

2024 Preventive Drug List

Your health plan is making an effort to reduce your health care costs by giving you tools to help you stay healthy and productive. Below are the medications included on your Preventive Drug List. These medications help protect against or manage some high risk medical conditions. Taking these medications as directed by your prescriber can help avoid serious health problems. That may mean fewer doctor visits and hospitalizations, reducing your total health care costs.

This list is updated annually on a calendar year basis and is subject to change. Step therapy, quantity limits, and prior authorizations may apply. Please refer to your drug formulary for most current limitations.

Generic drugs are shown in lowercase type. Brand name drugs are shown in uppercase type.

Alphabetical

acarbose tab
 acebutolol cap
 acetazolamide ER cap
 acetazolamide tab
 ADVAIR DISKUS INHALER
 ADVAIR HFA INHALER
 albuterol/ipratropium neb soln
 alendronate sodium oral soln
 ALENDRONATE SOLN
 alendronate tab
 ALENDRONATE TAB 40MG
 amiloride tab
 amiloride/hydrochlorothiazide tab
 amlodipine tab
 amlodipine/atorvastatin tab
 amlodipine/benazepril cap
 amlodipine/olmesartan tab
 amlodipine/valsartan tab
 amlodipine/valsartan/hydrochlorothiazide tab
 anagrelide cap
 ARNUITY ELLIPTA INHALER
 ASMANEX HFA INHALER
 ASMANEX INHALER
 atenolol tab

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
 *: generic only for HDHP plans, and brand only for non-HDHP plans.

atenolol/chlorthalidone tab
atorvastatin tab 10mg
atorvastatin tab 20mg
atorvastatin tab 40mg
atorvastatin tab 80mg
benazepril tab
betaxolol tab
bisoprolol tab
bisoprolol/hydrochlorothiazide tab
budesonide inh susp
bumetanide tab
calcitonin nasal spray
carvedilol tab
CHLOROTHIAZIDE TAB
chlorthalidone tab
cholestyramine lite powder
cholestyramine lite powder pack
cholestyramine powder
cholestyramine powder pack
cilostazol tab
clonidine patch
clonidine tab
clopidogrel tab 75mg
colesevelam pack
colesevelam tab
colestipol granule
colestipol powder
colestipol tab
COUMADIN TAB
diltiazem ER cap
diltiazem ER tab
diltiazem tab
dipyridamole tab
doxazosin tab
ELIQUIS TAB, ELIQUIS STARTER PACK
enalapril/hydrochlorothiazide tab
eplerenone tab
ethacrynic tab
ezetimibe tab
ezetimibe/simvastatin tab
felodipine ER tab
fenofibrate cap 67mg, 134mg, 200mg
fenofibrate tab 48mg, 54mg, 145mg, 160mg

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

fenofibric acid DR cap
FLOVENT DISKUS INHALER
FLOVENT HFA INHALER
FLUTICASONE/SALMETEROL INHALER
fluticasone/salmeterol inhaler, wixela inhaler
fluvastatin cap
fluvastatin ER tab
fosinopril tab
FUROSEMIDE SOLN
furosemide tab
gemfibrozil tab
glimepiride tab
glipizide ER tab
glipizide tab
glipizide/metformin tab
glyburide micronized tab
glyburide tab
glyburide/metformin tab
guanfacine IR tab
hydralazine tab
hydrochlorothiazide cap
hydrochlorothiazide tab
ibandronate tab 150mg
indapamide tab
ipratropium neb soln
irbesartan tab
isradipine cap
labetalol tab
lisinopril tab
lisinopril/hydrochlorothiazide tab
losartan tab
losartan/hydrochlorothiazide tab
lovastatin tab
METAPROTERENOL SYRUP
metformin ER tab
metformin tab
methazolamide tab
METHYCLOTHIAZIDE TAB
METHYLDOPA TAB
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB
metolazone tab
metoprolol ER tab
metoprolol tab

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

metoprolol/hydrochlorothiazide tab
minoxidil tab
montelukast chew tab
montelukast tab
nadolol tab
nicardipine cap
nifedipine cap
nifedipine ER tab
nimodipine cap
nisoldipine ER tab
NISOLDIPINE ER TAB 20MG, 30MG, 40MG
NOVOLIN N FLEXPEN INJ
NOVOLIN N INJ
NOVOLIN R FLEXPEN INJ
NOVOLIN R INJ
olmesartan tab
olmesartan/hydrochlorothiazide tab
omega-3-acid ethyl esters cap
pindolol tab
pioglitazone tab
prasugrel tab
pravastatin tab
prazosin cap
propranolol ER cap
propranolol oral soln 20mg/5ml
PROPRANOLOL SOLN
propranolol tab
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB
ramipril cap
repaglinide tab
risedronate DR tab
risedronate tab
rosuvastatin tab 10mg
rosuvastatin tab 20mg
rosuvastatin tab 40mg
rosuvastatin tab 5mg
simvastatin tab
sotalol AF tab
sotalol tab
spironolactone tab
spironolactone/hydrochlorothiazide tab
telmisartan tab
terazosin cap

