH OINT	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
ATTRUBY PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGTYRO CAP (QL= 8 caps/day)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 2 caps/day)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURANOFIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	LMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 1 tab/day)	LMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	LMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	LMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
avanafil tab (STENDRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVERI TAB	-	NC	CONTRACEPTIVES
AVMAPKI FAKZYNJA CO-PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVONEX INJ	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	1	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPTH SUSP	-	3	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BACITRACIN OPTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen oral soln 10mg/5ml (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	1	MUSCULOSKELETAL THERAPY AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
BACLOFEN ORAL SOLN 10MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	1	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	1	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	\$0	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	3	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTIVIRALS
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES
BCG INJ	VAC	EXC	VACCINES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENEFIX INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
BENZONATATE CAP 150MG	-	NC	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
BENZPHETAMINE TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	1	OPHTHALMIC AGENTS
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BETAMETH VALERATE LOTION	-	1	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	2	DERMATOLOGICALS
betamethasone augmented gel	-	NC	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPTH SOLN	-	1	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETIMOL OPTH SOLN 0.25%	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	LMSP-PA	1	DERMATOLOGICALS
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	3	CONTRACEPTIVES
BEYFORTUS INJ	VAC	\$0	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BIMZELX SYRINGE	-	NC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
BISOPROLOL FUMARATE TAB	-	NC	BETA BLOCKERS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPTH OINT	-	3	OPHTHALMIC AGENTS
BONSITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN OPTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
BRINSUPRI TAB	-	NC	RESPIRATORY AGENTS - MISC.
brinzolamide ophth susp (AZOPT equiv)	-	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	1	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	1	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
BRYNOVIN SOLN	-	NC	ANTIDIABETICS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
BUCAPSOL CAP	-	NC	ANTIANXIETY AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	1	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	1	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	1	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
butalbital/acetaminophen cap	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ	-	NC	ANTIDIABETICS
BYDUREON INJ	-	NC	ANTIDIABETICS
BYDUREON PEN INJ	-	NC	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
CABENUVA IM SUSP (QL= 1 kit/30 days)	LMSP-QL	S	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	LMSP-QL	S	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	1	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	1	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	1	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALtrol equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALtrol equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	\$0	VACCINES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB	-	NC	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbinoxamine maleate tab 6mg	-	NC	ANTIHISTAMINES
CARBINOXAMINE SOLN	-	1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	1	ANTIHISTAMINES
CARBZAH SOLN 4MG/5ML	-	NC	ANTIHISTAMINES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	S	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOL CAP	-	1	CEPHALOSPORINS
cefaclo cap (CECLOR equiv)	-	1	CEPHALOSPORINS
CEFACLOL ER TAB	-	3	CEPHALOSPORINS
CEFACLOL SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	2	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	1	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin tab	-	NC	CEPHALOSPORINS
CEQUA (PF) OPTH SOLN, VEVYE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (QL= 2 caps/day)	LMSP-PA-QL	S	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	2	ANTIDOTES
CHENODAL TAB, CTEXLI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	1	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S	GASTROINTESTINAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTHYPERLIPIDEMICS
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day)	QL	3	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	S	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	1	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	NC	ANTIHISTAMINES
CLEMASTINE TAB	-	NC	ANTIHISTAMINES
CLEMASTINE TAB, CLEMAZ TAB	-	NC	ANTIHISTAMINES

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	1	DERMATOLOGICALS
CLOBETASOL OPTH SUSP	-	NC	OPHTHALMIC AGENTS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	1	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
clomiphene citrate tab (CLOMID equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	1	ANTIANKXIETY AGENTS
clotrimazole cream (LOTTRIMIN AF equiv)	OTC	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
CLOTTRIMAZOLE/BETAMETHASONE LOTION	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE equiv)	-	NC	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ (Only available through CVS/Caremark 800-237-2767 or OptionCare 877-686-2622)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
COBENFY CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
colchicine cap (MITIGARE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPTH SOLN	-	3	OPHTHALMIC AGENTS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBOGESIC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMPLERA TAB	-	3	ANTIVIRALS
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
CORIFACT KIT	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	-	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTROPHIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COSENTYX UNO INJ	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COXANTO CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CRENESSITY CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	3	ANTHYPERLIPIDEMICS
CREXONT CAP, RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIVIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPTH SOLN	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	NC	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	1	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER (Only available through AnovoRx 844-288-5007)	LD	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	S	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	S	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	S	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	1	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	\$0	TOXOIDS
darifenacin SR tab (ENABLEX equiv)	-	1	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	1	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
deferasirox granules packet (JADENU equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELSTRIGO TAB	-	2	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGAXIA SUSP	VAC	\$0	VACCINES
DEPAACON INJ	-	NC	ANTICONSULTANTS
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL INJ	-	3	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3	CORTICOSTEROIDS
DEPO-PROVERA INJ	QL	3	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB	PA	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	1	ANTIDEPRESSANTS
DES Loratadine ODT	-	EXC	ANTI HISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTI HISTAMINES
desmopressin acetate nasal spray (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	1	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	1	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	1	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXIMETASONE GEL	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	NC	CORTICOSTEROIDS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTI HISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXTAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIANKXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	1	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	1	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	1	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
DICLOFENAC PATCH, FLECTOR PATCH	-	NC	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	1	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
DICYCLOMINE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	1	ANTIVIRALS
DIETHYLPROPION ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN OTC GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	OTC-PA	1	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	1	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIARRHYTHMIC/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIARRHYTHMICS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab 500mg	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONSULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONSULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONSULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	1	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOBID TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTLET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOPOIETIC AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin hcl cream	-	NC	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DOXERCALCIFEROL CAP	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	2	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	1	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP	-	NC	NEUROMUSCULAR AGENTS
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVEL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DYRENIUM CAP	-	3	DIURETICS
E.E.S. TAB	-	1	MACROLIDES
EBGLYSS INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
EBGLYSS PEN INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDEX INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT PED TAB	-	2	ANTIVIRALS
EDURANT TAB	-	2	ANTIVIRALS
EFAVIRENZ CAP	-	1	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	1	ANTIVIRALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EKTERLY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONSULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 50MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 75MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	\$0	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPTH SOLN	-	3	OPHTHALMIC AGENTS
EMBECTA INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
EMROSI CAP	-	NC	DERMATOLOGICALS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	-	1	ANTIVIRALS
EMTRIVA CAP	-	3	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACKET	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENFLONSIA INJ	VAC	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSACOVE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	1	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTICONSULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	1	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
eplerenone tab (INSPIRA equiv)	-	1	ANTIHYPERTENSIVES
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	NC	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB	-	NC	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	2	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	1	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1	MACROLIDES
erythromycin/benzoyl peroxide gel	-	1	DERMATOLOGICALS
escitalopram soln (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
eslicarbazepine acetate tab (APTiom equiv)	-	NC	ANTICONVULSANTS
esomeprazole cap (NEXIUM equiv)	OTC	1	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESPEROCT INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
ESTRACE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	1	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab (EDECRIN equiv)	-	1	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONSULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	1	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC	ANTIDIABETICS
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERTENSIVES
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERTENSIVES
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	1	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	1	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1	GOUT AGENTS
FEIBA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB	-	\$0	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERTENSIVES
FENOFIBRIC TAB	-	3	ANTIHYPERTENSIVES
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERTENSIVES
fenoprofen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
FENOPROFEN CAP, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPRON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENTANYL BUCCAL TAB	-	NC	ANALGESICS - OPIOID
FENTANYL CITRATE LOLLIPOP	-	NC	ANALGESICS - OPIOID
fentanyl citrate lollipop (ACTIQ equiv)	-	NC	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB	-	NC	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
FERIVA 21/7 TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
FERRIC CITRATE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	S	ANTIDOTES
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	NC	ANTIDIABETICS
FIASP INJ	-	NC	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	NC	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FIBRYGA, RIASTAP INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	1	MACROLIDES
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	S	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FIRVANQ SOLN 25MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	NC	ASTHMA/BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ASTHMA/BRONCHODILATOR AGENTS
FLUAD 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
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	\$0	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	1	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	NC	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	3	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/AC	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/AC	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	3	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1	ASTHMA AND BRONCHODILATOR AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	2	ASTHMA AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	2	ASTHMA AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	1	ANTIHYPERTENSIVES
fluvastatin ER tab (LESCOL XL equiv)	-	1	ANTIHYPERTENSIVES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	1	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab (FOLGARD RX equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLGARD RX TAB	-	NC	HEMATOPOIETIC AGENTS
folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for female members only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for female members only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	1	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	1	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FRAICHE 5000 SENSITIVE GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	LMSP	S	HEMATOPOIETIC AGENTS
FULVICIN P/G TAB	-	NC	ANTIFUNGALS
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC	ANTIFUNGALS
FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	S	DIURETICS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	-	NC	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab (GRALISE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	1	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABARONE TAB	-	NC	ANTICONVULSANTS
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GARDASIL 9 INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	1	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	LMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG	LMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP 0.25MG	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
GLIMEPIRIDE TAB	-	NC	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	3	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	1	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
GLYBURID MCR TAB	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
GOMEKLI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	1	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HADLIMA INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ (Only available through Accredo 800-803-2523)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate foam (LEXETTE equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARLIKU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HARVONI PELLET PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	1	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	\$0	VACCINES
HERNEXEOS TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	S	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
HOMATROPINE OPTH SOLN	-	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG MIX INJ	-	2	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	2	ANTIDIABETICS
HUMALOG PEN INJ	-	2	ANTIDIABETICS
HUMALOG TEMPO PEN	-	2	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	2	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN N INJ	OTC	2	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	LMSP-PA	S	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	ANALGESICS - OPIOID
HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day; Step Therapy require step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	1	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	1	ANALGESICS - OPIOID

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3	ANALGESICS - OPIOID
HYDROCORTISONE ACETATE/PRAMOXINE CREAM	-	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE CREAM	-	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	1	CORTICOSTEROIDS
hydrocortisone supp (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO TAB equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMPAVZI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYQVIA INJ	MSP-PA	S	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBTROZI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab ((RX only))	-	1	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	LMSP-PA	1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	1	ANTIHYPERLIPIDEMICS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDELVION INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	1	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMKELDI SOLUTION	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX INJ	VAC	EXC	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMULDOSA SYRINGE	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL=4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART PENFILL INJ	-	NC	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	1	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	2	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP	S	ANTINEOPLASTICS
INVELTYS OPTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	3	DIURETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPTH SOLN	-	2	OPHTHALMIC AGENTS
IPOL INJ	VAC	\$0	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	1	MIGRAINE PRODUCTS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isoniazid syrup (ISONIAZID equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPTH SOLN	-	2	OPHTHALMIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	3	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
ISOXSUPRINE TAB	-	1	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	1	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	1	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
IVERMECTIN TAB	-	NC	ANTHELMINTICS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	1	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	EXC	VACCINES
IXIARO INJ	VAC	EXC	VACCINES
IXINITY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JIVI INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
JOURNAVX TAB	-	NC	ANALGESICS - NONNARCOTIC
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	2	ANTIVIRALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
JUXTAPID CAP	-	NC	ANTHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	VAC	\$0	VACCINES
KALETRA SOLN	-	3	ANTIVIRALS
KALETRA TAB	-	3	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	3	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3	CORTICOSTEROIDS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERENDIA TAB 40MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1	OPHTHALMIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
KHINDIVI SOLN	LD-PA-QL	NC	CORTICOSTEROIDS
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	\$0	TOXOIDS
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KONVOMEK SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	2	ANTIMALARIALS
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTHYPERLIPIDEMICS
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYZATREX CAP	-	NC	ANDROGENS-ANABOLIC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LABETALOL TAB	-	NC	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
lactulose oral crystal packet	-	NC	LAXATIVES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2	ANTIVIRALS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	1	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
LANSOPRAZOLE SUSP	-	NC	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACAPT OPTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY	-	NC	ANALGESICS - OPIOID
LAZCLUZE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	S	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	1	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQSELVI TAB	-	NC	DERMATOLOGICALS
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
leucovorin tab	-	1	ANTINEOPLASTICS
LEUKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
LEVETIRACETAM ODT, SPRITAM ODT	-	NC	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPTH SOLN 0.5%	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	-	2	ANTIVIRALS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
LIBERVANT FILM	-	NC	ANTICONVULSANTS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	NC	DERMATOLOGICALS
lidocaine hcl cream 4.12%	-	NC	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
lidocaine oint/transparent dressing kit	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (QL= 3 patches/day)	QL	1	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	1	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	1	DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	1	ANTIDIABETICS
lisdexamphetamine dimesylate cap (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisdexamphetamine dimesylate chew tab (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S	DERMATOLOGICALS
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERLIPIDEMICS
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB (QL= 2 tabs/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB 30MG (QL= 1 tab/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	\$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 packet/day)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 10GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	1	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	1	ANTIVIRALS
LOPRESSOR SOLN	PA-QL	NC	BETA BLOCKERS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANKXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1	OPHTHALMIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERTENSIVES
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	1	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 240MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
lurasidone hcl tab (LATUDA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	2	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	2	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ	-	NC	ANTIDIABETICS
LYVISPAN GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MAFENIDE ACETATE SOLN PACK	-	NC	DERMATOLOGICALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	1	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	1	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATERVIA CAP	-	NC	MULTIVITAMINS
MATULANE CAP	-	2	ANTINEOPLASTICS
MAVENCLAD THERAPY PAK	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	S	ANTIVIRALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	S	ANTIVIRALS
MAXIDEX OPTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine hcl tab (ANTIVERT equiv)	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLIZINE TAB	-	NC	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	1	PROGESTINS
MEGESTROL SUSP	-	1	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	LMSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	\$0	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
MENVEO INJ	VAC	\$0	VACCINES
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS
MERILOG INJ	-	NC	ANTIDIABETICS
MERILOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
mesalamine DR cap (DELZICOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
METHADOSE CONC	ST	3	ANALGESICS - OPIOID
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	NC	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN 1000MG/40ML	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1	DERMATOLOGICALS
METHOXSALEN CAP	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	1	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	1	ANTICONSULSANTS
methylidopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	3	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	1	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1	ANTIHYPERTENSIVES
METOSOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
METRONIDAZOLE TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	1	ANTIARRHYTHMICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	OTC	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDUELLA, PARAGARD IUD	-	\$0	CONTRACEPTIVES
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	LMSP-PA-QL	1	ANTIDIABETICS
mifepristone tab 200mg (MIFIPREX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	1	ANTIDIABETICS
MIGLITOL TAB	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	1	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIPLYFFA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron tab er (MYRBETRIQ equiv)	-	1	URINARY ANTISPASMODICS
MIRALAX PACKET	OTC	3	LAXATIVES
MIRALAX POWDER	OTC	3	LAXATIVES
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
M-M-R II INJ	VAC	\$0	VACCINES
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MODEYSO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	1	FLUOROQUINOLONES
MPM PAK	-	NC	OXYTOCICS
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	\$0	VACCINES
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3	ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIVITAMIN CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
MUSE SUPP (QL= 6 supp/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 50MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDCOMBI OPTH SOLN	-	NC	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYHIBBIN SUSP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	LMSP	S	ANTINEOPLASTICS
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naftifine cream (NAFTIN equiv)	-	1	DERMATOLOGICALS
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATACYN OPTHH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	1	BETA BLOCKERS
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	NC	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	2	VASOPRESSORS
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	S	DERMATOLOGICALS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPTHH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTHH SOLN	-	2	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3	MULTIVITAMINS
NEONATAL FE TAB	-	3	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPTHH SUSP	-	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	1	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	1	ANTIVIRALS
NEVIRAPINE SUSP	-	1	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
NEXIUM 24HR TAB	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	\$0	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	3	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NILOTINIB CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilotinib hcl cap (TASIGNA equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTI-INFECTIVE AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
NITROFURANTOIN SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	NC	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LMSP	S	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	3	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
NOVOEIGHT INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N INJ	OTC	NC	ANTIDIABETICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
NOVOLIN N RELION 100UNIT/ML	OTC	NC	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG FLEXPEN RELION INJ	-	NC	ANTIDIABETICS
NOVOLOG INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX INJ	-	NC	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	NC	ANTIDIABETICS
NOVOSEVEN RT INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	3	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT	-	NC	MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	NC	CONTRACEPTIVES
NUWIQ INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB	-	NC	TETRACYCLINES
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
NYPOZI INJ	-	NC	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
NYSTATIN SUSP	-	NC	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	LMSP	S	HEMATOPOIETIC AGENTS
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
OCALIVA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	LMSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP (QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144)	LD-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	1	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
omeprazole tab	OTC	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	LMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ONAPGO INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
ondansetron ODT (ZOFran equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFran equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFran equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	NC	ANTIEMETICS
ONDANSETRON TAB ODT	-	NC	ANTIEMETICS
ONEXTON GEL 1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONYDA XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPILL TAB	OTC	\$0	CONTRACEPTIVES
OPIPZA FILM	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
opium tincture	-	1	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ORACEA CAP	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	NC	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
ORLYNVAH TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	1	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTULFI SYRINGE	-	NC	DERMATOLOGICALS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	1	ANTIANKXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine er tab (OXTELLAR equiv)	-	NC	ANTICONSULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONSULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONSULSANTS
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	S	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONSULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE TAB	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	S	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	S	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	1	ANTIDEPRESSANTS
PAROXETINE SUSP	-	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	2	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	2	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	2	ANTIVIRALS
PAZEO OPTH SOLN 0.7%	OTC	NC	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	\$0	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	NC	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	NC	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	\$0	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	LMSP	S	ANTIVIRALS
PEG-INTRON INJ	LMSP	S	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	\$0	VACCINES
penciclovir cream (DENA VIR equiv)	-	NC	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
penicillamine tab (DEPEN TITRATAB equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSE
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
PENMENVY INJ	VAC	\$0	VACCINES
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	\$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	1	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
perampanel tab (FYCOMPA equiv)	-	NC	ANTICONSULSANTS
PERINDOPRIL TAB	-	1	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENELZINE SULFATE TAB	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONSULSANTS
phenytoin chew tab (DILANTIN equiv)	-	1	ANTICONSULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONSULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	\$0	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	1	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine hcl ophth soln 1.25% (Vuity equiv)	-	NC	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	1	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	LD-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	1	ANTHYPERLIPIDEMICS
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	1	DERMATOLOGICALS
PODOFILOX SOLN	-	1	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	1	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	1	ANTIFUNGALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	1	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	1	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONSULSANTS
PRADAXA PELLEI PACK	-	NC	ANTICOAGULANTS
pramipexole ER tab (MIRAPEX ER equiv)	-	1	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	1	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRED FORTE OPTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone acetate ophth susp (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	-	1	OPHTHALMIC AGENTS
prednisolone soln	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	1	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREHEVBRIO SUSP	VAC	\$0	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRENATE MAX TAB	-	NC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2MG	-	NC	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVACID OTC CAP	OTC	3	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	\$0	VACCINES
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	LMSP-PA-QL	S	ANTIVIRALS
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	LMSP-PA-QL	S	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	\$0	VACCINES
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
PROFILNINE INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
PROFINAC PAK	-	NC	DERMATOLOGICALS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB 12.5MG, 25MG	-	NC	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	1	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANOLOL ORAL SOLN 20MG/5ML	-	1	BETA BLOCKERS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
propylthiouracil tab	-	1	THYROID AGENTS
PROQUAD INJ	VAC	\$0	VACCINES
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	1	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	PA-QL	1	GASTROINTESTINAL AGENTS - MISC.
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	S	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
PYZCHIVA INJ	-	NC	DERMATOLOGICALS
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QFITLIA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QLOSI OPTH SOLN, VUITY OPTH SOLN	-	NC	OPHTHALMIC AGENTS
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUAZEPAM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	1	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EXC	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
RALDESY SOLN	-	NC	ANTIDEPRESSANTS
raloxifene tab (EVISTA equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
ranolazine tab (RANEXA equiv)	-	1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	-	1	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBIF INJ	LMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
RECOMBINATE INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	NC	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
RELEXXI ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTI-DOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 2 caps/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 40MG (QL= 3 caps/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	-	NC	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	S	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ribavirin cap (REBETOL equiv)	LMSP	1	ANTIVIRALS
RIBAVIRIN CAP	LMSP	S	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	LMSP	S	ANTIVIRALS
RIDAURA CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone ODT (RISPERDAL M equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	-	1	ANTIVIRALS
rivaroxaban for susp (XARELTO equiv)	-	1	ANTICOAGULANTS
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE, REXTOVY SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
RIXUBIS INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROMVIMZA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv)	-	1	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTHYPERLIPIDEMICS
ROTARIX SUSP	VAC	\$0	VACCINES
ROTATEQ INJ	VAC	\$0	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	1	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	PA	1	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	-	NC	ANTIHISTAMINES
SABRIL TAB	-	NC	ANTICONVULSANTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
SAFYRAL TAB	-	\$0	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	1	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	1	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH	-	NC	ANTIPTSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
SELARSDI INJ	-	NC	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEPHIENCE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline hcl cap	-	NC	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	\$0	VACCINES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	1	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAGLIPTIN/METFORMIN TAB	-	NC	ANTIDIABETICS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	S	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
SKYTROFA INJ	LMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	\$0	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	1	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
SOFDRA GEL	-	NC	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	S	ANTIVIRALS
SOGROYA INJ	LMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S	MUSCULOSKELETAL THERAPY AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	2	ANTIDIABETICS
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	2	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	2	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	3	CORTICOSTEROIDS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	3	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB	-	NC	ANTIMALARIALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPEVIGO INJ (QL= 2ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), o SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older)	PA	1	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	3	COUGH/COLD/ALLERGY
STAVUDINE CAP	-	1	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STAXYN ODT	-	NC	CARDIOVASCULAR AGENTS - MISC.
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STEQEYMA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	S	DERMATOLOGICALS
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	S	DERMATOLOGICALS
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	S	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFICS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	2	LAXATIVES
SULFACETAMIDE SOD OPHTH SOLN	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	1	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
sulfadiazine tab	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	3	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ (QL= 2 vials/26 weeks; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNLENCA TAB (QL= 4 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SUSTIVA TAB	-	3	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBRAVO TAB	-	NC	MIGRAINE PRODUCTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	3	ANTIVIRALS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
SYNVEZIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	2	ANTINEOPLASTICS
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	3	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	LMSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	LMSP-PA-QL	S	DERMATOLOGICALS
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.05% (TAZORAC equiv)	-	1	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv)	-	1	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMPO SMART BUTTON (QL= 1 button/8 months)	QL	2	MEDICAL DEVICES AND SUPPLIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1	ANTIVIRALS
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 560MCG/2.24ML	LMSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT	-	NC	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
TETANUS/DIPHThERIA TOXOID INJ	VAC	\$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	1	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
TEZRULY SOLN	-	NC	ANTIHYPERTENSIVES
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP	S	ASSORTED CLASSES
theophylline er tab (THEOPHYLLINE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine hcl tab (THIORIDAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	1	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ticagrelor tab (BRILINTA equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	VAC	EXC	VACCINES
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1	OPHTHALMIC AGENTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv)	-	1	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	LMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	3	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	S	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	1	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	1	ANTIPARKINSON AGENTS
TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB, TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA, JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOLVAPTAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	3	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
topiramate er cap (TROKENDI XR equiv)	-	NC	ANTICONVULSANTS
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremifene tab (FARESTON equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	NC	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	3	URINARY ANTISPASMODICS
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECTOR TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	S	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ CROHNS INDUCTION PACK (QL= 2 inj/28 days; 6 inj/year)	LMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	1	ANTINEOPLASTICS
tretinoin cream (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
tretinoin gel (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
TRETINOIN MICROSPHERE GEL 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL PUMP 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL PUMP 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TRETEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TREXALL TAB	-	NC	ANTINEOPLASTICS
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide inj (KENALOG equiv)	-	1	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMCINOLONE SPRAY	-	NC	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIAMVEX KIT	-	NC	DERMATOLOGICALS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	LMSP-PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPTH SOLN	-	1	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERTENSIVES
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	PASSIVE IMMUNIZING AND TREATMENT AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRIOLOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	1	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-¢	3	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	-	NC	MULTIVITAMINS
TRIZIVIR TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	1	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB (QL= 1 tab/day)	PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRYNGOLZA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYPTYR SOLN	-	NC	OPHTHALMIC AGENTS
TRYVIO TAB	-	NC	ANTIHYPERTENSIVES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWIIST REFILL KIT	-	NC	MEDICAL DEVICES AND SUPPLIES