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

theophylline ER tab
 theophylline soln
 timolol maleate tab
 TOLAZAMIDE TAB
 torsemide tab
 triamterene cap
 triamterene/hydrochlorothiazide cap
 triamterene/hydrochlorothiazide tab
 valsartan tab
 valsartan/hydrochlorothiazide tab
 verapamil SR cap
 VERAPAMIL SR CAP 360mg
 verapamil SR tab
 verapamil tab
 warfarin tab
 XARELTO STARTER PACK
 XARELTO SUSP
 XARELTO TAB

Drug Category

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ADVAIR DISKUS INHALER
 ADVAIR HFA INHALER
 albuterol/ipratropium neb soln
 ARNUITY ELLIPTA INHALER
 ASMANEX HFA INHALER
 ASMANEX INHALER
 budesonide inh susp
 FLOVENT DISKUS INHALER
 FLOVENT HFA INHALER
 FLUTICASONE/SALMETEROL INHALER
 fluticasone/salmeterol inhaler, wixela inhaler
 ipratropium neb soln
 METAPROTERENOL SYRUP
 montelukast chew tab
 montelukast tab
 theophylline ER tab
 theophylline soln

ANTICOAGULANTS

COUMADIN TAB

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
 *: generic only for HDHP plans, and brand only for non-HDHP plans.

ELIQUIS TAB, ELIQUIS STARTER PACK
warfarin tab
XARELTO STARTER PACK
XARELTO SUSP
XARELTO TAB

ANTIDIABETICS

acarbose tab
glimepiride tab
glipizide ER tab
glipizide tab
glipizide/metformin tab
glyburide micronized tab
glyburide tab
glyburide/metformin tab
metformin ER tab
metformin tab
NOVOLIN N FLEXPEN INJ
NOVOLIN N INJ
NOVOLIN R FLEXPEN INJ
NOVOLIN R INJ
pioglitazone tab
repaglinide tab
TOLAZAMIDE TAB

ANTIHYPERLIPIDEMICS

atorvastatin tab 10mg
atorvastatin tab 20mg
atorvastatin tab 40mg
atorvastatin tab 80mg
cholestyramine lite powder
cholestyramine lite powder pack
cholestyramine powder
cholestyramine powder pack
colesevelam pack
colesevelam tab
colestipol granule
colestipol powder
colestipol tab
ezetimibe tab
ezetimibe/simvastatin tab
fenofibrate cap 67mg, 134mg, 200mg
fenofibrate tab 48mg, 54mg, 145mg, 160mg

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

fenofibric acid DR cap
fluvastatin cap
fluvastatin ER tab
gemfibrozil tab
lovastatin tab
omega-3-acid ethyl esters cap
pravastatin tab
rosuvastatin tab 10mg
rosuvastatin tab 20mg
rosuvastatin tab 40mg
rosuvastatin tab 5mg
simvastatin tab

ANTIHYPERTENSIVES

amlodipine/benazepril cap
amlodipine/olmesartan tab
amlodipine/valsartan tab
amlodipine/valsartan/hydrochlorothiazide tab
atenolol/chlorthalidone tab
benazepril tab
bisoprolol/hydrochlorothiazide tab
clonidine patch
clonidine tab
doxazosin tab
enalapril/hydrochlorothiazide tab
eplerenone tab
fosinopril tab
guanfacine IR tab
hydralazine tab
irbesartan tab
lisinopril tab
lisinopril/hydrochlorothiazide tab
losartan tab
losartan/hydrochlorothiazide tab
METHYLDOPA TAB
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB
metoprolol/hydrochlorothiazide tab
minoxidil tab
olmesartan tab
olmesartan/hydrochlorothiazide tab
prazosin cap
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB
ramipril cap

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

telmisartan tab
terazosin cap
valsartan tab
valsartan/hydrochlorothiazide tab

BETA BLOCKERS

acebutolol cap
atenolol tab
betaxolol tab
bisoprolol tab
carvedilol tab
labetalol tab
metoprolol ER tab
metoprolol tab
nadolol tab
pindolol tab
propranolol ER cap
propranolol oral soln 20mg/5ml
PROPRANOLOL SOLN
propranolol tab
sotalol AF tab
sotalol tab
timolol maleate tab

CALCIUM CHANNEL BLOCKERS

amlodipine tab
diltiazem ER cap
diltiazem ER tab
diltiazem tab
felodipine ER tab
isradipine cap
nicardipine cap
nifedipine cap
nifedipine ER tab
nimodipine cap
nisoldipine ER tab
NISOLDIPINE ER TAB 20MG, 30MG, 40MG
verapamil SR cap
VERAPAMIL SR CAP 360mg
verapamil SR tab
verapamil tab

CARDIOVASCULAR AGENTS - MISC.

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

amlodipine/atorvastatin tab

DIURETICS

acetazolamide ER cap
acetazolamide tab
amiloride tab
amiloride/hydrochlorothiazide tab
bumetanide tab
CHLOROTHIAZIDE TAB
chlorthalidone tab
ethacrynic tab
FUROSEMIDE SOLN
furosemide tab
hydrochlorothiazide cap
hydrochlorothiazide tab
indapamide tab
methazolamide tab
METHYCLOTHIAZIDE TAB
metolazone tab
spironolactone tab
spironolactone/hydrochlorothiazide tab
torsemide tab
triamterene cap
triamterene/hydrochlorothiazide cap
triamterene/hydrochlorothiazide tab

ENDOCRINE AND METABOLIC AGENTS - MISC.

alendronate sodium oral soln
ALENDRONATE SOLN
alendronate tab
ALENDRONATE TAB 40MG
calcitonin nasal spray
ibandronate tab 150mg
risedronate DR tab
risedronate tab

HEMATOLOGICAL AGENTS - MISC.

anagrelide cap
cilostazol tab
clopidogrel tab 75mg
dipyridamole tab
prasugrel tab

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.
*: generic only for HDHP plans, and brand only for non-HDHP plans.

The Affordable Care Act (ACA) requires that eligible people get certain preventive services at no cost. The ACA requires that grade A and B recommendations for preventive services from the United States Preventive Services Task Force (USPSTF), immunization recommendations from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and contraceptive recommendations from the Health Resources and Services Administration (HRSA) are all covered at no cost. The following categories and related drugs are recommendations from these organizations.

Breast Cancer Prevention

| Population | Recommendation | Medications Covered |
|--|--|---|
| Women at increased risk for breast cancer aged 35 years or older | The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. | <p>anastrozole tablets exemestane tablets tamoxifen tablets raloxifene tablets</p> <p><i>Covered at \$0 for women 35 years or older</i></p> |

Cardiovascular Disease Primary Prevention

| Population | Recommendation | Medications Covered |
|--|--|--|
| Adults aged 40 to 75 years who are at high risk for cardiovascular disease (CVD) | The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. | <p>atorvastatin tablets lovastatin tablets pravastatin tablets rosuvastatin tablets simvastatin tablets (<i>excluding 80 mg</i>)</p> <p><i>Covered at \$0 for all age groups</i></p> |

Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products and any age restrictions.

Colorectal Cancer Screening

| Population | Recommendation | Medications Covered |
|----------------------------|---|--|
| Adults aged 45 to 75 years | The USPSTF recommends screening for colorectal cancer in all adults aged 45 to 75 years using fecal occult blood testing, sigmoidoscopy, or colonoscopy. Since bowel preparation is required for colonoscopies, select bowel preparation medications will be covered. | <p><u>Low volume preps</u> Generic Moviprep equiv Generic Suprep equiv</p> <p><u>High volume preps</u> peg 3350/electrolytes (Gavilyte, Golytely, Nulytely)</p> <p><i>Covered at \$0 for members 45-75 years; limited to 2 fills per calendar year</i></p> |

Contraceptives

| Population | Recommendation | Medications Covered |
|--|--|---|
| Persons seeking contraceptive coverage | WPSI (Women's Preventive Services Initiative) recommends that adolescent and adult women have access to the full range of contraceptives to prevent unintended pregnancy and improve birth outcomes. | <p>At least one form of all contraceptive methods approved, granted, or cleared by the FDA</p> <p><i>Refer to formulary for complete list</i></p> |

Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP)

| Population | Recommendation | Medications Covered |
|---------------------------------------|--|---|
| Persons at high risk of HIV infection | The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy. | <p>emtricitabine/tenofovir disoproxil fumarate tablets (Truvada equiv)</p> <p>Descovy tablets (emtricitabine/tenofovir alafenamide)</p> <p><i>Descovy may be used if emtricitabine/tenofovir disoproxil (Truvada equiv) is not appropriate therapy. Prior authorization required.</i></p> |

Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products and any age restrictions.