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer	INF	Limited Distribution
PA	Plan Exclusion	MSP	Over-the-Counter
RS	Lumicera Mandatory Specialty Pharmacy Program	QL	Restricted to Diagnosis
ST	Prior Authorization	SF	Smoking Cessation
	Restricted to Specialist	VAC	RxCENTS
	Step Therapy		

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
TWIIST STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
TWINRIX INJ	VAC	\$0	VACCINES
TWIRLA PATCH	-	\$0	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYBOST TAB	-	2	ANTIVIRALS
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	LMSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	EXC	VACCINES
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
)			
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AND RELATED PRODUCTS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB INJ 45/0.5ML	-	NC	DERMATOLOGICALS
USTEKINUMAB INJ 90MG/ML	-	NC	DERMATOLOGICALS
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	DERMATOLOGICALS
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	DERMATOLOGICALS
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
VAFSEO TAB	-	NC	HEMATOPOIETIC AGENTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan oral soln (VALSARTAN equiv)	-	NC	ANTI-HYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	1	ANTI-HYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTI-HYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	3	ANTICONVULSANTS
VANCOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANRAFIA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
varanafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
varanafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	\$0	VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXELIS INJ	VAC	\$0	TOXOIDS
VAXNEUVANCE INJ	VAC	\$0	VACCINES
V-C FORTE CAP	-	NC	MULTIVITAMINS
v-c forte cap (V-C FORTE equiv)	-	NC	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL CR CAP, VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERSAPENN AL GEL ANHYDROU	-	NC	PHARMACEUTICAL ADJUVANTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VFEND SUSP	-	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
VICTOZA INJ	-	NC	ANTIDIABETICS
VIDEX SOLN	-	2	ANTIVIRALS
vienna tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1	ANTICONVULSANTS
VIGAFYDE SOLN	-	NC	ANTICONVULSANTS
VIGAMOX OPTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	1	ANTIDEPRESSANTS
VIMKUNYA INJ	VAC	EXC	VACCINES
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT	OTC	NC	VITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVITROL INJ	LMSP	S	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	EXC	VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIZZ OPTH SOLN	-	NC	OPHTHALMIC AGENTS
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORANIGO TAB 10MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv)	-	1	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	S	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	1	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPTH SOLN 1.25%	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYALEV INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
VYKAT XR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYVANSE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVGART HYTRULO INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL PACK	-	3	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	3	ANTIHYPERLIPIDEMICS
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WEZLANA INJ	-	NC	DERMATOLOGICALS
WEZLANA SYRINGE	-	NC	DERMATOLOGICALS
WILATE INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	S	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2	ANTICONSULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2	ANTICONSULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2	ANTICONSULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2	ANTICONSULSANTS
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	2	ANTICONSULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2	ANTICONSULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2	ANTICONSULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2	ANTICONSULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2	ANTICONSULSANTS
XDEMYV DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist)	LD-QL-RS	S	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10 ml/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Alphabetical Index

Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	HEMATOPOIETIC AGENTS
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day)	MSP-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	3	HEMATOPOIETIC AGENTS
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	LMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	EXC	ANTIHISTAMINES
XYZAL TAB	-	EXC	ANTIHISTAMINES
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YESINTEK INJ (QL= 1 inj/84 days)	LMSP-PA-QL	S	DERMATOLOGICALS
YESINTEK SYRINGE (QL= 1 inj/84 days)	LMSP-PA-QL	S	DERMATOLOGICALS
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	S	DERMATOLOGICALS
YEZTUGO INJ	LD-PA-QL	NC	ANTIVIRALS
YEZTUGO TAB	LD-PA-QL	NC	ANTIVIRALS
YF-VAX INJ	VAC	EXC	VACCINES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 294MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 420MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUTREPIA CAP	LD-PA-QL	NC	CARDIOVASCULAR AGENTS - MISC.
ZADITOR OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
zafirlukast tab (ACCOLATE equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZARXIO INJ	LMSP	S	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELSUVMI GEL	-	NC	DERMATOLOGICALS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPBOUND INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPBOUND VIAL INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIAE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINA PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITUVIMET XR TAB	-	NC	ANTIDIABETICS
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB 80MG	-	NC	ANTHYPERLIPIDEMICS
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	LMSP-PA-SF	S	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZORYVE CREAM 0.15%	-	NC	DERMATOLOGICALS
ZORYVE FOAM	-	NC	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUNVEYL TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Alphabetical Index
Last Updated 8/26/2025

Drug Name	Special Code	Tier	Category
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S	ANTIDEPRESSANTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERTENSIVES
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	EXC	ANTIHISTAMINES

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine soln (PROCENTRA equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1
VYVANSE CAP	-	3
VYVANSE CHEW TAB	-	3
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	1
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
BENZPHETAMINE TAB	-	NC
DIETHYLPROPION ER TAB	-	NC
diethylpropion tab	-	NC
LOMAIRA TAB	-	NC
PHENDIMETRAZINE ER TAB	-	NC
phendimetrazine tab (BONTRIL PDM equiv)	-	NC
PLENITY CAP	-	NC
ANTI-OBESITY AGENTS		

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
WEGOVY INJ	-	NC
WEGOVY INJ 1.7MG/0.75ML	-	NC
WEGOVY INJ 2.4MG/0.75ML	-	NC
XENICAL CAP	-	NC
ZEPBOUND INJ	-	NC
ZEPBOUND VIAL INJ	-	NC
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	1
clonidine ER tab (KAPVAY equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
KAPVAY TAB	-	3
ONYDA XR SUSP	-	NC
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	1
methylphenidate chew tab (METHYLIN equiv)	-	1
methylphenidate ER cap (APTENSIO XR equiv)	-	1
methylphenidate ER cap (RITALIN LA equiv)	-	1
METHYLPHENIDATE ER TAB	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
methylphenidate ER tab 72mg	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
RELEXXI ER TAB	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	S
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	S

ALTERNATIVE MEDICINES

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

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

ALTERNATIVE MEDICINES Cont.

ALTERNATIVE MEDICINE - R'S

RESERVAPAK SYRUP	-	NC
------------------	---	----

AMEBICIDES

AMEBICIDES

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin tab	-	1
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	1
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	S
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	S

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	S
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	S
RINVOQ ORAL SOLN (QL= 12ml/day)	LMSP-PA-QL	S
XELJANZ SOLN (QL= 10 ml/day)	LMSP-PA-QL	S
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	S
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	S

ANTIRHEUMATIC ANTIMETABOLITES

RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA INJ	-	NC
ADALIMUMAB-RYVK INJ	-	NC
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HUMIRA INJ 10MG	-	NC
HUMIRA INJ 20MG	-	NC
HUMIRA INJ 40MG	-	NC
HUMIRA INJ 80MG	-	NC
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC
HUMIRA PEN INJ 40MG	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC
YUFLYMA KIT (adalimumab-aaty)	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	LMSP-PA-QL	S
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-ADAZ INJ 10/0.1ML (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	S
HADLIMA INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S
HADLIMA PUSH INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	LMSP-PA-QL	S
SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days)	LMSP-PA-QL	S
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	LMSP-PA-QL	S
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	S
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	S
GOLD COMPOUNDS		
AURANOFIN CAP	-	NC
RIDAURA CAP	-	NC
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ	-	NC
ACTEMRA SC INJ	-	NC
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	1

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer	INF		
PA	Plan Exclusion	MSP	OTC	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	QL	RDX	Over-the-Counter
ST	Prior Authorization	SF	SMKG	Restricted to Diagnosis
	Restricted to Specialist	VAC	¢	Smoking Cessation
	Step Therapy			RxCENTS

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab ((RX only))	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
CELEBREX CAP	-	3
KETOPROFEN ER CAP	-	3
COMBOGESIC TAB	-	NC
COXANTO CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN CAP, NAFLON CAP	-	NC
FENOPROFEN TAB	-	NC
FENOPRON CAP	-	NC
IBU 600-EZS KIT	-	NC
IBUPROFEN TAB	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KETOPROFEN CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLECTIN TAB	-	NC
TOLMETIN CAP	-	NC
TOLMETIN TAB, TOLECTIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	S
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	S
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	S
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	S
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	S
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	S
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	S
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	S
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	S
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	S
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for female members only)	OTC	\$0
aspirin ec tab 81mg (Covered for female members only)	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	1
ASPIRIN EC TAB 325MG	OTC	NC
aspirin tab 325mg	OTC	NC
DOLOBID TAB	-	NC
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE TAB	-	1
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	1
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1
morphine sulfate soln	-	1
MORPHINE SULFATE SOLN 20MG/5ML	-	1
MORPHINE SULFATE SUPP	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone conc (ROXICODONE equiv)	-	1
oxycodone soln (ROXICODONE equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
tramadol tab (ULTRAM equiv)	-	1
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
CODEINE SULFATE SOLN	-	3
METHADOSE CONC	ST	3
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3
NUCYNTA TAB	-	3
ABSTRAL SL TAB	-	NC
ACTIQ LOZENGE	-	NC
DSUVIA SL TAB	-	NC
FENTANYL BUCCAL TAB	-	NC
FENTANYL CITRATE LOLLIPOP	-	NC
fentanyl citrate lollipop (ACTIQ equiv)	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
FENTORA TAB	-	NC
hydromorphone ER tab (EXALGO TAB equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
LAZANDA NASAL SPRAY	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
OPANA TAB	-	NC
OXYCODONE TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer			
PA	Plan Exclusion	INF	Limited Distribution	
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	OTC	Over-the-Counter
ST	Prior Authorization	QL	RDX	Restricted to Diagnosis
	Restricted to Specialist	SF	SMKG	Smoking Cessation
	Step Therapy	VAC	¢	RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
APAP/CODEINE SOLN	-	2
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3
LORTAB ELIXIR	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	1
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1
pentazocine/naloxone tab (TALWIN NX equiv)	-	1
ZUBSOLV SL TAB	-	2
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
SUBOXONE SL FILM	-	NC
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	S
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	1
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	1
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
FORTESTA GEL 2%	-	NC
KYZATREX CAP	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
METHITEST TAB	-	NC
methyltestosterone cap	-	NC
NATESTO GEL	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE GEL 10MG/ACT	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS**INTRARECTAL STEROIDS**

hydrocortisone enema (CORTENEMA equiv)	-	1
CORTIFOAM	-	3

RECTAL COMBINATIONS

lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC

RECTAL STEROIDS

hydrocortisone supp (ANUSOL HC equiv)	-	1
proctosol HC cream (ANUSOL HC equiv)	-	1

ANORECTAL AND RELATED PRODUCTS**INTRARECTAL STEROIDS**

budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	1
UCERIS RECTAL FOAM	PA	3

RECTAL COMBINATIONS

HYDROCORTISONE ACETATE/PRAMOXINE CREAM	-	1
--	---	---

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANORECTAL AND RELATED PRODUCTS Cont.		
ANALPRAM-HC CREAM	-	3
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
RECTAL STEROIDS		
HYDROCORTISONE CREAM	-	1
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv)	-	NC
RECTIV OINT	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
ivermectin tab (STROMEKTOL equiv)	-	1
praziquantel tab (BILTRICIDE equiv)	-	1
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
BILTRICIDE TAB	-	3
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
IVERMECTIN TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	1
ASPRUZYO SPRINKLE GRANULES	-	NC
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-BID OINT	-	2
ISOSORBIDE MONONITRATE TAB	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
BUCAPSOL CAP	-	NC
meprobamate tab (MILTOWN equiv)	-	NC
BENZODIAZEPINES		
alprazolam ER tab (XANAX XR equiv)	-	1
alprazolam ODT (NIRAVAM equiv)	-	1
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
oxazepam cap (SERAX equiv)	-	1
LOREEV XR CAP	-	NC
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine gluconate CR tab	-	1
quinidine sulfate tab	-	1
NORPACE CR CAP	-	2
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	1
MULTAQ TAB	-	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	S
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	S
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S
XOLAIR SYRINGE (QL= 2 inj/28 days)	LMSP-PA-QL	S
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S
ANTI-INFLAMMATORY AGENTS		