Preeclampsia Prevention

| Population | Recommendation | Medications Covered |
|--|--|--|
| Pregnant persons at high risk for preeclampsia | The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. | aspirin 81 mg <i>Covered at \$0 for females</i> |

Smoking Cessation

| Population | Recommendation | Medications Covered |
|----------------------------------|--|---|
| Adults that use tobacco products | The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco. | bupropion tablets (Zyban equiv) Chantix tablets nicotine products <i>Covered at \$0 for all members; limited to 180 days per plan year</i> |

Vaccines

| Population | Recommendation | Immunizations Covered |
|---------------------------------------|--|---|
| Ages and recommended populations vary | To prevent certain illnesses, ACIP recommends immunizations based on age and other factors such as co-morbid conditions. | COVID-19 Dengue Haemophilus Influenzae Type B Hepatitis A & B Human Papillomavirus (HPV) Influenza Measles, Mumps, and Rubella (MMR) Meningococcal Pneumococcal Poliovirus Respiratory Syncytial Virus (RSV) Rotavirus Td, Tdap, DTap Varicella (chicken pox) Zoster (shingles) <i>Covered at \$0; Quantity limits may apply</i> |

Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products and any age restrictions.

Vitamins and Minerals

| Population | Recommendation | Medications Covered |
|--|---|---|
| Folic acid in women who are planning or capable of pregnancy | The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. | folic acid tablets <i>Covered at \$0 for females</i> |
| Fluoride for children younger than 5 years | The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. | sodium fluoride <i>Covered at \$0 for members 5 years or younger</i> |

Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products and any age restrictions.

Contraceptives Only Formulary

Updated July, 2022

The Affordable Care Act (ACA) requires most health plans to pay for contraceptives at no cost to you. Some religious nonprofit organizations qualify for a religious accommodation with respect to this requirement. As an eligible organization, your employer chooses not to cover certain birth control services as part of their group health plan for religious reasons.

As a member of one of these eligible organizations, Navitus Health Solutions is required to cover certain forms of contraceptives approved by the Food and Drug Administration, at no cost to you.

The following contraceptive drugs are available with a \$0 copayment.

afirmelle tab

aftera tab

afterpill tab

altavera tab

aubra eq tab

aubra tab

aviane tab

ayuna tab

camila tab

chateal eq tab

chateal tab

deblitane tab

delyla tab

econtra ez tab

econtra one-step tab

errin tab

estarylla tab

fallback solo tab

falmina tab

femynor tab

heather tab

incassia tab

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.

jencycla tab
jolivette tab
kurvelo tab
larissia tab
lessina tab
levonorgestrel tab
levonorgestrel/ethinyl es tab
levora 0.15/30-28 tab
lillow tab
luteru tab
lyleq tab
lyza tab
marlissa tab
medroxyprogesterone aceta
mili tab
mono-linyah tab
mononessa tab
my choice tab
my way tab
new day tab
next choice one dose tab
nora-be tab
norethindrone tab
norgestimate/ethinyl estr tab
norlyda tab
norlyroc tab
nymyo tab
opcicon one-step tab
option 2 tab
orsythia tab
ORTHO DIAPHRAGM

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.

portia-28 tab

preventeza tab

previfem tab

react tab

sharobel tab

sprintec 28 tab

sronyx tab

take action tab

tri femynor tab

tri-estarylla tab

tri-linyah tab

tri-mili tab

tri-nymyo tab

tri-previfem tab

tri-sprintec tab

tri-vylibra tab

trinessa tab

tulana tab

TYBLUME TAB

vienva tab

vylibra tab

Note: The list is subject to change. Please always refer to your formulary for a complete list of covered products.

Search Tip:

This is a large document, but you can search quickly and easily by entering CTRL F and it will then display a find 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.

Prevea360 3-Tier Formulary
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 | ANTIVIRALS |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MAINTENA INJ | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) (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 (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCOLATE TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ACCRUFER CAP | - | NC | HEMATOPOIETIC AGENTS |
| ACCU-CHEK AVIVA PLUS METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCUPRIL TAB | - | NC | ANTIHYPERTENSIVES |
| 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) | - | 2 | DIURETICS |
| acetazolamide tab | - | 1 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill) | QL | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill) | QL | 1 | OTIC AGENTS |

** OTC drugs are not a covered benefit.

| | | | | | |
|-------------|---|-------------|---|------------|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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

Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill) | QL | 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 |
| ACIPHEX TAB | - | NC | ULCER DRUGS |
| acitretin cap (SORIATANE equiv) | - | 2 | 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 | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 | VACCINES |
| ACTICLATE TAB 75MG, 150MG | - | NC | TETRACYCLINES |
| ACTIGALL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ACTIQ LOZENGE | - | NC | ANALGESICS - OPIOID |
| ACTIVELLA TAB | - | NC | ESTROGENS |
| ACTONEL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTOPLUS MET TAB | - | NC | ANTIDIABETICS |
| ACTOS TAB | - | NC | ANTIDIABETICS |
| ACULAR (LS) | - | NC | OPHTHALMIC AGENTS |
| ACUVAIL OPHTH SOLN (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir cream (ZOVIRAX equiv) | - | NC | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX equiv) | - | 1 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | \$0 | TOXOIDS |
| ADALAT CC TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADAPALENE SOLN | - | NC | DERMATOLOGICALS |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| ADAPALENE LOTION (DIFFERIN equiv) | - | NC | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 2 | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 2 | 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 | 2 | DERMATOLOGICALS |
| ADBRY INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| ADCIRCA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ADDERALL TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDYI TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ADLARITY PATCH | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ADMELOG INJ, HUMALOG INJ | - | NC | ANTIDIABETICS |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | - | NC | ANTIDIABETICS |
| ADRENACLICK INJ, EPINEPHRINE INJ | - | 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 |
| ADVICOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| 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 |
| AGAMREE SUSP | - | NC | CORTICOSTEROIDS |
| AGRYLIN CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| AIMOVIG 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 |
| 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 | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALCAINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 1 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE equiv) | - | 1 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC | DERMATOLOGICALS |
| ALDACTAZIDE TAB | - | NC | DIURETICS |
| ALDACTONE TAB | - | NC | DIURETICS |
| ALDARA CREAM | - | NC | DERMATOLOGICALS |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary Cont.
 Alphabetical Index
 Last Updated 11/1/2024**

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|---|---------------------|-------------|--|
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| ALINIA TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| aliskiren tab (TEKTURNA equiv) | - | 2 | ANTIHYPERTENSIVES |
| ALKERAN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKINDI SPRINKLE CAP | - | NC | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 | CORTICOSTEROIDS |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| allopurinol tab 200mg | - | NC | GOUT AGENTS |
| ALLZITAL TAB | - | NC | ANALGESICS - NONNARCOTIC |
| almotriptan tab (AXERT equiv) | - | NC | MIGRAINE PRODUCTS |
| ALOCRILOPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 | 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-PIOGILTAZONE TAB | - | NC | ANTIDIABETICS |
| ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 | OPHTHALMIC AGENTS |
| ALOQUIN GEL | - | NC | DERMATOLOGICALS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN 0.15% | - | NC | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTIAXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 2 | ANTIAXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| ALREX OPHTH SUSP (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| ALREX OPHTH SUSP 0.2% | - | 3 | OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC | MIGRAINE PRODUCTS |
| ALTABAX OINT | - | NC | DERMATOLOGICALS |
| ALTACE CAP | - | NC | ANTIHYPERTENSIVES |
| ALTOPREV TAB | - | NC | ANTIHYPERTENSIVES |
| ALTRENO LOTION | - | NC | DERMATOLOGICALS |
| ALUNBRIG PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVAIZ TAB | - | NC | HEMATOPOIETIC AGENTS |
| ALVESCO INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |