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO TAB	-	NC
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUSP (QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144)	LD-PA-QL	S
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab	-	1
DALIRESP TAB	-	3
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	1
ALVESCO INHALER	-	2
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
QVAR REDIHALER	-	2
FLUTICASONE DISKUS INHALER	-	3
FLUTICASONE HFA INHALER	-	3
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/ACT	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/ACT	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
PULMICORT FLEXHALER	-	NC
SYMPATHOMIMETICS		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1
albuterol neb soln	-	1
ALBUTEROL NEBULIZER SOLN	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
arformoterol tartrate neb soln (BROVANA equiv)	-	1
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	1
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1
formoterol fumarate neb soln (PERFOROMIST equiv)	-	1
levalbuterol neb soln (XOPENEX equiv)	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR HFA INHALER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2
BREZTRI AEROSPHERE INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	2
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	2
STIOLTO INHALER	-	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2
TRELEGY ELLIPTA INHALER	-	2
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	3
ADVAIR DISKUS INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
DUAKLIR INHALER	-	NC
SEREVENT DISKUS INHALER	-	NC
SYMBICORT INHALER	-	NC
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC
UTIBRON NEOHALER CAP	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
XANTHINES		
theophylline er tab (THEOPHYLLINE ER equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE TAB ER	-	2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
rivaroxaban for susp (XARELTO equiv)	-	1
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	1
fondaparinux inj (ARIXTRA equiv)	-	1
FRAGMIN INJ	-	3
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	1
PRADAXA PELLET PACK	-	NC
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
perampanel tab (FYCOMPA equiv)	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	1
clobazam tab (ONFI equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
diazepam rectal gel (QL= 4 doses/fill)	QL	1
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2
DIAZEPAM GEL (QL= 4 doses/fill)	QL	2
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	3
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	3
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	3
LIBERVANT FILM	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide oral solution (VIMPAT equiv)	-	1
lacosamide tab (VIMPAT equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine ER tab (LAMICTAL XR equiv)	-	1
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
rufinamide susp (BANZEL equiv)	PA	1
rufinamide tab (BANZEL equiv)	PA	1
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
POTIGA TAB (QL= 3 tabs/day)	QL	2
BANZEL SUSP	PA	3
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	3
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
CARBAMAZEPINE CHEW TAB	-	NC
ELEPSIA XR TAB	-	NC
eslicarbazepine acetate tab (APTIOM equiv)	-	NC
GABARONE TAB	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
lamotrigine ODT kit (LAMICTAL equiv)	-	NC
LEVETIRACETAM ODT, SPRITAM ODT	-	NC
MOTPOLY XR CAP	-	NC
oxcarbazepine er tab (OXTELLAR equiv)	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	S
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	1
felbamate tab (FELBATOL equiv)	-	1
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	2
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	1
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1
SABRIL TAB	-	NC
VIGAFYDE SOLN	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
ethosuximide soln (ZARONTIN equiv)	-	1
methsuximide cap (CELONTIN equiv)	-	1
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
EMSAM PATCH	-	3
NARDIL TAB 15MG	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	-	1
PAROXETINE SUSP	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
CITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
sertraline hcl cap	-	NC
SEROTONIN MODULATORS		
trazodone tab (DESYREL equiv)	-	1
vilazodone hcl tab (VIIBRYD equiv)	-	1
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-¢	3
NEFAZODONE TAB	-	NC
RALDESY SOLN	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
VENLAFAXINE ER TAB	-	NC
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	1
clomipramine cap (ANAFRANIL equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine pamoate cap (TOFRANIL PM equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
protriptyline tab (VIVACTIL equiv)	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
trimipramine cap (SURMONTIL equiv)	-	1
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (MIGLITOL equiv)	-	1
MIGLITOL TAB	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SOLIQUA INJ (QL= 15ml/25 days)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGLITAZONE TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
SITAGLIPTIN/METFORMIN TAB	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
STEGLUJAN TAB	-	NC
ZITUVIMET XR TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin soln (RIOMET equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
METFORMIN TAB	-	NC
DIABETIC OTHER		
diazoxide susp (PROGLYCEM equiv)	-	1
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	1
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	LMSP-PA-QL	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
KORLYM TAB	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
BRYNOVIN SOLN	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	1
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
VICTOZA INJ	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
BYDUREON BCISE AUTO INJ	-	NC
BYDUREON INJ	-	NC
BYDUREON PEN INJ	-	NC
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC
TANZEUM INJ	-	NC
INSULIN		
INSULIN LISPRO INJ (HUMALOG equiv)	-	1
HUMALOG JR KWIKPEN INJ	-	2
HUMALOG KWIKPEN INJ	-	2
HUMALOG MIX INJ	-	2
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	2
HUMALOG PEN INJ	-	2
HUMALOG TEMPO PEN	-	2
HUMULIN MIX INJ	OTC	2
HUMULIN MIX PEN INJ	OTC	2
HUMULIN N INJ	OTC	2
HUMULIN N PEN INJ	OTC	2
HUMULIN R INJ	OTC	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
INSULIN GLARGINE SOLN PEN-INJ	-	2
INSULIN LISPRO JR KWIKPEN INJ	-	2
INSULIN LISPRO KWIKPEN INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
LYUMJEV INJ	-	2
LYUMJEV KWIKPEN INJ	-	2
LYUMJEV TEMPO PEN	-	2
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, HUMALOG INJ	-	NC
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
FIASP FLEXTOUCH INJ	-	NC
FIASP INJ	-	NC
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	NC
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART INJ (NOVOLOG equiv)	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART PENFILL INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV TEMPO PEN INJ	-	NC
MERILOG INJ	-	NC
MERILOG SOLOSTAR INJ	-	NC
NOVOLIN 70/30 FLEXPEN INJ	OTC	NC
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC
NOVOLIN 70/30 INJ	OTC	NC
NOVOLIN 70/30 RELION INJ	OTC	NC
NOVOLIN N FLEXPEN INJ	OTC	NC
NOVOLIN N INJ	OTC	NC
NOVOLIN N RELION 100UNIT/ML	OTC	NC
NOVOLIN R FLEXPEN INJ	OTC	NC
NOVOLIN R INJ	OTC	NC
NOVOLIN R RELION INJ	OTC	NC
NOVOLOG FLEXPEN INJ	-	NC
NOVOLOG FLEXPEN RELION INJ	-	NC
NOVOLOG INJ	-	NC
NOVOLOG MIX FLEXPEN INJ	-	NC
NOVOLOG MIX INJ	-	NC
NOVOLOG PENFILL INJ	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
TOUJEO SOLOSTAR INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	-	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1

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

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

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.

Last Updated* 8/26/2025

ANTIDIABETICS Cont.

ANTIPERISTALTIC AGENTS

DIPHENOXYLATE/ATROPINE LIQUID

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB

REZYST CHEW TAB

VSL #3 CAP

EVIVO LIQUID

ANTIPERISTALTIC AGENTS

opium tincture

loperamide ca

PAREGORIC TINCTURE

ANTIDOTES

VISTOGARD PAK

CHEMET CAP

FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)

naltrexone tab (REVIA equiv)

EVZIO INJVIVITROL INJ

ANTIDOTES - CHELATING AGENTS

deferasirox granules packet (JADENU equiv)deferasirox tab (JADENU equiv)deferasirox tab for oral susp (EXJADE equiv)

deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)

FERRIPROX TAB 1000MG (TWICE DAILY)

JADENU SPRINKLE

CETYLEV TAB

Note: Unless

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

Page 126 of 250

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	OTC	1
naloxone inj	-	1
naloxone prefilled inj	-	1
NARCAN NASAL SPRAY	OTC	1
RIVIVE, REXTOVY SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
OPVEE NASAL SPRAY	-	2
ZIMHI SOLN	-	2
EVZIO INJ	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ONDANSETRON TAB	-	NC
ONDANSETRON TAB ODT	-	NC
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
ANTIVERT TAB, MECLIZINE TAB	-	NC
meclizine hcl tab (ANTIVERT equiv)	-	NC
MECLIZINE TAB	-	NC
ANTIEMETICS - MISCELLANEOUS		
dronabinol cap (MARINOL equiv)	PA	1
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
CESAMET CAP	-	3
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	1
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	1
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP	-	NC

ANTIFUNGALS

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

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

ANTIFUNGALS Cont.

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

BREXAFEMME TAB	-	NC
----------------	---	----

ANTIFUNGALS

flucytosine cap (ANCOBON equiv)	-	1
griseofulvin micro tab (GRIFULVIN V equiv)	-	1
griseofulvin susp (GRIFULVIN equiv)	-	1
griseofulvin tab (GRIS-PEG equiv)	-	1
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
FULVICIN P/G TAB	-	NC
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC

IMIDAZOLE-RELATED ANTIFUNGALS

fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	1
itraconazole soln (SPORANOX equiv)	PA	1
ketoconazole tab (NIZORAL equiv)	-	1
posaconazole DR tab (NOXAFIL equiv)	-	1
posaconazole susp (NOXAFIL equiv)	-	1
voriconazole susp (VFEND equiv)	-	1
voriconazole tab (VFEND equiv)	-	1
NOXAFIL PAK	-	3
SPORANOX SOLN	PA	3
VFEND SUSP	-	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	OTC	NC
RYCLORA SOLN	-	NC

ANTIHISTAMINES - ETHANOLAMINES

CARBINOXAMINE SOLN	-	1
carbinoxamine tab (PALGIC equiv)	-	1
carbinoxamine maleate tab 6mg	-	NC
CARBZAH SOLN 4MG/5ML	-	NC
CLEMASTINE SYRUP	-	NC
CLEMASTINE TAB	-	NC
CLEMASTINE TAB, CLEMAZ TAB	-	NC
KARBINAL ER SUSP	-	NC
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
ANTIHISTAMINES - NON-SEDATING		
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CAP	OTC	EXC
CLARITIN CHEW TAB	OTC	EXC
DESLORATADINE ODT	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
levocetirizine soln (XYZAL equiv)	-	EXC
levocetirizine tab (XYZAL equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
XYZAL SOLN	-	EXC
XYZAL TAB	-	EXC
ZYRTEC CHILD CHEW TAB	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERTENSIVES		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
ANTIHYPERTENSIVES - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	1
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	1
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
KYNAMRO INJ	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
colesevelam pack (WELCHOL equiv)	-	1
colesevelam tab (WELCHOL equiv)	-	1
colestipol granule (COLESTID equiv)	-	1
colestipol powder packet (COLESTID equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
WELCHOL PACK	-	3
WELCHOL TAB	-	3
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB	-	3
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab (CRESTOR equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
fluvastatin cap (LESCOL equiv)	-	1
fluvastatin ER tab (LESCOL XL equiv)	-	1
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	1
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	3
CRESTOR TAB	-	3
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	3
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTHYPERLIPIDEMICS Cont.		
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIASPAN ER TAB	-	3
NIACOR TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
ANTHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
PERINDOPRIL TAB	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1
DEMSEER CAP	-	NC
metirosine cap (DEMSEER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ARB LI SUSP	PA-QL	NC
EDARBI TAB	-	NC
valsartan oral soln (VALSARTAN equiv)	-	NC
ANTIADRENERGIC ANTHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
CATAPRES-TTS PATCH	-	3
METHYLDOPA TAB	-	3
NEXICLON XR TAB	-	NC
TEZRULY SOLN	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/olmesartan tab (AZOR equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
TEKTURNA HCT TAB	-	3
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
QUINAPRIL/HCTZ TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	1
ENDOTHELIN RECEPTOR ANTAGONISTS		

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer			
PA	Plan Exclusion	INF	OTC	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	RDX	Over-the-Counter
ST	Prior Authorization	QL	SMKG	Restricted to Diagnosis
	Restricted to Specialist	SF	¢	Smoking Cessation
	Step Therapy	VAC		RxCENTS

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TRYVIO TAB	-	NC
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
epplerenone tab (INSPRA equiv)	-	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2
FIRST METRONIDAZOLE SUSP	-	3
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	3
PRIMSOL SOLN	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
METRONIDAZOLE TAB	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA cap	-	NC
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	1
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2
GLYCOPEPTIDES		
FIRVANQ SOLN 25MG/ML	-	1
FIRVANQ SOLN 50MG/ML	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOCIN CAP (QL= 56 caps/fill)	QL	3
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	S
OXAZOLIDINONES		
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
PENEMS		
ORLYNVAH TAB	-	NC
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	1
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	1
MONUROL GRANULE PACK	-	3
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
CHLOROQUINE TAB	-	1
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
KRINTAFEL TAB	-	2
ARAKODA TAB	-	3
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
SOVUNA TAB	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab (MESTINON equiv)	-	1
pyridostigmine tab (MESTINON equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
pyridostigmine soln (MESTINON equiv)	-	1
PYRIDOSTIGMINE TAB 30MG	-	NC
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	S
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid syrup (ISONIAZID equiv)	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
TRECTOR TAB	-	NC
ANTINEOPLASTICS		
ALKYLATING AGENTS		
HEXALEN CAP	-	2
MYLERAN TAB	LMSP	S
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate tab (TREXALL equiv)	-	1
TABLOID TAB	-	2
TREXALL TAB	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	S
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
tretinoin cap (VESANOID equiv)	LMSP	1
MATULANE CAP	-	2
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S
ALFERON-N INJ	LMSP	S
INTRON-A INJ	MSP	S
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
TOPOISOMERASE I INHIBITORS		
HYCANTIN CAP	LMSP-PA	S
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	1

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MELPHALAN TAB	-	1
temozolomide cap (TEMODAR equiv)	LMSP	1
CYCLOPHOSPHAMIDE TAB	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
LEUKERAN TAB	-	NC
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	LMSP	1
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	1
METHOTREXATE INJ	-	1
METHOTREXATE IV SOLN 1000MG/40ML	-	1
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	3
ONUREG TAB	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
INLYTA TAB (QL=4 tabs/day)	MSP-PA-QL-SF	S
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	S
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS TAB	-	NC
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	S
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	S
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
LAZCLUZE TAB	-	NC
TARCEVA TAB	-	NC
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB	-	NC
ERIVEDGE CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	S
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	S
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0
exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
bicalutamide tab (CASODEX equiv)	-	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
nilutamide tab (NILANDRON equiv)	LMSP	1
toremifene tab (FARESTON equiv)	-	1
EULEXIN CAP	-	2
FLUTAMIDE CAP	-	2
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	S
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	S
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	S
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	S
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP	-	NC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK	-	NC
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	S
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	S
LONSURF TAB	MSP-PA	S
ANTINEOPLASTIC ENZYME INHIBITORS		
dasatinib tab (SPRYCEL equiv)	LMSP-PA	1
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
imatinib tab (GLEEVEC equiv)	LMSP	1
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	1
nilotinib hcl cap (TASIGNA equiv)	LMSP-PA	1
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LMSP-PA-QL	1
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA	1
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	LMSP-PA-QL	1
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
DANZITEN TAB	-	NC
ENSACOVE CAP	-	NC
GOMEKLI CAP	-	NC
GOMEKLI TAB	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IBTROZI CAP	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
IMKELDI SOLUTION	-	NC
INREBIC CAP	-	NC
ITOVEBI TAB	-	NC
NILOTINIB CAP	-	NC
ROMVIMZA CAP	-	NC
SPRYCEL TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TASIGNA CAP	-	NC
TYKERB TAB	-	NC
VOTRIENT TAB	-	NC
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	S
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
AUGTYRO CAP (QL= 8 caps/day)	LD-PA-QL-SF	S
AUGTYRO CAP 160MG (QL= 2 caps/day)	LD-PA-QL-SF	S
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BOSULIF CAP	MSP-PA	S
BOSULIF TAB	MSP-PA-SF	S
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	S
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	S
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	S
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
IMBRUVICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	S
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	S
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	S
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	S
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	S
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LUMAKRAS TAB 240MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S
MEKINIST SOLN	LMSP-PA	S
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	S
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	S
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	S
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	S
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	S
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PIQRAY TAB	LD-PA-SF	S
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
RETEVMO CAP (QL= 2 caps/day)	LMSP-PA-QL-SF	S
RETEVMO CAP 40MG (QL= 3 caps/day)	LMSP-PA-QL-SF	S
RETEVMO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	S
RETEVMO TAB 40MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	S
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	S

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ROZLYTREK PAK (QL= 6 packs/day)	LMSP-PA-QL	S
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	S
SCSEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
SCSEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	S
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	S
TAFINLAR TAB	LMSP-PA	S
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	S
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	S
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	S
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL-SF	S
VORANIGO TAB 10MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL-SF	S
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	S
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	S
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	S
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	S
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	S
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	LMSP-PA	1
SYLATRON INJ	-	NC
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	LMSP	1
MESNEX TAB	-	NC
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL-SF	S
MITOTIC INHIBITORS		

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ETOPOSIDE CAP	LMSP	S

ANTIPARKINSON AGENTS**ANTIPARKINSON ADJUVANTS**

carbidopa tab (LODOSYN equiv)	-	1
-------------------------------	---	---

ANTIPARKINSON ANTICHOLINERGICS

benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1

ANTIPARKINSON COMT INHIBITORS

entacapone tab (COMTAN equiv)	-	1
tolcapone tab (TASMAR equiv)	-	1

ANTIPARKINSON DOPAMINERGICS

amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
amantadine tab	-	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole ER tab (MIRAPEX ER equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole ER tab (REQUIP XL equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
NEUPRO PATCH	-	3
CREXONT CAP, RYTARY CAP	-	NC
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

rasagiline tab (AZILECT equiv)	-	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC

ANTIPARKINSON AND RELATED THERAPY AGENTS**ANTIPARKINSON ANTICHOLINERGICS**

trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1

ANTIPARKINSON COMT INHIBITORS

ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	3
--	-------	---

ANTIPARKINSON DOPAMINERGICS

amantadine soln (AMANTADINE equiv)	-	1
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
ONAPGO INJ	-	NC
OSMOLEX ER TAB	-	NC
VYALEV INJ	-	NC

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1

ANTIPSYCHOTICS - MISC.

lurasidone hcl tab (LATUDA equiv)	-	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	-	3
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC

BENZISOXAZOLES

paliperidone ER tab (INVEGA equiv)	-	1
risperidone ODT (RISPERDAL M equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
FANAPT TAB	-	NC
FANAPT TITRATION PACK	-	NC
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	-	NC

BUTYROPHENONES

haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1

DIBENZAPINES

asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	1
clozapine tab (CLOZARIL equiv)	-	1
loxapine cap (LOXITANE equiv)	-	1
olanzapine ODT (ZYPREXA equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
MUSCARINIC AGENTS		
COBENFY CAP	-	NC
COBENFY CAP STARTER PACK	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine hcl tab (THIORIDAZINE equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole soln (ABILIFY equiv)	-	1
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
OPIPZA FILM	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL= 7 inj/year)	PA-QL	\$0
DESCOVY TAB	PA	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
abacavir soln (ZIAGEN equiv)	-	1
abacavir tab (ZIAGEN equiv)	-	1
abacavir/lamivudine tab (EPZICOM equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1
atazanavir cap (REYATAZ equiv)	-	1
darunavir tab (PREZISTA equiv)	-	1
didanosine DR cap (VIDEX EC equiv)	-	1
DIDANOSINE DR CAP, VIDEX EC CAP	-	1
EFAVIRENZ CAP	-	1
efavirenz tab (SUSTIVA equiv)	-	1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	1
emtricitabine cap (EMTRIVA equiv)	-	1
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	-	1
etravirine tab (INTELENCE equiv)	-	1
fosamprenavir tab (LEXIVA equiv)	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1
lopinavir/ritonavir soln (KALETRA equiv)	-	1
lopinavir/ritonavir tab (KALETRA equiv)	-	1
maraviroc tab (SELZENTRY equiv)	-	1
NEVIRAPINE ER TAB	-	1
nevirapine ER tab (VIRAMUNE XR equiv)	-	1
NEVIRAPINE SUSP	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
ritonavir tab (NORVIR equiv)	-	1
STAVUDINE CAP	-	1
stavudine cap (ZERIT equiv)	-	1
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
APTIVUS CAP	-	2
APTIVUS SOLN	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
CRIVIAN CAP	-	2
DELSTRIGO TAB	-	2
DOVATO TAB	-	2
EDURANT PED TAB	-	2
EDURANT TAB	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
JULUCA TAB	-	2
LEXIVA SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STRIBILD TAB	-	2
SYMTUZA TAB	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ PD TAB	-	2
TRIUMEQ TAB	-	2
TRIZIVIR TAB	-	2
TYBOST TAB	-	2
VIDEX SOLN	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
COMPLERA TAB	-	3
EMTRIVA CAP	-	3
KALETRA SOLN	-	3
KALETRA TAB	-	3
PREZISTA TAB	-	3
SELZENTRY TAB	-	3
SUSTIVA TAB	-	3
SYMFI (LO) TAB	-	3
ATRIPLA TAB	-	NC
FUZEON INJ	-	NC
YEZTUGO INJ	LD-PA-QL	NC
YEZTUGO TAB	LD-PA-QL	NC
CABENUVA IM SUSP (QL= 1 kit/30 days)	LMSP-QL	S
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	LMSP-QL	S
SUNLENCA INJ (QL= 2 vials/26 weeks; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SUNLENCA TAB (QL= 4 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	2
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	2
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	1
valganciclovir tab (VALCYTE equiv)	-	1
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	LMSP-PA-QL	S
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	LMSP-PA-QL	S
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	-	1
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	1
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv)	LMSP	1
EPIVIR HBV SOLN	-	2
VEMLIDY TAB	-	2
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	3
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
ZEPATIER TAB	-	NC
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	S
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	S
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	S
PEGASYS INJ	LMSP	S
PEG-INTRON INJ	LMSP	S
RIBAVIRIN CAP	LMSP	S
RIBAVIRIN TAB	LMSP	S
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	S
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	S
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
SITAVIG TAB	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

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

ANTIVIRALS Cont.

INFLUENZA AGENTS

oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	1
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 1 tab/fill)	QL	3

MISC. ANTIVIRALS

LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2

RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS

ribavirin inh soln (VIRAZOLE equiv)	-	NC
-------------------------------------	---	----

ASSORTED CLASSES

CHELATING AGENTS

D-PENAMINE TAB	-	2
----------------	---	---

IMMUNOMODULATORS

THALOMID CAP	MSP	S
--------------	-----	---

IMMUNOSUPPRESSIVE AGENTS

azathioprine tab (IMURAN equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	1
mycophenolate DR tab (MYFORTIC equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
sirolimus tab (RAPAMUNE equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
SANDIMMUNE SOLN 100MG/ML	-	2
ENVARUSUS XR TAB	-	NC

POTASSIUM REMOVING RESINS

sodium polystyrene powder (KAYEXALATE equiv)	-	1
sodium polystyrene susp (SPS equiv)	-	1
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
LABETALOL TAB	-	NC

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	-	1
BISOPROLOL FUMARATE TAB	-	NC
KAPSPARGO CAP	-	NC
LOPRESSOR SOLN	PA-QL	NC
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
PROPRANOLOL ORAL SOLN 20MG/5ML	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

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

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB	-	NC
--------------	---	----

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
nimodipine cap (NIMOTOP equiv)	-	1
nisoldipine ER tab (SULAR equiv)	-	1
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
verapamil SR cap (VERELAN equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	3
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	3
VERELAN CAP	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL CR CAP, VERELAN CAP	-	NC
VERAPAMIL ER CAP	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
DIGOXIN SOLN 0.05MG/ML	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC
LANOXIN TAB 62.5MCG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	1
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
BIDIL TAB	-	NC
ENTRESTO CAP	-	NC
ENTRESTO TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
OPSYNVI TAB	-	NC
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB	-	NC
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB	-	NC
IMPOTENCE AGENTS		
avanafil tab (STENDRA equiv) (QL= 6 tabs/30 days)	QL	1
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	1
varденаfil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1
varденаfil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2
EDEX INJ (QL= 6 inj/30 days)	QL	2
MUSE SUPP (QL= 6 supp/30 days)	QL	2
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day)	QL	3

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
STAXYN ODT	-	NC
VIAGRA TAB	-	NC
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	1
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
YUTREPIA CAP	LD-PA-QL	NC
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	1
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	3
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	NC
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv)	-	1
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	3
CORLANOR TAB	-	3
TRANSTHYRETIN STABILIZERS		
ATTRUBY PAK	-	NC
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer	INF	OTC	Limited Distribution
PA	Plan Exclusion	MSP	RDX	Over-the-Counter
RS	Lumicera Mandatory Specialty Pharmacy Program	QL	SMKG	Restricted to Diagnosis
ST	Prior Authorization	SF	¢	Smoking Cessation
	Restricted to Specialist	VAC		RxCENTS
	Step Therapy			

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEFADROXIL TAB	-	2
cephalexin cap 750mg (KEFLEX equiv)	-	NC
cephalexin tab	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR CAP	-	1
cefaclor cap (CECLOR equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
cefixime cap (SUPRAX equiv)	-	1
cefixime susp (SUPRAX equiv)	-	1
CEFPODOXIME PROXETIL SUSP	-	1
cefpodoxime proxetil tab (VANTIN equiv)	-	1
CEFDITOREN TAB	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
BALCOLTRA TAB	-	\$0
cryselle tab	-	\$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
FEMLYV TAB	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0
LO LOESTRIN TAB	-	\$0
NATAZIA TAB	-	\$0
NEXTSTELLIS TAB	-	\$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
SAFYRAL TAB	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
BEYAZ TAB	-	3
AVERI TAB	-	NC
FALESSA KIT	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	\$0
zafemy patch (XULANE equiv)	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	\$0
eluryng vaginal ring (NUVARING equiv)	-	\$0
NUVARING	-	NC
COPPER CONTRACEPTIVES - IUD		
MIDUELLA, PARAGARD IUD	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	QL	3

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
OPILL TAB	OTC	\$0
SLYND TAB	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	1
budesonide SR cap (ENTOCORT EC equiv)	-	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone sodium phosphate inj	-	1
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
triamcinolone acetonide inj (KENALOG equiv)	-	1
CORTISONE ACETATE TAB	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONE SOLN	-	2
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	2
SOLU-MEDROL INJ 2GM	-	2
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	LD-PA-QL	3
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	LD-PA-QL	3
DEPO-MEDROL INJ	-	3
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3
PREDNISOLONE SOLN	-	3
SOLU-MEDROL PF INJ	-	3
AGAMREE SUSP	-	NC
ALKINDI SPRINKLE CAP	-	NC
deflazacort susp (EMFLAZA equiv)	-	NC
deflazacort tab (EMFLAZA equiv)	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXAMETHASONE TAB	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
EOHILIA SUSP	-	NC
FLO-PRED SUSP	-	NC
KHINDIVI SOLN	LD-PA-QL	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
TARPEYO CAP	-	NC

MINERALOCORTICIDS

fludrocortisone tab (FLORINEF equiv)	-	1
--------------------------------------	---	---

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
BENZONATATE CAP 150MG	-	NC
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
CLARINEX-D TAB	-	EXC
SEMPREX-D CAP	-	EXC
DURAVENT PE TAB	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv)	-	1
SSKI ORAL SOLN	-	3
GUAIFENESIN SYRUP	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1

DERMATOLOGICALS

ACNE PRODUCTS

adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
adapalene gel (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	1
amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	1
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1
DIFFERIN OTC GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	OTC-PA	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
erythromycin/benzoyl peroxide gel	-	1
sodium sulfacetamide lotion (KLARON equiv)	-	1
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	1
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	1
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	1
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	1
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	1
tretinoin cream (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
tretinoin gel (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
TRETINOIN MICROSPHERE GEL 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
TRETINOIN MICROSPHERE GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
TRETINOIN MICROSPHERE GEL PUMP 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
TRETINOIN MICROSPHERE GEL PUMP 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	1
AVAR GEL	-	2
ERY PAD	-	2
PRASCION RA CREAM	-	2
SUMADAN WASH 9-4.5%	-	3
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AVAR-E LS CREAM 10-2%	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLENIA PLUS SUSP	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPSOLAY CREAM	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL 1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	-	NC
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN WASH	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN CREAM equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL equiv)	-	1
naftifine cream (NAFTIN equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
EXELDERM SOLN	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavaborole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC

ANTI-INFLAMMATORY AGENTS - TOPICAL

diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	1
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
diclofenac sodium gel kit (VENNGEL equiv)	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PROFINAC PAK	-	NC
REXAPHENAC CREAM	-	NC
VENNGEL ONE KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel (TARGRETIN equiv)	LMSP-PA	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
fluorouracil soln (FLUOROURACIL equiv)	-	1
FLUOROURACIL SOLN	-	2
FLUOROURACIL CREAM 0.5%	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
KLISYRI OINT	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
ANTIPRURITICS - TOPICAL		
doxepin hcl cream	-	NC
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	1
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
CALCIPOTRIENE SOLN	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1
tazarotene cream 0.05% (TAZORAC equiv)	-	1
tazarotene cream 0.1% (TAZORAC equiv)	-	1
METHOXSALEN CAP	-	2
CALCITRIOL OINT	-	3
BIMZELX INJ	-	NC
BIMZELX SYRINGE	-	NC
calcipotriene cream (TRIONEX equiv)	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
COSENTYX INJ 300MG/2ML	-	NC
COSENTYX UNO INJ	-	NC
IMULDOSA SYRINGE	-	NC
OTULFI SYRINGE	-	NC
PYZCHIVA INJ	-	NC
SELARSDI INJ	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
STELARA INJ	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TRIONEX PAK	-	NC
USTEKINUMAB INJ 45/0.5ML	-	NC
USTEKINUMAB INJ 90MG/ML	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC
WEZLANA INJ	-	NC
WEZLANA SYRINGE	-	NC
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	S
SPEVIGO INJ (QL= 2ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
STEQEYMA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	S
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	S
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	LMSP-PA-QL	S
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	LMSP-PA-QL	S
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	S
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
YESINTEK INJ (QL= 1 inj/84 days)	LMSP-PA-QL	S
YESINTEK SYRINGE (QL= 1 inj/84 days)	LMSP-PA-QL	S
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	S
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	1
sodium sulfacetamide wash (OVACE WASH equiv)	-	1
OVACE PLUS CREAM	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	1
acyclovir cream (ZOVIRAX equiv)	-	NC
DENAVIR CREAM	-	NC
penciclovir cream (DENAVIR equiv)	-	NC
XERESE CREAM	-	NC
ZELSUVMI GEL	-	NC
ZOVIRAX CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLLON CREAM	-	2
MAFENIDE ACETATE SOLN PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
ALCLOMETASONE OINT	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
BETAMETH VALERATE LOTION	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol foam (OLUX equiv)	-	1
clobetasol lotion (CLOBEX equiv)	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
clobetasol shampoo (CLOBEX equiv)	-	1
clobetasol spray (CLOBEX equiv)	-	1
desonide cream (DESOWEN equiv)	-	1
desonide oint (DESOWEN equiv)	-	1
desoximetasone cream (TOPICORT CREAM equiv)	-	1
desoximetasone oint (TOPICORT equiv)	-	1
fluocinolone acetamide cream	-	1
fluocinolone acetamide oil	-	1
fluocinolone acetamide oint	-	1
fluocinolone acetamide soln	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint (ULTRAVATE equiv)	-	1
HC PRAMOXINE CREAM 1-2.5%	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
HYDROCORTISONE LOTION 2.5%	-	1
hydrocortisone oint	-	1
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
BETAMETHASONE AUGMENTED GEL	-	2
EPIFOAM AEROSOL	-	2
PRAMOSONE E CREAM	-	2
PREDNICARBATE CREAM	-	2
PREDNICARBATE OIN	-	2
TOPICORT OINT	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone augmented gel	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CORDRAN CREAM 0.025%	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
DESOXIMETASONE GEL	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
FLURANDRENOL LOTION	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOBETASOL AER	-	NC
halobetasol propionate foam (LEXETTE equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE OINT	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1-1%	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRIAMCINOLONE SPRAY	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIAMVEX KIT	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3
ANZUPGO CREAM	-	NC
ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	S

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	S
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
EBGLYSS INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S
EBGLYSS PEN INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1
LACTIC ACID LOTION	-	1
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LEQSELVI TAB	-	NC
LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	S
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	1
tacrolimus oint (PROTOPIC OINT equiv)	-	1
OXIANUJO CREAM	-	NC
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox gel (CONDYLOX equiv)	-	1
PODOFILOX SOLN	-	1
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid shampoo (SALEX equiv)	-	1
PODOCON SOLN	-	2
CONDYLOX GEL	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALICATE LIQUID	-	NC
salicyclic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
UREA/SALICYLIC CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine patch (QL= 3 patches/day)	QL	1
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lidocaine gel (XYLOCAINE equiv)	-	NC
lidocaine hcl cream 4.12%	-	NC
lidocaine lotion	-	NC
lidocaine oint/transparent dressing kit	-	NC
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC
LIDOCIN GEL	-	NC
LIDO-EP-TETR SOLN	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DRYSOL SOLN	-	1
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
SOFDRA GEL	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
EUCRISA OINT	-	NC
ZORYVE CREAM 0.15%	-	NC
ZORYVE FOAM	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC
EMROSI CAP	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
NORITATE CREAM	-	NC
ORACEA CAP	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
LINDANE SHAMPOO	-	1
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	1
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
CROTAN LOTION	-	NC
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK GUIDE TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
SUCRAID SOLN	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
ethacrynic tab (EDECRIN equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
SOAANZ TAB	-	NC
FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	S
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older)	PA	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	1
DYRENIUM CAP	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	3
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
RECORLEV TAB	-	NC
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
BONE DENSITY REGULATORS		
alendronate sodium oral soln (FOSAMAX equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
alendronate tab (FOSAMAX equiv)	-	1
calcitonin nasal spray (MIACALCIN equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1
risedronate tab (ACTONEL equiv)	-	1
ALENDRONATE TAB 40MG	-	2
BINOSTO TAB	-	NC
BONSITY INJ	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC
TERIPARATIDE INJ 560MCG/2.24ML	LMSP	S
TYMLOS INJ	LMSP	S
CORTICOTROPIN		
ACTHAR GEL AUTO-INJECTOR	-	NC
CORTROPHIN INJ	-	NC
CORTROPHIN INJ GEL	-	NC
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP	-	NC
CRENESSITY SOLN	-	NC
FERTILITY REGULATORS		
clomiphene citrate tab (CLOMID equiv)	INF	EXC
CLOMIPHENE TAB	INF	EXC
OVIDREL INJ	INF	EXC
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC
CETROTIDE KIT	INF	EXC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
EGRIFTA WR KIT	-	EXC
GROWTH HORMONES		
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
ZOMACTON INJ	-	NC
GENOTROPIN INJ	LMSP-PA	S
GENOTROPIN INJ 5MG	LMSP-PA	S