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| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | 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 | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| ALZAIR NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine tab | - | 2 | ANTIPARKINSON AGENTS |
| AMARYL TAB | - | NC | ANTIDIABETICS |
| AMBIEN CR TAB | - | NC | HYPNOTICS |
| AMBIEN TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF 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 |
| AMERGE TAB | - | NC | MIGRAINE PRODUCTS |
| amethyst tab (LYBREL equiv) | ACA | \$0 | CONTRACEPTIVES |
| AMICAR SOLN | - | NC | HEMOSTATICS |
| AMICAR TAB | - | NC | HEMOSTATICS |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| AMILORIDE/HCTZ TAB | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 2 | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 2 | HEMOSTATICS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| AMITIZA CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| 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) | - | 2 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 | 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 |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 | 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 ER TAB | - | 3 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine tab (EVEKEO equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| 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 |
| ANAFRANIL CAP | - | NC | ANTIDEPRESSANTS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| ANALPRAM-HC CREAM | - | 3 | ANORECTAL AND RELATED PRODUCTS |
| ANALPRAM-HC CREAM | - | NC | ANORECTAL AGENTS |
| ANASPAZ ODT | - | NC | ULCER DRUGS |
| ANASTIA LOTION | - | NC | DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANCOBON CAP | - | NC | ANTIFUNGALS |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 25MG | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 1.25GM | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 2.5GM | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1.62% | - | NC | ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | NC | ESTROGENS |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANTABUSE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC | ANTIHYPERTENSIVES |
| ANTARA CAP, LOFIBRA CAP | - | NC | ANTIHYPERTENSIVES |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC | OTIC AGENTS |
| ANTIVERT TAB, MECLIZINE TAB | - | NC | ANTIEMETICS |
| ANUSOL-HC CREAM | - | NC | ANORECTAL AGENTS |
| ANUSOL-HC SUPP | - | NC | ANORECTAL AGENTS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 | ANTIEMETICS |
| APADAZ TAB | - | NC | ANALGESICS - OPIOID |
| APAP/CODEINE SOLN | - | 1 | ANALGESICS - OPIOID |
| APEXICON E CREAM (PSORCON E equiv) | - | NC | DERMATOLOGICALS |
| APIDRA INJ | - | NC | ANTIDIABETICS |
| APIDRA SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| APLENZIN TAB | - | NC | ANTIDEPRESSANTS |

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|-------------|---|-------------|---|------------|--|
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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| APOKYN INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apomorphine inj (APOKYN equiv) | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| APRACLONIDINE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 | ANTIEMETICS |
| APRISO CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | NC | DERMATOLOGICALS |
| APTIOM TAB | - | NC | ANTICONVULSANTS |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| APTIVUS SOLN | - | 2 | ANTIVIRALS |
| AQNEURSA POWDER | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARAKODA TAB | - | 3 | ANTIMALARIALS |
| ARANESP INJ | - | NC | HEMATOPOIETIC AGENTS |
| ARAVA TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ARAZLO LOTION | - | NC | DERMATOLOGICALS |
| ARCALYST INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| AREXVY INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | QL-VAC | \$0 | VACCINES |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARICEPT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 23MG | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | 2 | AMINOGLYCOSIDES |
| ARIMIDEX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| aripiprazole ODT (ABILIFY equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARISTADA INJ | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARIXTRA INJ | - | NC | ANTICOAGULANTS |
| 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 |
| ARNUITY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AROMASIN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| ARTHROTEC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ARYMO ER TAB | - | NC | ANALGESICS - OPIOID |
| 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 | 2 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) (3 copays per RX) | ACA | \$0 | CONTRACEPTIVES |
| ASMANEX HFA INHALER | - | 2 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 2 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for females (no age restriction)) | ACA-OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin EC tab 325mg | OTC | NC | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for females (no age restriction)) | ACA-OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg | OTC | NC | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ASPRUZYO SPRINKLE GRANULES | - | NC | ANTIANGINAL AGENTS |
| ASTAGRAF XL CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTAMED MYO CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ATACAND TAB | - | NC | ANTIHYPERTENSIVES |
| atazanavir cap (REYATAZ equiv) | - | 2 | ANTIVIRALS |
| ATELVIA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ATIVAN TAB | - | NC | ANTI ANXIETY AGENTS |
| atomoxetine cap (STRATTERA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab (LIPITOR equiv) | ACA | \$0 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTION AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| ATRALIN GEL, RETIN-A GEL | - | NC | DERMATOLOGICALS |
| ATRIPLA TAB | - | NC | ANTIVIRALS |
| ATRIX SYSTEM KIT | - | NC | DERMATOLOGICALS |
| atropine ophth oint (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| ATROPINE SUL SOLN 1% OPHTH (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| ATROPINE SULFATE OPHTH OINT (QL= 2 tubes/fill) | QL | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER (QL= 2 inhalers/fill) | QL | 2 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGMENTIN ES-600 SUSP | - | NC | PENICILLINS |
| AUGMENTIN TAB | - | NC | PENICILLINS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary Cont.
 Alphabetical Index
 Last Updated 11/1/2024**