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OMNITROPE INJ	LMSP-PA	S
SKYTROFA INJ	LMSP-PA	S
SOGROYA INJ	LMSP-PA	S
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCIRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	S
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB (QL= 1 tab/day)	PA-QL	3
METABOLIC MODIFIERS		
calcitriol cap (ROCALTRONL equiv)	-	1
calcitriol soln (ROCALTRONL equiv)	-	1
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1
cinacalcet tab (SENSIPAR equiv)	-	1
DOXERCALCIFEROL CAP	-	1
doxercalciferol cap (HECTOROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	1
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	1
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1
sodium phenylbutyrate tab (BUPHENYL equiv)	-	1
SENSIPAR TAB	-	3
betaine powder for oral solution (CYSTADANE equiv)	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
HARLIKU TAB	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SEPHIENCE POWDER	-	NC
TRYNGOLZA INJ	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
VYKAT XR TAB	-	NC
XURIDEN POWDER	-	NC
CYSTADANE POWDER (Only available through AnovoRx 844-288-5007)	LD	S
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	S
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	S
XPHOZAH TAB (QL= 2 tabs/day)	MSP-PA-QL	S
YORVIPATH INJ (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
YORVIPATH INJ 294MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
YORVIPATH INJ 420MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
KERENDIA TAB 40MG	-	NC
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
DESMOPRESSIN NASAL SPRAY	-	1
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
NOC DURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200mg (MIFIPREX equiv)	-	1
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	1
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
OCTREOTIDE INJ 100MCG	LMSP	S
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA, JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
JYNARQUE PAK	-	NC
TOLVAPTAN TAB	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ESTROGENS Cont.		
COMBIPATCH	-	2
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
MENEST TAB	-	3
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
CIPRO SUSP	-	3
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	PA-QL	1
MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	3
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 1 tab/day)	PA-QL	2
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
CHENODAL TAB, CTEXLI TAB	-	NC
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	1
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	1
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METZOLV ODT	-	NC
HEPATOTROPICS		
REZDIFFRA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	S
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S
LIVMARLI SOLN 19MG/ML (QL= 60ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S
LIVMARLI TAB (QL= 2 tabs/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S
LIVMARLI TAB 30MG (QL= 1 tab/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine DR cap (DELZICOL equiv)	-	1
mesalamine DR tab (LIALDA equiv)	-	1
mesalamine enema (ROWASA equiv)	-	1
mesalamine ER cap (APRISO equiv)	-	1
mesalamine supp (CANASA equiv)	-	1
mesalamine tab (ASACOL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
DIPENTUM CAP	-	3
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
PENTASA CR CAP	-	NC
ROWASA KIT	-	NC
VELSIPITY TAB	-	NC
ZYMFENTRA INJ	-	NC
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
ENTYVIO SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	S
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	S
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	S
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S
TREMFYA INJ CROHNS INDUCTION PACK (QL= 2 inj/28 days; 6 inj/year)	LMSP-PA-QL	S
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTROXEX equiv)	-	1
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	S
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-PA-QL	S
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
lanthanum carbonate chew tab (FOSRENOL equiv)	-	1
sevelamer powder pak (REVELA equiv)	-	1
sevelamer tab (REVELA TAB equiv)	-	1
FOSRENOL POWDER PACK	-	2
PHOSLYRA SOLN	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
REVELA TAB	-	3
FERRIC CITRATE TAB	-	NC
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	NC

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
CYSTINOSIS AGENTS		
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	S
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
RIVFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
IGA NEPHROPATHY (IGAN) AGENTS		
VANRAFIA TAB	-	NC
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	NC
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	LMSP-PA	1
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	1
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	1
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	3
allopurinol tab 200mg	-	NC
colchicine cap (MITIGARE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	-	NC
ALHEMO INJ	-	NC
FEIBA INJ	-	NC
HYMPAVZI INJ	-	NC
IDELVION INJ	-	NC
IXINITY INJ	-	NC
KOGENATE FS INJ	-	NC
OBIZUR INJ	-	NC
QFITLIA INJ	-	NC
REBINYN INJ	-	NC
TRETEN INJ	-	NC
ADVATE, KOVALTRY INJ	LMSP-PA	S
AFSTYLA KIT	LMSP-PA	S
ALPHANATE, HUMATE-P INJ	LMSP-PA	S
ALPHANINE SD INJ	LMSP-PA	S
ALPROLIX INJ	LMSP-PA	S
ALTUVIIIO INJ	LMSP-PA	S
BENEFIX INJ	LMSP-PA	S
COAGADEX INJ (Only available through CVS/Caremark 800-237-2767 or OptionCare 877-686-2622)	LD-PA	S
CORIFACT KIT	LMSP-PA	S
ELOCTATE INJ	LMSP-PA	S

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ESPEROCT INJ	LMSP-PA	S
FIBRYGA, RIASTAP INJ	LMSP-PA	S
HEMLIBRA INJ	LMSP-PA	S
HEMOFIL M, KOATE INJ	LMSP-PA	S
JIVI INJ	LMSP-PA	S
NOVOEIGHT INJ	LMSP-PA	S
NOVOSEVEN RT INJ	LMSP-PA	S
NUWIQ INJ	LMSP-PA	S
NUWIQ KIT	LMSP-PA	S
PROFILNINE INJ	LMSP-PA	S
RECOMBINATE INJ	LMSP-PA	S
RIXUBIS INJ	LMSP-PA	S
SEVENFACT INJ	LMSP-PA	S
VONVENDI INJ	LMSP-PA	S
WILATE INJ	LMSP-PA	S
XYNTHA INJ	LMSP-PA	S
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	LMSP-PA	1
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
FABHALTA CAP	-	NC
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	S
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
HAEGARDA INJ (Only available through Accredo 800-803-2523)	LD-PA	S
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	S
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA FACTOR XIA INHIBITORS		
ANDEMBRY INJ	-	NC
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB	-	NC
ORLADEYO CAP	-	NC
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PLATELET AGGREGATION INHIBITORS		

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
anagrelide cap (AGRYLIN equiv)	-	1
aspirin/dipyridamole cap (AGGRENEX equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
ticagrelor tab (BRILINTA equiv)	-	1
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
BRILINTA TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	1
ZAVESCA CAP	-	NC
CERDELGA CAP (QL= 2 caps/day)	LMSP-PA-QL	S
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
OXBRYTA TAB	-	NC
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	LMSP-PA-QL	1
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	3
ENDARI POWDER PACKET	-	NC
OXBRYTA TAB FOR ORAL SUSP	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	1
NASCOBAL SPRAY	-	3
FOLIC ACID/FOLATES		
folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for female members only)	OTC	\$0
folic acid tab 800mcg (Covered for female members only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	LMSP-PA-QL	1
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
eltrombopag olamine tab 50MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1
eltrombopag olamine tab 75MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer			
PA	Plan Exclusion	INF	OTC	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	RDX	Over-the-Counter
ST	Prior Authorization	QL	SMKG	Restricted to Diagnosis
	Restricted to Specialist	SF	¢	Smoking Cessation
	Step Therapy	VAC		RxCENTS

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
RETACRIT INJ	-	2
ALVAIZ TAB	-	NC
ARANESP INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYPOZI INJ	-	NC
PROCRIT INJ	-	NC
PROMACTA POWDER	-	NC
PROMACTA TAB 12.5MG, 25MG	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
VAFSEO TAB	-	NC
ZIEXTENZO INJ	-	NC
DOPTelet TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
FULPHILA INJ	LMSP	S
NIVESTYM INJ	LMSP	S
NYVEPRIA INJ	LMSP	S
ZARXIO INJ	LMSP	S
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERIVA 21/7 TAB	-	NC
FERRO-PLEX TAB	-	NC
folbee tab (FOLGARD RX equiv)	-	NC
FOLGARD RX TAB	-	NC
FOLITE TAB	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
IRON		
ACCRUFER CAP	-	NC
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
STEM CELL MOBILIZERS		
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	1
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 22.5mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
temazepam cap 7.5mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	1
EDLUAR SL TAB	-	NC
FLURAZEPAM CAP	-	NC
INTERMEZZO SL TAB	-	NC
QUAZEPAM TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC
ZOLPIMIST SPRAY	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

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

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.

OREXIN RECEPTOR ANTAGONISTS

DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3
QUVIVIQ TAB	-	NC

SELECTIVE MELATONIN RECEPTOR AGONISTS

ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	1
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

LAXATIVES

LAXATIVE COMBINATIONS

GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	QL	\$0
GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
sodium/magnesium/potassium soln (SUPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	2
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC

LAXATIVES - MISCELLANEOUS

lactulose soln	-	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
MIRALAX PACKET	OTC	3
MIRALAX POWDER	OTC	3
GIALAX KIT	-	NC
lactulose oral crystal packet	-	NC

SALINE LAXATIVES

OSMOPREP TAB	-	NC
--------------	---	----

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
-------------------------------------	---	----

MACROLIDES

AZITHROMYCIN

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

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MACROLIDES Cont.		
ZITHROMAX POWDER PACK	-	3
CLARITHROMYCIN		
clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
ERYTHROMYCINS		
E.E.S. TAB	-	1
erythromycin DR cap (ERYC equiv)	-	1
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	1
erythromycin tab (ERY-TAB equiv)	-	1
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1
ERYTHROMYCIN CAP DR	-	2
ERYTHROMYCIN EC CAP	-	2
PCE TAB	-	3
FIDAXOMICIN		
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	1
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0

DIABETIC SUPPLIES

ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	2
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	2
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	2
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days)	QL	2
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD GO KIT (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
TEMPO SMART BUTTON (QL= 1 button/8 months)	QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DIABETIC METER (all other diabetic meters)	OTC	NC
OMNIPOD DASH PDM KIT	-	NC
TWIIST REFILL KIT	-	NC
TWIIST STARTER KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
EMBECTA INSULIN SYRINGE	--OTC	1
EMBECTA PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
CEQUR SIMPLICITY	-	NC

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer	INF	OTC	Limited Distribution
PA	Plan Exclusion	MSP	RDX	Over-the-Counter
RS	Lumicera Mandatory Specialty Pharmacy Program	QL	SMKG	Restricted to Diagnosis
ST	Prior Authorization	SF	¢	Smoking Cessation
	Restricted to Specialist	VAC		RxCENTS
	Step Therapy			

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVEY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2
NURTEC ODT	-	NC
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	1
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ERGOTAMINE/CAFFEINE TAB	-	NC
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
SYMBRAVO TAB	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
ERGOMAR SL TAB	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0

PHOSPHATE

phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
potassium phosphate monobasic tab (K-PHOS equiv)	-	1
K-PHOS TAB	-	2

POTASSIUM

K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
potassium chloride soln	-	1
POTASSIUM CHLORIDE TAB ER	-	1
POKONZA POWDER	-	NC
ZINC		
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	1
trientine cap (SYPRINE equiv)	LMSP-PA	1
CUVRIOR TAB	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC
TRIENTINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	1
VYVGART HYTRULO INJ	-	NC
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	S
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	1
sirolimus soln (RAPAMUNE equiv)	-	1
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
MYHIBBIN SUSP	-	NC
PROGRAF PACKET	-	NC
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	S
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day)	LD-PA-QL	S
VIJOICE TAB (QL= 1 tab/day)	LD-PA-QL	S
VIJOICE TAB 250MG (QL= 2 tabs/day)	LD-PA-QL	S
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 packet/day)	PA-QL	2
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2
LOKELMA PAK 10GM	-	NC
LOKELMA PAK 5GM	-	NC
SPS	-	NC
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	S

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
BENLYSTA INJ (QL = 4 inj/28 day)	LMSP-PA-QL	S
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN 4%	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
NYSTATIN SUSP	-	NC
ORAVIG TAB	-	NC
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
PREVIDENT SOLN	-	2
FRAICHE 5000 SENSITIVE GEL	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
V-C FORTE CAP	-	NC
v-c forte cap (V-C FORTE equiv)	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	NC
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	NC
MULTIVITAMIN CHEW TAB	-	NC
pediatric multiple vitamins/fluoride soln	-	NC
POLY-VI-FLOR SUSP	-	NC
TRI-VITAMIN FLUORIDE DROPS	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MATERVIA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATE MAX TAB	-	NC
PRENATOL-M TAB 27-1.2MG	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC

MUSCULOSKELETAL THERAPY AGENTS**CENTRAL MUSCLE RELAXANTS**

baclofen oral soln 10mg/5ml (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	1
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	1
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab 500mg	-	1
cyclobenzaprine tab (FLEXERIL equiv)	-	1
metaxalone tab (SKELAXIN equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine cap (ZANAFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
BACLOFEN ORAL SOLN 10MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	3
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	3
baclofen tab 15mg	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
METAXALONE TAB	-	NC
METHOCARBAMOL TAB	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	1
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
TICANASE PAK	-	NC
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1
olopatadine nasal spray (PATANASE equiv)	-	1
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
FLONASE SENSIMIST NASAL SPRAY	OTC	2
BECONASE AQ NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	1
EXSERVAN FILM	-	NC
TIGLUTIK SUSP	-	NC
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT ORAL SUSP	-	NC
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	S
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
NUTRIENTS		
LIPIDS		

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
NUTRIENTS Cont.		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	1
timolol ophth soln (BETIMOL equiv)	-	1
BETIMOL OPHTH SOLN 0.25%	-	2
BETOPTIC-S OPHTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	3
CHOLINERGIC AGONISTS		
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
ATROPINE SUL SOLN 1% OPHTH	-	1
ATROPINE SULFATE OPHTH OINT	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
MYDCOMBI OPHTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	NC
pilocarpine hcl ophth soln 1.25% (VUIITY equiv)	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
QLOSI OPTH SOLN, VUIITY OPTH SOLN	-	NC
VIZZ OPTH SOLN	-	NC
VUIITY OPTH SOLN 1.25%	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	1
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1
brimonidine ophth soln 0.2%	-	1
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1
APRACLOPIDINE OPTH SOLN	-	2
IOPIDINE OPTH SOLN	-	2
SIMBRINZA OPTH SUSP	-	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gatifloxacin ophth soln (Zymaxid equiv)	-	1
GENTAK OPTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
LEVOFLOXACIN OPTH SOLN 0.5%	-	1
moxifloxacin ophth soln (VIGAMOX OPTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
SULFACETAMIDE SOD OPTH SOLN	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
TRIFLURIDINE OPTH SOLN	-	1
AZASITE SOLN	-	2
BACITRACIN OPTH OINT	-	2
NATACYN OPTH SUSP (QL= 15ml/fill)	QL	2
ZIRGAN OPTH GEL	-	2
CILOXAN OPTH OINT	-	3
TOBREX OPTH OINT	-	3
VIGAMOX OPTH SOLN	-	3
ZYMAXID OPTH SOLN	-	3
BESIVANCE OPTH SUSP	-	NC
ERYTHROMYCIN OPTH OINT	-	NC
LEVOFLOXACIN OPTH SOLN	-	NC
MOXEZA OPTH SOLN 0.5%	-	NC
MOXEZA OPTH SOLN, MOXIFLOXACIN OPTH SOLN, VIGAMOX OPTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
XDEMVIY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist)	LD-QL-RS	S

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1
CEQUA (PF) OPTH SOLN, VEVYE OPTH SOLN	-	NC
CYCLOSPORINE OPTH EMULSION 0.1%	-	NC
RESTASIS MULTI-DOSE	-	NC
RESTASIS OPTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPTH SOLN	-	NC
ROCKLATAN OPTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	S
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
difluprednate ophth emulsion (DUREZOL equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
prednisolone acetate ophth susp (PRED FORTE equiv)	-	1
PREDNISOLONE OPTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPTH SUSP	-	2
BLEPHAMIDE OPTH SOLN	-	2
LOTEMAX OPTH OINT	-	2
MAXIDEX OPTH SOLN	-	2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN	-	2
PRED MILD OPTH SOLN	-	2
PRED-G OPTH SOLN	-	2
TOBRADEX OPTH OINT	-	2
ZYLET OPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
ALREX OPTH SUSP 0.2%	-	3
BLEPHAMIDE S.O.P. OPTH OINT	-	3

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
FLAREX OPTH SUSP	-	3
FML FORTE OPTH SUSP	-	3
FML S.O.P. OPTH OINT	-	3
PRED FORTE OPTH SUSP	-	3
TOBRADEX ST OPTH SUSP	-	3
CLOBETASOL OPTH SUSP	-	NC
DEXTENZA OPTH INSERT	-	NC
EYSUVIS OPTH SUSP	-	NC
INVELTYS OPTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
bepotastine ophth soln (BEPREVE equiv)	-	1
brinzolamide ophth susp (AZOPT equiv)	-	1
bromfenac ophth soln (BROMDAY equiv)	-	1
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine ophth soln (ELESTAT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	1
ALOCRIOL OPTH SOLN	-	2
ALOMIDE OPTH SOLN	-	2
FLURBIPROFEN OPTH SOLN	-	2
ILEVRO OPTH SUSP	-	2
MIEBO OPTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
NEVANAC OPTH SUSP	-	2
ACUVAIL OPTH SOLN	-	3
AZOPT OPTH SUSP	-	3
EMADINE OPTH SOLN	-	3

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
LASTACFT OPTH SOLN (QL= 3ml/30 days)	QL	3
UPNEEQ SOLN	-	EXC
bromfenac sodium opth soln 0.075% (BROMSITE equiv)	-	NC
PATADAY OPTH SOLN	OTC	NC
PAZEO OPTH SOLN 0.7%	OTC	NC
TRYPTYR SOLN	-	NC
ZADITOR OPTH SOLN	OTC	NC
ZERVIAE OPTH SOLN	-	NC
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	S
CYSTARAN OPTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	S
PROSTAGLANDINS - OPTHALMIC		
bimatoprost opth soln (QL= 2.5ml/30 days)	QL	1
latanoprost opth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
travoprost opth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	1
LUMIGAN OPTH SOLN (QL= 2.5ml/30 days)	QL	2
IYUZEH OPTH DROPS	-	NC
tafluprost preservative free (pf) opth soln (ZIOPTAN OPTH SOLN equiv)	-	NC
VYZULTA SOLN	-	NC
XELPROS OPTH EMULSION	-	NC
ZIOPTAN OPTH SOLN	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	1
ofloxacin otic soln (FLOXIN equiv)	-	1
OTIC COMBINATIONS		
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	1
OXYTOCICS		