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|--|---------------------|-------------|---|
| AUGTYRO CAP (QL= 8 caps/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AURYXIA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB (QL= 4 tabs/day) | LMSP-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days) | LMSP-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB | - | NC | ANTIDEPRESSANTS |
| AUVI-Q INJ | - | NC | VASOPRESSORS |
| AVALIDE TAB | - | NC | ANTIHYPERTENSIVES |
| AVAPRO TAB | - | NC | ANTIHYPERTENSIVES |
| AVAR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | NC | DERMATOLOGICALS |
| AVAR-E LS CREAM 10-2% | - | NC | DERMATOLOGICALS |
| AVELOX TAB | - | NC | FLUOROQUINOLONES |
| AVODART CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| AVONEX INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXERT TAB | - | NC | MIGRAINE PRODUCTS |
| AXID CAP | - | NC | ULCER DRUGS |
| AYGESTIN TAB | - | NC | PROGESTINS |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASITE SOLN (QL= 2 bottles/fill) | QL | 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) | - | 2 | DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill) | QL | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill) | QL | 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 |
| AZILECT TAB | - | NC | ANTIPARKINSON AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| AZOPT OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| AZOR TAB | - | NC | ANTIHYPERTENSIVES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--|
| AZSTARYS CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AZULFIDINE EN TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| AZULFIDINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| BACITRACIN OPHTH OINT (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN SUSP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab 15mg | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| BACTRIM DS TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL SUSP | - | NC | ANTICONVULSANTS |
| BANZEL TAB | - | NC | ANTICONVULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 | ANTIDIABETICS |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIVIRALS |
| BARACLUDE TAB | - | NC | 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 |
| 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) | - | 2 | ANTIHYPERTENSIVES |
| BENICAR HCT TAB | - | NC | ANTIHYPERTENSIVES |

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| SMKG | Smoking Cessation | ST | Step Therapy | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| BENICAR TAB | - | NC | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENTIVITE TAB | - | NC | HEMATOPOIETIC AGENTS |
| BENTYL CAP | - | NC | ULCER DRUGS |
| BENTYL SYRUP | - | NC | ULCER DRUGS |
| BENZAC WASH | - | NC | DERMATOLOGICALS |
| BENZACLIN GEL | - | NC | DERMATOLOGICALS |
| BENZAMYCIN GEL | - | NC | DERMATOLOGICALS |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS | 2 | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC | COUGH/COLD/ALLERGY |
| BENZOYL PEROXIDE CREAM | OTC | NC | DERMATOLOGICALS |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC | DERMATOLOGICALS |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC | DERMATOLOGICALS |
| BENZPHETAMINE TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 2 | OPHTHALMIC AGENTS |
| BERINERT INJ (Only available through Accredo 800-803-2523) | LD-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC | DERMATOLOGICALS |
| BESIVANCE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| BESREMI INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BETAGAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented gel | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 2 | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate foam (LUXIQ equiv) | - | NC | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETAPACE AF TAB | - | NC | BETA BLOCKERS |
| BETAPACE TAB | - | NC | BETA BLOCKERS |
| BETASERON INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |

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| | | | | | |
|------|--|------|---|-----|--|
| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | EXC | generic = small letters Plan Exclusion | INF | BRANDS = CAPITAL LETTERS Infertility |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill) | QL | 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 | ACA | \$0 | CONTRACEPTIVES |
| BEYFORTUS INJ | VAC | NC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| BIAFINE EMULSION | - | NC | DERMATOLOGICALS |
| BIAXIN TAB | - | NC | MACROLIDES |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIDIL TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| BIFERARX TAB | - | NC | HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | NC | ESTROGENS |
| BIKTARVY TAB | - | 2 | ANTIVIRALS |
| BILTRICIDE TAB | - | NC | ANTHELMINTICS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| bimatoprost ophth soln | - | EXC | DERMATOLOGICALS |
| BIMZELX INJ | - | NC | DERMATOLOGICALS |
| BINOSTO TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bismuth/metro/tetra cap (PYLERA equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPH-10 OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| BONIVA TAB 150MG | - | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BOSULIF TAB | MSP-PA-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | NC | 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 |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| BRILINTA TAB | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC | DERMATOLOGICALS |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) (QL= 2 bottles/fil) | QL | 2 | OPHTHALMIC AGENTS |
| BRISDELLE CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML | - | NC | ANTICONSULSANTS |
| BRIVIACT SOLN 10MG/ML | - | NC | ANTICONSULSANTS |
| BRIVIACT TAB | - | NC | ANTICONSULSANTS |
| BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| BRIXADI SOLN 8MG/0.18ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416) | LD | 2 | ANALGESICS - OPIOID |
| bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| BROMSITE DROP 0.075% | - | NC | OPHTHALMIC AGENTS |
| BRONCHITOL CAP | - | NC | RESPIRATORY AGENTS - MISC. |
| BROVANA NEB SOLN | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRYHALI LOTION | - | NC | DERMATOLOGICALS |
| B-SERENE PAD | - | NC | HEMATOPOIETIC AGENTS |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 | 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 | 2 | ANORECTAL AND RELATED PRODUCTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| budesonide/formoterol inhaler (SYMBICORT equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | NC | ANALGESICS - OPIOID |
| BUPHENYL POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| BUPHENYL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC | ANALGESICS - OPIOID |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 2 | 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 |
| bupirone tab (BUSPAR equiv) | - | 1 | ANTIANKXIETY 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 | 2 | ANALGESICS - OPIOID |
| BUTRANS PATCH | - | NC | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of metformin (IR/ER/soln); Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 3 | ANTIDIABETICS |
| BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| BYNFEZIA PEN INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYSTOLIC TAB | - | NC | BETA BLOCKERS |
| BYVALSON TAB | - | NC | ANTIHYPERTENSIVES |
| CABENUVA IM SUSP | - | NC | ANTIVIRALS |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAFCIT INJ | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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**Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024**