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
OXYTOCICS Cont.		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	1
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CUVITRU INJ	-	NC
HIZENTRA INJ	MSP-PA	S
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	S
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
CYSTIC FIBROSIS AGENTS		
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
IMMUNE SERUMS		
CUTAQUIG INJ	-	NC
HIZENTRA INJ	MSP-PA	S
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	\$0
ENFLONSIA INJ	VAC	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (AMPICILLIN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE CHEW TAB	-	2
AMOXICILLIN/CLAVULANATE ER TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
PHARMACEUTICAL ADJUVANTS Cont.		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
VERSAPENN AL GEL ANHYDROU	-	NC
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
megestrol ES susp (MEGACE ES equiv)	-	1
MEGESTROL SUSP	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	1
disulfiram tab (ANTABUSE equiv)	-	1
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	1
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3
disulfiram tab 500mg	-	NC
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	1
galantamine ER cap (RAZADYNE ER equiv)	-	1
GALANTAMINE SOLN	-	1
galantamine tab (RAZADYNE equiv)	-	1
memantine ER cap (NAMENDA XR equiv)	-	1
memantine soln (NAMENDA equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
rivastigmine patch (EXELON equiv)	-	1
NAMENDA XR TITRATION PACK	-	2
ADLARITY PATCH	-	NC
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
ZUNVEYL TAB	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LMSP	1
AUSTEDO TITRATION PACK	-	NC
XENAZINE TAB	-	NC
AUSTEDO TAB (QL= 4 tabs/day)	LMSP-PA-QL	S
AUSTEDO XR TAB (QL= 1 tab/day)	LMSP-PA-QL	S
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	LMSP-PA-QL	S
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	LMSP-PA-QL	S
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	1
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP	1
ingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP	1
glatiramer inj (COPAXONE equiv)	LMSP	1
teriflunomide tab (AUBAGIO equiv)	LMSP	1
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC
EXTAVIA INJ	-	NC
GILENYA CAP 0.5MG	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
AVONEX INJ	LMSP	S
BETASERON INJ	LMSP	S
GILENYA CAP 0.25MG	LMSP	S
KESIMPTA INJ	LMSP	S
MAVENCLAD THERAPY PAK	LMSP	S
MAYZENT TAB	LMSP	S
MAYZENT TAB STARTER PACK	LMSP	S

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
PLEGRIDY INJ	LMSP	S
PLEGRIDY PEN INJ	LMSP	S
REBIF INJ	LMSP	S
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	S
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	S
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv)	-	NC
GRALISE STARTER PACK	-	NC
GRALISE TAB	-	NC
LIDOTIN PAK	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
MIPLYFFA CAP	-	NC
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	S
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ALYFTREK TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
PULMOZYME INH SOLN	LMSP	S
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL	1
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LMSP-PA-QL	1
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1
PIRFENIDONE TAB	-	NC
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	S
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB	-	NC
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	1
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
demeclocycline tab (DECILOMYCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	1
tetracycline cap	-	1
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MINOCYCLINE ER CAP	-	NC

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
minocycline ER tab (SOLODYN equiv)	-	NC
MINOLIRA TAB	-	NC
SEYSARA TAB	-	NC
TETRACYCLINE TAB	-	NC

THYROID AGENTS**ANTITHYROID AGENTS**

methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC

THYROID HORMONES

ARMOUR THYROID TAB, NATURE THROID TAB	-	1
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
THYROLAR TAB	-	2
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	3
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

TOXOIDS**TOXOID COMBINATIONS**

ADACEL/BOOSTRIX INJ	VAC	\$0
DAPTACEL INJ, INFANRIX INJ	VAC	\$0
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	\$0
PEDIARIX INJ	VAC	\$0
PENTACEL INJ	VAC	\$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0
VAXELIS INJ	VAC	\$0

ULCER DRUGS**ANTISPASMODICS**

chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine soln (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
hyoscyamine tab (LEVSIN equiv)	-	1
methscopolamine tab (PAMINE equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
PROPANTHELINE TAB	-	2
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine susp (PEPCID equiv)	-	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
PREVACID OTC CAP	OTC	3
ACIPHEX SPRINKLE CAP	-	NC
FIRST OMEPRAZOLE SUSP	-	NC
LANSOPRAZOLE SUSP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (CUVPOSA equiv)	-	1
DARTISLA ODT TAB	-	NC
DICYCLOMINE TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	1

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

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

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	1
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	1
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	1
omeprazole tab	OTC	1
NEXIUM 24HR TAB	OTC	3
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
DEXILANT DR CAP	-	NC
dexlansoprazole DR cap (DEXILANT equiv)	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
pantoprazole sodium packet (PROTONIX equiv)	-	NC
VOQUEZNA TAB	-	NC
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
HELIDAC PACK	-	NC
KONVOMEK SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
PROSED DS TAB	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv)	-	1
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin SR tab (ENABLEX equiv)	-	1
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine SR cap (DETROL LA equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
TOVIAZ TAB	-	3
OXYBUTYNIN TAB	-	NC
VESICARE LS SUSP	-	NC

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tab er (MYRBETRIQ equiv)	-	1
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
MYRBETRIQ TAB	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	\$0
BEXSERO INJ	VAC	\$0
CAPVAXIVE INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENQUADFI INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PEDVAXHIB INJ	VAC	\$0
PENBRAYA INJ	VAC	\$0
PENMENVY INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 20 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0
VAXNEUVANCE INJ	VAC	\$0
BCG INJ	VAC	EXC
TYPHIM VI INJ	VAC	EXC
VAXCHORA SUSP	VAC	EXC
VIVOTIF CAP	VAC	EXC
VIRAL VACCINES		
ABRYSV0 INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
DENGXVAXIA SUSP	VAC	\$0
ENGRIX-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
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	\$0
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

**Public Risk Innovation, Solutions, and Management (PRISM)
Category/Class**

Last Updated* 8/26/2025

DrugName	Special Code	Tier
VACCINES Cont.		
GARDASIL 9 INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
IPOL INJ	VAC	\$0
JYNNEOS INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	\$0
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0
PREHEVBRIO SUSP	VAC	\$0
PRIORIX INJ	VAC	\$0
PROQUAD INJ	VAC	\$0
ROTARIX SUSP	VAC	\$0
ROTATEQ INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	\$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	VAC	EXC
IXIARO INJ	VAC	EXC
RABAVERT INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
VIMKUNYA INJ	VAC	EXC
YF-VAX INJ	VAC	EXC

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

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

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL (QL= 1 box/fill)	QL	\$0
-----------------------------	----	-----

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	-	3
INTRAROSA SUPP	-	NC

SPERMICIDES

CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1
metronidazole vaginal gel (METROGEL equiv)	-	1

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LMSP	NC/3P = Not Covered, Third Party Reviewer		
PA	Plan Exclusion	INF	Limited Distribution
RS	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
ST	Prior Authorization	QL	Restricted to Diagnosis
	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Category/Class

Last Updated* 8/26/2025

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	1
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
ESTRACE VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
NEFFY SPRAY (QL= 2 doses/fill)	QL	2
ADRENAClick INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab (MEPHYTON equiv)	-	1
vitamin D cap (RX strength only)	-	1
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2

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

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

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ACTHAR GEL INJ	S
ACTIMMUNE INJ	S
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	S
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	S
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	S
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	S
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	S
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	S
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	S
ADALIMUMAB-ADAZ INJ	S
ADALIMUMAB-ADAZ INJ 10/0.1ML	S
ADALIMUMAB-ADAZ PFS INJ	S
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	S
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	S
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	S
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	S
adapalene cream	1
adapalene gel	1
ADBRY INJ	S
ADEMPAS TAB	S
ADVATE, KOVALTRY INJ	S
AFSTYLA KIT	S
AIMOVIG INJ	2
AJOVY INJ	2
ALECENSA CAP	S
ALKINDI SPRINKLE CAP 0.5MG	3
ALKINDI SPRINKLE CAP 1MG	3
ALPHANATE, HUMATE-P INJ	S
ALPHANINE SD INJ	S
ALPROLIX INJ	S
ALTUVIIIO INJ	S
ALUNBRIG TAB 30MG	S
ALUNBRIG TAB 90MG, 180MG	S
ALYFTREK TAB	S
ALYFTREK TAB 4-20-50MG	S
ambrisentan tab	1
APRETUDE SUSP	\$0
AQNEURSA PACKET FOR SUSPENSION	S
ARBLI SUSP	NC
ARIKAYCE SUSP	S
ATORVALIQ SUSP	3

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
AUGTYRO CAP	S
AUGTYRO CAP 160MG	S
AUSTEDO TAB	S
AUSTEDO XR TAB	S
AUSTEDO XR TAB TITRATION KIT	S
AUSTEDO XR TITRATION PACK	S
AYVAKIT TAB	S
BACLOFEN ORAL SOLN 10MG/5ML	3
BACLOFEN ORAL SOLN 5 MG/5ML	3
baclofen oral soln 5mg/5ml	1
baclofen susp	1
BALVERSA TAB 3MG	S
BALVERSA TAB 4MG	S
BALVERSA TAB 5MG	S
BANZEL SUSP	3
BARACLUDE SOLN	3
BENEFIX INJ	S
BENLYSTA AUTO-INJECTOR	S
BENLYSTA INJ	S
BERINERT INJ	S
BESREMI INJ	S
bexarotene cap	1
bexarotene gel	1
bosentan tab	1
BOSULIF CAP	S
BOSULIF TAB	S
BRAFTOVI CAP 75MG	S
BRUKINSA CAP	S
budesonide ER tab	1
budesonide rectal foam	1
BYLVAY CAP 1200MCG	S
BYLVAY CAP 400MCG	S
BYLVAY SPRINKLE CAP 200MCG	S
BYLVAY SPRINKLE CAP 600MCG	S
CABLIVI INJ KIT	S
CABOMETYX TAB	S
CALQUENCE TAB	S
CAMZYOS CAP	S
CAPRELSA TAB	S
CAPRELSA TAB 300MG	S
carglumic acid tab	1

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
CERDELGA CAP	S
CHOLBAM CAP	S
CIBINQO TAB	S
CIMZIA INJ	S
CINRYZE INJ	S
clobazam susp	1
COAGADEX INJ	S
COMETRIQ KIT	S
COPIKTRA CAP	S
CORIFACT KIT	S
CORLANOR SOLN	3
COTELLIC TAB	S
CRINONE GEL	2
dasatinib tab	1
DAYBUE SOLN	S
DAYVIGO TAB	3
deferiprone tab	1
DESCOVY TAB	\$0
DIACOMIT CAP	S
DIACOMIT POWDER PACK	S
diclofenac gel	1
DIFFERIN OTC GEL 0.1%	1
DOPTelet TAB	S
dronabinol cap	1
DUPIXENT INJ	S
DUPIXENT PEN INJ	S
EBGLYSS INJ	S
EBGLYSS PEN INJ	S
ELOCTATE INJ	S
eltrombopag olamine powder pack for susp	1
eltrombopag olamine tab	1
eltrombopag olamine tab 50MG	1
eltrombopag olamine tab 75MG	1
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	S
enalapril maleate oral soln	1
ENBREL INJ 25MG	S
ENBREL INJ 50MG	S
ENBREL MINI INJ	S
ENBREL SURECLICK INJ 50MG	S

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ENDOMETRIN INSERT	2
ENSPRYNG INJ	S
ENTYVIO SC INJ	S
EPIDIOLEX SOLN	S
EPRONTIA SOLN	3
ERIVEDGE CAP	S
ERLEADA TAB	S
ERLEADA TAB 240MG	S
erlotinib tab	1
erlotinib tab 25mg	1
esomeprazole DR granule pack	1
ESPEROCT INJ	S
everolimus tab	1
everolimus tab (ZORTRESS equiv)	1
everolimus tab for oral susp	1
EVRYSDI SOLN	S
EVRYSDI TAB	S
EZALLOR SPRINKLE CAP	3
FASENRA PEN INJ	S
FERRIPROX SOLN	S
FIBRYGA, RIASTAP INJ	S
FILSPARI TAB	S
FINTEPLA SOLN	S
FIRDAPSE TAB	S
FLEQSUVY SUSP	3
FLOLIPID SUSP	3
FOTIVDA CAP	S
FRUZAQLA CAP 1MG	S
FRUZAQLA CAP 5MG	S
GALAFOLD CAP	S
GAVRETO CAP	S
gefitinib tab	1
GENOTROPIN INJ	S
GENOTROPIN INJ 5MG	S
GILOTRIF TAB	S
GLOPERBA SOLN	3
HADLIMA INJ (adalimumab-bwwd)	S
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	S
HADLIMA PUSH INJ (adalimumab-bwwd)	S
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	S
HAEGARDA INJ	S

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
HEMLIBRA INJ	S
HEMOFIL M, KOATE INJ	S
HIZENTRA INJ	S
HYCAMTIN CAP	S
HYFTOR GEL	S
HYQVIA INJ	S
icatibant inj	1
ICLUSIG TAB	S
IDHIFA TAB	S
IMBRUVICA CAP 140MG	S
IMBRUVICA CAP 70MG	S
IMBRUVICA SUSP	S
IMBRUVICA TAB 420MG	S
IMCIVREE INJ	S
INBRIJA INH POWDER	3
INGREZZA CAP	S
INGREZZA PACK 40-80MG	S
INGREZZA SPRINKLE CAP	S
INLYTA TAB	S
INLYTA TAB 1MG	S
INQOVI TAB	S
INZIRQO SUSP	3
IQIRVO TAB	S
ISTURISA TAB	S
itraconazole soln	1
IWILFIN TAB	S
JAKAFI TAB	S
JAYPIRCA TAB	S
JIVI INJ	S
JOENJA TAB	S
JYLAMVO SOLN, XATMEP SOLN	3
KALYDECO PAK	S
KALYDECO TAB	S
KATERZIA SUSP	3
KERENDIA TAB	3
KEVZARA INJ	S
KHINDIVI SOLN	NC
KINERET INJ	S
KISQALI PAK	S
KISQALI TAB	S
KOSELUGO CAP	S

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
KOSELUGO CAP 10MG	S
KRAZATI TAB	S
lansoprazole odt	1
lapatinib ditosylate tab	1
LEDIPASVIR/SOFOSBUVIR TAB	S
LENVIMA CAP	S
l-glutamine powder packet	1
LIKMEZ SUSP	3
LINZESS CAP	3
LITFULO CAP	S
lithium oral solution	1
LIVDELZI CAP	S
LIVMARLI SOLN	S
LIVMARLI SOLN 19MG/ML	S
LIVMARLI TAB	S
LIVMARLI TAB 30MG	S
LIVTENCITY TAB	S
lofexidine hcl tab	1
LOKELMA PAK	2
LONSURF TAB	S
LOPRESSOR SOLN	NC
LORBRENA TAB 100MG	S
LORBRENA TAB 25MG	S
lubiprostone cap	1
LUCEMYRA TAB	3
LUMAKRAS TAB	S
LUMAKRAS TAB 240MG	S
LUMAKRAS TAB 320MG	S
LUMRYZ PACK	S
LUMRYZ STARTER PACK	S
LUPKYNIS CAP	S
LYNPARZA TAB	S
LYTGOBI THERAPY PACK	S
LYVISPAH GRANULE PACKET	3
MAVYRET PAK	S
MAVYRET TAB	S
MEKINIST SOLN	S
MEKINIST TAB 0.5MG	S
MEKINIST TAB 2MG	S
MEKTOVI TAB	S
mercaptopurine susp	1

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
mifepristone tab	1
miglustat cap	1
MOTTEGRITY TAB	3
MOVANTIK TAB	2
MYFEMBREE TAB	2
NEMLUVIO INJ	S
NERLYNX TAB	S
nilotinib hcl cap	1
NINLARO CAP	S
nitazoxanide tab	1
nitrofurantoin susp	1
NORLIQVA ORAL SOLN	3
NOVOEIGHT INJ	S
NOVOSEVEN RT INJ	S
NUBEQA TAB	S
NUCALA INJ	S
NUDEXTA CAP	2
NUWIQ INJ	S
NUWIQ KIT	S
ODACTRA SL TAB	3
ODOMZO CAP	S
OFEV CAP	S
OGSIVEO TAB	S
OGSIVEO TAB 50MG	S
OHTUVAYRE SUSP	S
OJEMDA SUSP	S
OJEMDA TAB	S
OJJAARA TAB	S
OLUMIANT TAB	S
OMNITROPE INJ	S
ONGENTYS CAP	3
OPSUMIT TAB	S
OPZELURA CREAM	3
ORENCIA CLICK INJ	S
ORENCIA SC INJ 125MG/ML	S
ORENCIA SC INJ 50MG/0.4ML	S
ORENCIA SC INJ 87.5MG/0.7ML	S
ORGOVYX TAB	S
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORKAMBI GRANULES PACKET	S
ORKAMBI TAB	S
ORSERDU TAB	S
ORSERDU TAB 345MG	S
OTEZLA STARTER PACK	S
OTEZLA TAB	S
OXERVATE OPHTH SOLN	S
PALFORZIA POWDER PACK	S
PALFORZIA SPRINKLE CAP	S
PALYNZIQ INJ	S
pazopanib tab	1
PEMAZYRE TAB	S
PIQRAY TAB	S
pirfenidone cap	1
pirfenidone tab 267mg	1
pirfenidone tab 801mg	1
POMALYST CAP	S
PREVYMIS PAK	S
PREVYMIS TAB	S
PROFILNINE INJ	S
PROGESTERONE SUPP	3
prucalopride succinate tab	1
pyrimethamine tab	1
PYRUKYND TAB	S
PYRUKYND TAPER PACK	S
QBRELIS SOLN	3
QINLOCK TAB	S
RADICAVA ORS STARTER KIT	S
RADICAVA ORS SUSP	S
RECOMBINATE INJ	S
RETEVMO CAP	S
RETEVMO CAP 40MG	S
RETEVMO TAB	S
RETEVMO TAB 40MG	S
REYVOW TAB	2
REZDIFFRA TAB	S
REZLIDHIA CAP	S
REZUROCK TAB	S
RINVOQ ER TAB	S
RINVOQ ORAL SOLN	S
RIVFLOZA INJ	S

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
RIVFLOZA INJ 160MG	S
RIVFLOZA VIAL	S
RIXUBIS INJ	S
ROZLYTREK CAP	S
ROZLYTREK PAK	S
RUBRACA TAB	S
RUCONEST INJ	S
rufinamide susp	1
rufinamide tab	1
RYDAPT CAP	S
sapropterin dihydrochloride powder packet	1
sapropterin dihydrochloride soluble tab	1
SCEMBLIX TAB	S
SCEMBLIX TAB 100 MG	S
SEVENFACT INJ	S
SIGNIFOR INJ	S
sildenafil susp	1
sildenafil tab 20mg	1
SIMLANDI INJ (adalimumab-ryvk)	S
SIMLANDI KIT (adalimumab-ryvk)	S
SIMPONI AUTO-INJECTOR 100MG	S
SIMPONI INJ 100MG	S
SKYCLARYS CAP	S
SKYRIZI INJ 150MG/ML	S
SKYRIZI INJ 180 MG/1.2ML	S
SKYRIZI INJ 360MG/2.4ML	S
SKYTROFA INJ	S
SODIUM OXYBATE SOLN	S
SOFOSBUVIR/VELPATASVIR TAB	S
SOGROYA INJ	S
SOHONOS CAP 1.5MG	S
SOHONOS CAP 10MG	S
SOHONOS CAP 1MG	S
SOHONOS CAP 2.5MG	S
SOHONOS CAP 5MG	S
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	S
sorafenib tosylate tab	1
SOTYLIZE SOLN 5MG/ML	3
SPEVIGO INJ	S
spironolactone susp	1

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SPORANOX SOLN	3
STEQEYMA INJ	S
STEQEYMA INJ 90MG	S
STIVARGA TAB	S
STRENSIQ INJ	S
sunitinib malate cap	1
SUNOSI TAB	2
SYMDEKO TAB	S
SYMPROIC TAB	2
TABRECTA TAB	S
tadalafil tab (PAH)	1
TADLIQ SUSP	3
TAFINLAR CAP	S
TAFINLAR TAB	S
TAGRISSO TAB	S
TAKHZYRO INJ	S
TAKHZYRO INJ 150MG/ML	S
TALTZ INJ	S
TALTZ INJ 20MG/0.25ML	S
TALTZ INJ 40 MG/0.5ML	S
TALZENNA CAP 0.25MG	S
TALZENNA CAP 0.5MG, 0.75MG, 1MG	S
TAVNEOS CAP	S
TAZVERIK TAB	S
TEPMETKO TAB	S
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	1
testosterone gel 1% pump	1
testosterone gel 1.62% 1.25gm	1
testosterone gel 1.62% 2.5gm	1
TESTOSTERONE GEL 20.25MG/1.25GM	1
TESTOSTERONE GEL PUMP 1%	1
testosterone gel pump 1.62%	1
testosterone soln	1
TEZSPIRE INJ	S
TIBSOVO TAB	S
tiopronin tab	1
tiopronin tab delayed release	1
TIROSINT-SOL	3
TOBI PODHALER	S
tolvaptan tab	1

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
tolvaptan tab therapy pack	1
topiramate oral soln	1
TREMFYA INJ	S
TREMFYA INJ 200MG/2ML	S
TREMFYA INJ CROHNS INDUCTION PACK	S
tretinoin cream	1
tretinoin gel	1
tretinoin gel 0.08%	1
TRETINOIN MICROSPHERE GEL 0.04%	1
TRETINOIN MICROSPHERE GEL 0.1%	1
TRETINOIN MICROSPHERE GEL PUMP 0.04%	1
TRETINOIN MICROSPHERE GEL PUMP 0.1%	1
trientine cap	1
TRIKAFTA TAB	S
TRIKAFTA THERAPY PACK	S
TRULANCE TAB	2
TRUQAP TAB	S
TRUQAP THERAPY PACK	S
TUKYSA TAB	S
TURALIO CAP	S
TYENNE INJ	S
TYVASO DPI POWDER	S
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	S
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	S
TYVASO DPI POWDER TITRATION KIT 16-32MCG	S
TYVASO INH SOLN 0.6 MG/ML	S
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	S
USTEKINUMAB-AEKN 45MG/0.5ML	S
USTEKINUMAB-AEKN 90MG/ML	S
VALCHLOR GEL	S
VANFLYTA TAB	S
VANFLYTA TAB 26.5MG	S
VELTASSA POWDER	2
VELTASSA POWDER 1GM	2
VENCLEXTA STARTER PACK	S
VENCLEXTA TAB	S
VENTAVIS INH SOLN	S
VEOZAH TAB	3
VERZENIO TAB	S

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
vigabatrin powder pack	1
vigabatrin tab	1
vigadrone powder pack	1
VIJOICE GRANULES PACKET	S
VIJOICE TAB	S
VIJOICE TAB 250MG	S
VITRAKVI CAP 100MG	S
VITRAKVI CAP 25MG	S
VITRAKVI SOLN	S
VIZIMPRO TAB	S
VOGELXO GEL PUMP 1%	3
VONJO CAP	S
VONVENDI INJ	S
VORANIGO TAB	S
VORANIGO TAB 10MG	S
VOSEVI TAB	S
VOWST CAP	S
VOXZOGO INJ	S
VOYDEYA TAB	S
VOYDEYA TAB THERAPY PACK	S
VYNDAMAX CAP	S
VYNDAQEL CAP	S
WAINUA INJ	S
WAKIX TAB	S
WELIREG TAB	S
WILATE INJ	S
WINREVAIR INJ	S
XADAGO TAB	3
XALKORI CAP	S
XALKORI SPRINKLE CAP	S
XELJANZ SOLN	S
XELJANZ TAB	S
XELJANZ XR TAB	S
XEMBIFY INJ	S
XOLAIR INJ	S
XOLAIR INJ 150MG/ML	S
XOLAIR INJ 300MG/2ML	S
XOLAIR SYRINGE	S
XOLAIR SYRINGE 150MG/ML	S
XOLAIR SYRINGE 300MG/2ML	S
XOLREMDI CAP	S

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.

Public Risk Innovation, Solutions, and Management (PRISM) cont.
Prior Authorization Drug List
Last Updated* 8/26/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
XOSPATA TAB	S
XPHOZAH TAB	S
XPOVIO PAK	S
XROMI SOLN	3
XYNTHA INJ	S
YESINTEK INJ	S
YESINTEK SYRINGE	S
YESINTEK SYRINGE 90MG	S
YEZTUGO INJ	NC
YEZTUGO TAB	NC
YORVIPATH INJ	S
YORVIPATH INJ 294MCG	S
YORVIPATH INJ 420MCG	S
YUTREPIA CAP	NC
ZAVZPRET NASAL SPRAY	2
ZEJULA CAP	S
ZEJULA TAB	S
ZELBORAF TAB	S
ZEPOSIA CAP	S
ZEPOSIA STARTER PACK	S
ZILBRYSQ INJ	S
ZILBRYSQ INJ 23MG	S
ZILBRYSQ INJ 32.4MG	S
ZOKINVY CAP	S
ZOLINZA CAP	S
ZONISADE SUSP	3
ZORYVE CREAM	2
ZTALMY SUSP	S
ZURZUVAE CAP 20MG, 25MG	S
ZURZUVAE CAP 30MG	S
ZYDELIG TAB	S
ZYKADIA CAP	S
ZYKADIA TAB	S

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.

Public Risk Innovation, Solutions, and Management (PRISM)

Last Updated* 8/26/2025

RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

JANUVIA TAB

TRINTELLIX TAB

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

Public Risk Innovation, Solutions, and Management (PRISM)
Last Updated* 8/26/2025
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT	ACCU-CHEK GUIDE TEST STRIP	AEROCHAMBER
ammonium lactate cream	ammonium lactate lotion	aspirin chew tab 81mg	aspirin ec tab 81mg
B-D INSULIN SYRINGE	B-D PEN NEEDLE	budesonide nasal spray	CALIBRATION LIQUID
cimetidine tab	CLINISTIX TEST STRIP	clotrimazole cream	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	EMBECTA INSULIN SYRINGE
EMBECTA PEN NEEDLE	esomeprazole cap	esomeprazole magnesium DR tab	famotidine tab
FEMALE CONDOMS	FLONASE SENSIMIST NASAL SPRAY	folic acid tab 400mcg	folic acid tab 800mcg
FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP
FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine syrup
HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ
HUMULIN R INJ	KETO-DIASTIX TEST STRIF	KETOSTIX	ketotifen ophth soln
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
MALE CONDOMS	meclizine chew tab	meclizine tab	MIRALAX PACKET
MIRALAX POWDER	naloxone hcl nasal spray	NARCAN NASAL SPRAY	NASACORT OTC NASAL SPRAY
NEXIUM 24HR TAB	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE
olopatadine ophth soln 0.1%	olopatadine ophth soln 0.2%	omeprazole magnesium DR tab 20mg	omeprazole tab
OPILL TAB	PEAK FLOW METER	PLAN B TAB	polyethylene glycol 3350 powder
PRECISION XTRA METER	PRECISION XTRA TEST STRIP	PREVACID OTC CAP	RIVIVE, REXTOVY SPRAY
TODAY SPONGE	triamcinolone OTC nasal spray		

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Last Updated* 8/26/2025
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

abiraterone tab 250mg	ACTHAR GEL INJ	ACTIMMUNE INJ	ADALIMUMAB FKJP KIT INJ 20MG/0.4ML
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 10/0.1ML
ADALIMUMAB-ADAZ PFS INJ	ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	ADBRY INJ	ADEMPAS TAB	ADVATE, KOVALTRY INJ
AFSTYLA KIT	ALECENSA CAP	ALFERON-N INJ	ALKINDI SPRINKLE CAP 0.5MG
ALKINDI SPRINKLE CAP 1MG	ALPHANATE, HUMATE-P INJ	ALPHANINE SD INJ	ALPROLIX INJ
ALTUVIIIO INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ALYFTREK TAB
ALYFTREK TAB 4-20-50MG	ambrisentan tab	AQNEURSA PACKET FOR SUSPENSION	ARIKAYCE SUSP
AUGTYRO CAP	AUGTYRO CAP 160MG	AUSTEDO TAB	AUSTEDO XR TAB
AUSTEDO XR TAB	AUSTEDO XR TITRATION PACK	AVONEX INJ	AYVAKIT TAB
BALVERSA TAB 3MG	BALVERSA TAB 4MG	BALVERSA TAB 5MG	BENEFIX INJ
BENLYSTA AUTO-INJECTOI	BENLYSTA INJ	BERINERT INJ	BESREMI INJ
BETASERON INJ	bexarotene cap	bexarotene gel	bosentan tab
BOSULIF CAP	BOSULIF TAB	BRAFTOVI CAP 75MG	BRUKINSA CAP
BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG
CABENUVA IM SUSP	CABENUVA SUSP 600MG-900MG/3ML	CABLIVI INJ KIT	CABOMETYX TAB
CALQUENCE TAB	CAMZYOS CAP	capecitabine tab	CAPRELSA TAB
CAPRELSA TAB 300MG	carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP
CHOLBAM CAP	CIBINQO TAB	CIMZIA INJ	CINRYZE INJ
COAGADEX INJ	COMETRIQ KIT	COPIKTRA CAP	CORIFACT KIT
COTELLIC TAB	CYSTADANE POWDER	CYSTADROPS SOLN	CYSTAGON CAP

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

CYSTARAN OPTH SOLN deferasirox granules packet DIACOMIT CAP	dalfampridine ER tab deferasirox tab DIACOMIT POWDER PACK	dasatinib tab deferasirox tab for oral susp dimethyl fumarate DR cap	DAYBUE SOLN deferiprone tab dimethyl fumarate DR starter pack EBGLYSS INJ eltrombopag olamine tab
DOPTelet TAB EBGLYSS PEN INJ	DUPIXENT INJ ELOCTATE INJ	DUPIXENT PEN INJ eltrombopag olamine powder pack for susp EMPAVELI INJ	ENBREL INJ 25MG
eltrombopag olamine tab 50MG ENBREL INJ 50MG	eltrombopag olamine tab 75MG ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG ERIVEDGE CAP erlotinib tab 25mg everolimus tab for oral susp FERRIPROX SOLN FINTEPLA SOLN FRUZAQLA CAP 5MG GAVRETO CAP GILENYA CAP 0.25MG HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) HEMLIBRA INJ	ENSPRYNG INJ ERLEADA TAB ESPEROCT INJ EVRYSDI SOLN FIBRYGA, RIASTAP INJ FIRDAPSE TAB FULPHILA INJ gefitinib tab GILOTRIF TAB HADLIMA PUSH INJ (adalimumab-bwwd) HEMOFIL M, KOATE INJ
ENTYVIO SC INJ ERLEADA TAB 240MG ETOPOSIDE CAP EVRYSDI TAB FILSPARI TAB FOTIVDA CAP FUROSCIX KIT GENOTROPIN INJ glatiramer inj	EPIDIOLEX SOLN erlotinib tab everolimus tab FASENRA PEN INJ fingolimod hcl cap 0.5mg FRUZAQLA CAP 1MG GALAFOLD CAP GENOTROPIN INJ 5MG HADLIMA INJ (adalimumab-bwwd) HAEGARDA INJ		
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) HIZENTRA INJ icatibant inj IMBRUVICA CAP 140MG IMCIVREE INJ INGREZZA SPRINKLE CAP INTRON-A INJ JAKAFI TAB KALYDECO PAK KHINDIVI SOLN KOSELUGO CAP LEDIPASVIR/SOFOSBUVIR TAB LITFULO CAP LIVMARLI TAB LORBRENA TAB 100MG LUMAKRAS TAB 320MG LYNPARZA TAB	HYCAMTIN CAP ICLUSIG TAB IMBRUVICA CAP 70MG INCRELEX INJ INLYTA TAB IQIRVO TAB JAYPIRCA TAB KALYDECO TAB KINERET INJ KOSELUGO CAP 10MG lenalidomide cap	HYFTOR GEL IDHIFA TAB IMBRUVICA SUSP INGREZZA CAP INLYTA TAB 1MG ISTURISA TAB JIVI INJ KESIMPTA INJ KISQALI PAK KRAZATI TAB LENVIMA CAP	HYQVIA INJ imatinib tab IMBRUVICA TAB 420MG INGREZZA PACK 40-80MG INQOVI TAB IWILFIN TAB JOENJA TAB KEVZARA INJ KISQALI TAB lapatinib ditosylate tab l-glutamine powder packet
MAVYRET PAK	MAVYRET TAB	LIVMARLI SOLN LIVTENCITY TAB LUMAKRAS TAB LUMRYZ STARTER PACK LYTGOBI THERAPY PACK	LIVMARLI SOLN 19MG/ML LONSURF TAB LUMAKRAS TAB 240MG LUPKYNIS CAP MAVENCLAD THERAPY PAK MAYZENT TAB STARTER PACK MEKTOVI TAB MYLERAN TAB nilutamide tab NOVOSEVEN RT INJ NUWIQ KIT ODOMZO CAP
MEKINIST SOLN mesna tab NEMLUVIO INJ NINLARO CAP NUBEQA TAB NYVEPRIA INJ	MEKINIST TAB 0.5MG mifepristone tab NERLYNX TAB NIVESTYM INJ NUCALA INJ octreotide inj	MAYZENT TAB MEKINIST TAB 2MG miglustat cap nilotinib hcl cap NOVOEIGHT INJ NUWIQ INJ OCTREOTIDE INJ 100MCG	

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.

OFEV CAP OJEMDA SUSP OMNITROPE INJ ORENCIA SC INJ 50MG/0.4ML ORKAMBI TAB OTEZLA TAB	OGSIVEO TAB OJEMDA TAB OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML ORSERDU TAB OXERVATE OPHTH SOLN	OGSIVEO TAB 50MG OJJAARA TAB ORENCIA CLICK INJ ORGOVYX TAB ORSERDU TAB 345MG PALFORZIA POWDER PACK PEGASYS INJ PIQRAY TAB	OHTUVAYRE SUSP OLUMIANT TAB ORENCIA SC INJ 125MG/ML ORKAMBI GRANULES PACKET OTEZLA STARTER PACK PALFORZIA SPRINKLE CAP
PALYNZIQ INJ PEMAZYRE TAB pirfenidone tab 267mg POMALYST CAP PULMOZYME INH SOLN QINLOCK TAB	pazopanib tab PHEBURANE ORAL PELLETS pirfenidone tab 801mg PREVYMIS PAK pyrimethamine tab RADICAVA ORS STARTER KIT RETEVMO CAP REVLIMID CAP RIBAVIRIN CAP RIVFLOZA INJ ROZLYTREK CAP RYDAPT CAP	PLEGRIDY INJ PREVYMIS TAB PYRUKYND TAB RADICAVA ORS SUSP RETEVMO CAP 40MG REZDIFFRA TAB RIBAVIRIN TAB RIVFLOZA INJ 160MG ROZLYTREK PAK sapropterin dihydrochloride powder packet SEVENFACT INJ SIMPONI AUTO-INJECTOR 100MG SKYRIZI INJ 180 MG/1.2ML SOFOSBUVIR/VELPATASVI R TAB SOHONOS CAP 1MG sorafenib tosylate tab STIVARGA TAB SUNLENCA INJ	PEG-INTRON INJ pirfenidone cap PLEGRIDY PEN INJ PROFILNINE INJ PYRUKYND TAPER PACK REBIF INJ RETEVMO TAB REZLIDHIA CAP RINVOQ ER TAB RIVFLOZA VIAL RUBRACA TAB sapropterin dihydrochloride soluble tab SIGNIFOR INJ SIMPONI INJ 100MG SKYRIZI INJ 360MG/2.4ML SOGROYA INJ
RECOMBINATE INJ RETEVMO TAB 40MG REZUROCK TAB RINVOQ ORAL SOLN RIXUBIS INJ RUCONEST INJ	SCEMBLIX TAB SIMLANDI INJ (adalimumab-ryvk) SKYCLARYS CAP SKYTROFA INJ	SCEMBLIX TAB 100 MG SIMLANDI KIT (adalimumab-ryvk) SKYRIZI INJ 150MG/ML SODIUM OXYBATE SOLN	SOHONOS CAP 1.5MG SOHONOS CAP 5MG STEQEYMA INJ SUBLOCADE SOLN, BRIXADI SOLN SUNLENCA TAB 300MG TAFINLAR TAB TALTZ INJ TALZENNA CAP 0.5MG, 0.75MG, 1MG TEPMETKO TAB
SOHONOS CAP 1.5MG SOHONOS CAP 5MG STEQEYMA INJ SUBLOCADE SOLN, BRIXADI SOLN SUNLENCA TAB 300MG TAFINLAR TAB TALTZ INJ TALZENNA CAP 0.5MG, 0.75MG, 1MG TEPMETKO TAB	SOHONOS CAP 10MG SOMAVERT INJ STEQEYMA INJ 90MG sunitinib malate cap SYMDEKO TAB TAGRISSO TAB TALTZ INJ 20MG/0.25ML TAVNEOS CAP teriflunomide tab	SOHONOS CAP 1MG sorafenib tosylate tab STIVARGA TAB SUNLENCA INJ TABRECTA TAB TAKHZYRO INJ TALTZ INJ 40 MG/0.5ML TAZVERIK TAB TERIPARATIDE INJ 560MCG/2.24ML TIBSOVO TAB tobramycin neb soln TREMIFYA INJ 200MG/2ML	SOHONOS CAP 2.5MG SPEVIGO INJ STRENSIQ INJ SUNLENCA TAB TAFINLAR CAP TAKHZYRO INJ 150MG/ML TALZENNA CAP 0.25MG temozolomide cap tetrabenazine tab
TEZSPIRE INJ tiopronin tab delayed release tolvaptan tab therapy pack	THALOMID CAP TOBI PODHALER TREMIFYA INJ	TRIKAFTA TAB TUKYSA TAB TYVASO DPI POWDER	tiopronin tab tolvaptan tab TREMIFYA INJ CROHNS INDUCTION PACK TRIKAFTA THERAPY PACK TURALIO CAP TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG
tretinoin cap TRUQAP TAB TYENNE INJ	trientine cap TRUQAP THERAPY PACK TYMLOS INJ		

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.

TYVASO DPI POWDER TITRATION KIT 16-32-48MC USTEKINUMAB-AEKN 45MG/0.5ML VANFLYTA TAB 26.5MG	TYVASO DPI POWDER TITRATION KIT 16-32MCG USTEKINUMAB-AEKN 90MG/ML VENCLEXTA STARTER PACK vigabatrin powder pack VIJOICE TAB	TYVASO INH SOLN 0.6 MG/ML VALCHLOR GEL VENCLEXTA TAB vigabatrin tab VIJOICE TAB 250MG	UPTRAVI TAB VANFLYTA TAB VENTAVIS INH SOLN vigadrone powder pack VITRAKVI CAP 100MG
VERZENIO TAB VIJOICE GRANULES PACKET VITRAKVI CAP 25MG VONJO CAP VOSEVI TAB VOYDEYA TAB THERAPY PACK WAKIX TAB XALKORI CAP XELJANZ TAB XOLAIR INJ 150MG/ML	VITRAKVI SOLN VONVENDI INJ VOWST CAP VYNDAMAX CAP WELIREG TAB XALKORI SPRINKLE CAP XELJANZ XR TAB XOLAIR INJ 300MG/2ML	VIVITROL INJ VORANIGO TAB VOXZOGO INJ VYNDAQEL CAP WILATE INJ XDEMVY DROP XEMBIFY INJ XOLAIR SYRINGE	VIZIMPRO TAB VORANIGO TAB 10MG VOYDEYA TAB WAINUA INJ WINREVAIR INJ XELJANZ SOLN XOLAIR INJ XOLAIR SYRINGE 150MG/ML XPHOZAH TAB
XOLAIR SYRINGE 300MG/2ML XPOVIO PAK YESINTEK SYRINGE 90MG YORVIPATH INJ 294MCG ZEJULA CAP ZEPOSIA STARTER PACK ZOKINVY CAP	XOLREMDI CAP XYNTHA INJ YEZTUGO INJ YORVIPATH INJ 420MCG ZEJULA TAB ZILBRYSQ INJ ZOLINZA CAP	XOSPATA TAB YESINTEK INJ YEZTUGO TAB YUTREPIA CAP ZELBORAF TAB ZILBRYSQ INJ 23MG ZTALMY SUSP	YESINTEK SYRINGE YORVIPATH INJ ZARXIO INJ ZEPOSIA CAP ZILBRYSQ INJ 32.4MG ZURZUVAE CAP 20MG, 25MG ZYKADIA TAB
ZURZUVAE CAP 30MG	ZYDELIG TAB	ZYKADIA CAP	

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

Public Risk Innovation, Solutions, and Management (PRISM)

Last Updated* 8/26/2025

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
febuxostat tab	Step Therapy requires trial of allopurinol
fentanyl patch	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
HYDROCODONE BITARTRATE ER TAB	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.

Last Updated* 8/26/2025

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
methadone soln	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
methadone tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADOSE CONC	
methadose tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
morphine sulfate ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
MS CONTIN TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NUCYNTA ER TAB	QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
pitavastatin calcium tab	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
tramadol ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRAMADOL HCL ER TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
XTAMPZA ER CAP	QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Smoking Cessation Agents
Last Updated* 8/26/2025

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0
VARENICLINE TAB(Limited to 180 days/plan year)	\$0
varenicline tartrate tab(Limited to 180 days/plan year)	\$0
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	\$0

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Infertility Drug List
Last Updated* 8/26/2025

Drug Name	Tier # for Drug Copay
cetrorelix acetate for inj kit	EXC
CETROTIDE KIT	EXC
clomiphene citrate tab	EXC
CLOMIPHENE TAB	EXC
OVIDREL INJ	EXC

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.

Public Risk Innovation, Solutions, and Management (PRISM)
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 dose/lifetime
ACTHAR GEL INJ	QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	QL= 1 kit/fill; 1 fill/plan year
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10/0.1ML	QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADBRY INJ	QL= 4 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Prior Authorization required for members age 9 years and older
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Prior Authorization required for members age 9 years and older
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALYFTREK TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ALYFTREK TAB 4-20-50MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
APRETUDE SUSP	QL= 7 inj/year
AQNEURSA PACKET FOR SUSPENSION	QL= 4 packets/day; Only available through CurantHealth 866-437-8040
ARBLI SUSP	
AREXVY INJ	QL= 1 dose/lifetime
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
AUGTYRO CAP	QL= 8 caps/day
AUGTYRO CAP 160MG	QL= 2 caps/day
AUSTEDO TAB	QL= 4 tabs/day
AUSTEDO XR TAB	QL= 1 tab/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AUSTEDO XR TITRATION PACK	QL= 1 pack/28 days
avanafil tab	QL= 6 tabs/30 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BESREMI INJ	QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
bimatoprost ophth soln	QL= 2.5ml/30 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
budesonide ER tab	QL=1 tab/day
budesonide nasal spray	QL= 2 bottles/fill
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYLVAY CAP 1200MCG	QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG	QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
CABENUVA IM SUSP	QL= 1 kit/30 days
CABENUVA SUSP 600MG-900MG/3ML	QL= 1 kit/30 days
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CAPRELSA TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAVERJECT INJ	QL= 6 inj/30 days
CERDELGA CAP	QL= 2 caps/day
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL= 1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DAYBUE SOLN	QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA INJ	
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIASTAT ACDL GEL	QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 4 doses/fill
DIAZEPAM GEL	QL= 4 doses/fill
diazepam rectal gel	QL= 4 doses/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTelet TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EBGLYSS INJ	QL= 1 inj/28 days
EBGLYSS PEN INJ	QL= 1 inj/28 days
EDEX INJ	QL= 6 inj/30 days
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
eltrombopag olamine powder pack for susp	QL= 1 packet/day
eltrombopag olamine tab	QL= 1 tab/day
eltrombopag olamine tab 50MG	QL= 2 tabs/day
eltrombopag olamine tab 75MG	QL= 2 tabs/day
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTYVIO SC INJ	QL= 2 inj/28 days

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

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab	QL= 1 tab/day
erlotinib tab 25mg	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day; Only available through Accredo 800-803-2523
EVRYSDI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days
FEMALE CONDOMS	QL= 12 condoms/fill
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
FILSPARI TAB	QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CV Specialty 800-378-0695
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ	QL= 1 inj/28 days
FLUMIST NASAL	QL= 1 dose/28 days
flunisolide nasal soln	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FOTIVDA CAP	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FRUZAQLA CAP 1MG	QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FUROSCIX KIT	QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GAVILYTE-C SOLN	\$0 copay for members age 45-75 years; all other members covered at preferred branch copay; Limited to 2 fills/calendar year
GAVRETO CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
gefitinib tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	\$0 copay for members age 45-75 years; all other members covered at preferred branch copay; Limited to 2 fills/calendar year
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HADLIMA INJ (adalimumab-bwwd)	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	QL= 2 inj/28 days
HADLIMA PUSH INJ (adalimumab-bwwd)	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	QL= 2 inj/28 days
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days

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

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
HYDROCODONE BITARTRATE ER TAB	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/month
hydrocortisone succinate inj 100mg	QL= 2 vials/fill
HYFTOR GEL	QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
ibandronate tab 150mg	QL= 1 tab/30 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
icosapent ethyl cap	QL= 4 caps/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP	QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMCIVREE INJ	QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA PACK 40-80MG	QL= 1 pack/28 days; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA SPRINKLE CAP	QL= 1 cap/day; Only available through PantherRx 855-726-8479
INLYTA TAB	QL=4 tabs/day
INLYTA TAB 1MG	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days
IQIRVO TAB	QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416
ISTURISA TAB	QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
IWILFIN TAB	QL= 8 tabs/day; Only available through CurantHealth 866-437-8040
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JAYPIRCA TAB	QL= 2 tabs/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JOENJA TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KERENDIA TAB	QL= 1 tab/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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ketorolac inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KHINDIVI SOLN	
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB	QL= 6 tabs/day; Only available through Biologics 800-850-4306
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
LASTACRAFT OPTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product
l-glutamine powder packet	QL= 6 packets/day
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
LITFULO CAP	QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
LIVDELZI CAP	QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-84
LIVMARLI SOLN	QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVMARLI SOLN 19MG/ML	QL= 60mL/30 days; Only available through Eversana 866-849-4481
LIVMARLI TAB	QL= 2 tabs/day; Only available through Eversana 866-849-4481
LIVMARLI TAB 30MG	QL= 1 tab/day; Only available through Eversana 866-849-4481
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
lofexidine hcl tab	QL= 96 tabs/7 days
LOKELMA PAK	QL= 1 packet/day
LOPRESSOR SOLN	
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
lubiprostone cap	QL= 2 caps/day
LUCEMYRA TAB	QL= 96 tabs/7 days

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

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPTH SOLN	QL= 2.5ml/30 days
LUMRYZ PACK	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ STARTER PACK	QL= 1 packet/day; Only available through Accredo 800-803-2523
LUPKYNIS CAP	QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK	QL= 5 tabs/day; Only available through Onco360 877-662-6633
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MIEBO OPTH SOLN	QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist
mifepristone tab	QL= 4 tabs/day
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523
MNEXSPIKE INJ 10MCG/0.2ML	QL= 1 dose/24 days
modafinil tab	QL= 2 tabs/day
MOTEGRITY TAB	QL= 1 tab/day
MOUNJARO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MRESVIA INJ	QL= 1 dose/lifetime
MUSE SUPP	QL= 6 supp/30 days
MYFEMBREE TAB	QL= 1 tab/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATACYN OPTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 4 doses/fill
NEFFY SPRAY	QL= 2 doses/fill
NEMLUVIO INJ	QL= 1 inj/56 days
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nitazoxanide tab	QL= 6 tabs/3 days
NOVAVAX INJ	QL= 1 dose/24 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid E Dependency)
NUDEXTA CAP	QL= 2 caps/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OGSIVEO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OGSIVEO TAB 50MG	QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OHTUVAYRE SUSP	QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144
OJEMDA SUSP	QL= 96ml/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB	QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 DEX G7G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 DEX G7G6 PODS	QL= 10 pods/month
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 10 pods/30 days
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL= 10 pods/30 days
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD GO KIT	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
ONGENTYS CAP	QL= 1 tab/day, 30 tabs per fill
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 12 tubes/year

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days; Only available through Lumicera 855-847-3553
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
ORSERDU TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXERVATE OPTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
PAXLOVID PAK	QL= 11 tabs/90 days
PAXLOVID TAB 150-100MG	QL= 20 tabs/90 days
PAXLOVID TAB 300-100MG	QL= 30 tabs/90 days
pazopanib tab	QL= 4 tabs/day
peg 3350 soln (100 gram Moviprep equiv)	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
peg 3350/electrolytes soln	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
PEMAZYRE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS PAK	QL= 4 packets/day; Limit 800 packets/365 days
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days
prucalopride succinate tab	QL= 1 tab/day
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK	QL= 1 tab/day; Only available through Biologics 800-850-4306
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
RADICAVA ORS STARTER KIT	QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP	QL= 50mL/28 days; Only available through Accredo 800-803-2523
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
RETEVMO CAP	QL= 2 caps/day
RETEVMO CAP 40MG	QL= 3 caps/day
RETEVMO TAB	QL= 2 tabs/day
RETEVMO TAB 40MG	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZDIFFRA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
REZLIDHIA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ORAL SOLN	QL= 12ml/day
RIVFLOZA INJ	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 160MG	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL	QL= 2 vials/30 days; Only available through Orsini 800-410-8575
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 6 packs/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
RYDAPT CAP	QL= 56 caps/28 days
sacubitril-valsartan tab	QL= 2 tabs/day
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days

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

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SAVELLA TAB	QL= 2 tabs/day
SCEMBLIX TAB	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG	QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil tab	QL= 6 tabs/30 days
SIMLANDI INJ (adalimumab-ryvk)	QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk)	QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYCLARYS CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 days
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
sodium/magnesium/potassium soln	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOHONOS CAP 1.5MG	QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG	QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOLQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOLU-CORTEF INJ	QL= 1 vial/fill
SOLU-CORTEF INJ 100MG	QL= 2 vials/fill
SPEVIGO INJ	QL= 2ml/28 days; Only available through Accredo 800-803-2523
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
STEQEYMA INJ	QL= 1 inj/84 days
STEQEYMA INJ 90MG	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUFLAVE SOLN	QL= 2 fills/calendar year
SUMATRIPTAN INJ	QL= 4 inj/fill, 2 fills/30 days

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

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
sunitinib malate cap	QL= 1 cap/day
SUNLENCA INJ	QL= 2 vials/26 weeks; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist
SUNLENCA TAB	QL= 4 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist
SUNLENCA TAB 300MG	QL= 5 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab	QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEMPO SMART BUTTON	QL= 1 button/8 months
TEPMETKO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TESTOSTERONE ENANTHATE INJ 200MG/ML	QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL 20.25MG/1.25GM	QL= 1 packet/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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TESTOSTERONE GEL PUMP 1%	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
TIROSINT-SOL	QL= 1ml/day; Prior Authorization required for members age 9 years and older
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab therapy pack	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
TREMFYA INJ 200MG/2ML	QL= 1 inj/28 days
TREMFYA INJ CROHNS INDUCTION PAC	QL= 2 inj/28 days; 6 inj/year
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
TRULANCE TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUQAP TAB	QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TRUQAP THERAPY PACK	QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TYENNE INJ	QL= 2 inj/28 days
TYRVAYA NASAL SPRAY	QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
USTEKINUMAB-AEKN 45MG/0.5ML	QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
USTEKINUMAB-AEKN 90MG/ML	QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
VALTOCO NASAL SPRAY	QL= 5 doses/fill
VANCOCIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
VANFLYTA TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VANFLYTA TAB 26.5MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
vardenafil ODT	QL= 6 tabs/30 days
vardenafil tab	QL= 6 tabs/30 days
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab starter pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VELTASSA POWDER	QL= 1 packet/day
VELTASSA POWDER 1GM	QL= 4 packets/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VEOZAH TAB	QL= 1 tab/day
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VIJOICE GRANULES PACKET	QL= 1 packet/day
VIJOICE TAB	QL= 1 tab/day
VIJOICE TAB 250MG	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 800-803-2523
VIZIMPRO TAB	QL= 1 tab/day
VOGELXO GEL PUMP 1%	QL= 4 bottles/30 days
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VORANIGO TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VORANIGO TAB 10MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VOSEVI TAB	QL= 1 tab/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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VOWST CAP	QL= 12 caps/fill; Only available through Orsini 800-410-8575
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376
VOYDEYA TAB	QL= 6 tabs/day; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 6 tabs/day; Only available through Onco360 877-662-6633
VYNDAMAX CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
WAINUA INJ	QL= 1 inj/28 days; Only available through Orsini 800-410-8575
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XALKORI SPRINKLE CAP	QL= 4 caps/day
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 25MG	QL= 1 tab/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XDEMVY DROP	QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist
XELJANZ SOLN	QL= 10 ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 60 tabs/30 days
XIGDUO XR TAB	QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XIIDRA OPHTH SOLN	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
XOFLUZA TAB	QL= 1 tab/fill
XOLAIR INJ	QL= 2 inj/28 days

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

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XOLAIR INJ 150MG/ML	QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML	QL= 1 inj/28 days
XOLAIR SYRINGE	QL= 2 inj/28 days
XOLAIR SYRINGE 150MG/ML	QL= 2 inj/28 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XOLREMDI CAP	QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XPHOZAH TAB	QL= 2 tabs/day
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
XTAMPZA ER CAP	QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
XULTOPHY INJ	QL= 15ml/30 days
YESINTEK INJ	QL= 1 inj/84 days
YESINTEK SYRINGE	QL= 1 inj/84 days
YESINTEK SYRINGE 90MG	QL= 1 inj/84 days
YEZTUGO INJ	
YEZTUGO TAB	
YORVIPATH INJ	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294MCG	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 420MCG	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YUTREPIA CAP	
zaleplon cap	QL= 1 cap/day
ZAVZPRET NASAL SPRAY	QL= 6 units/fill; 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZILBRYSQ INJ	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZOKINVY CAP	QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575

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.

Public Risk Innovation, Solutions, and Management (PRISM) Cont.
Last Updated* 8/26/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZURZUVAE CAP 20MG, 25MG	QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069
ZURZUVAE CAP 30MG	QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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.