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|---|---------------------|-------------|---|
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| CALAN SR TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene cream (TRIONEX equiv) | - | NC | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM | - | NC | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC | DERMATOLOGICALS |
| calcipotriene oint | - | 2 | DERMATOLOGICALS |
| CALCIPOTRIENE SOLN | - | 2 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene/betamethasone dipropionate susp | - | NC | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC | DERMATOLOGICALS |
| calcitonin inj (MIACALCIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL OINT | - | 3 | DERMATOLOGICALS |
| calcitriol soln (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 | 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 | 2 | CARDIOVASCULAR AGENTS - MISC. |
| CANASA SUPP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC | DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) | - | 2 | ANTIHYPERTENSIVES |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | - | 2 | ANTIHYPERTENSIVES |
| CAPVAXIVE INJ | VAC | \$0 | VACCINES |
| CARAC CREAM | - | NC | DERMATOLOGICALS |

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Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--|
| CARAFATE SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| CARAFATE TAB | - | NC | ULCER DRUGS |
| 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) | - | 2 | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA ODT | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN | - | 3 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 2 | ANTIHISTAMINES |
| CARDIZEM CD CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM LA TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDURA TAB | - | NC | ANTIHYPERTENSIVES |
| CARDURA XL TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| CARETOUCH MIS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| carglumic acid tab (CARBAGLU equiv) (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 |
| CARNITOR SOLN | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CARNITOR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | DIURETICS |
| CARTEOLOL OPTH SOLN (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC | BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CASODEX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | EXC | Plan Exclusion | INF | Infertility |
| LD | Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary Cont.
 Alphabetical Index
 Last Updated 11/1/2024**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| CATAPRES-TTS PATCH | - | NC | ANTIHYPERTENSIVES |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| cefaclor cap (CECLOR equiv) | - | 2 | CEPHALOSPORINS |
| CEFACLOR CAP | - | 3 | CEPHALOSPORINS |
| CEFACLOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACLOR SUSP | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFDITOREN TAB | - | 3 | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | 2 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 2 | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 2 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 2 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| CELEBREX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| celecoxib cap (CELEBREX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELEXA TAB | - | NC | ANTIDEPRESSANTS |
| CELONTIN CAP | - | NC | ANTICONVULSANTS |
| 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) OPHTH SOLN, VEVYE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CEQR SIMPLICITY | - | NC | MEDICAL DEVICES AND SUPPLIES |
| CERDELGA CAP | - | NC | HEMATOPOIETIC AGENTS |
| CERVICAL CAP | ACA | \$0 | MEDICAL DEVICES AND SUPPLIES |
| CESAMET CAP | - | 3 | ANTIEMETICS |
| cetrotid acetate for inj kit (CETROTIDE equiv) | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETROTIDE KIT | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETYLEV TAB | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | 1 | DIURETICS |

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| | | |
|--|--|---|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordable Care Act | 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 | TS Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| 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 |
| CHLORZOAZONE TAB 250MG, LORZONE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| CIBINQO TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | 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) | - | 2 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPTH OINT (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| CILOXAN OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| CIMETIDINE SOLN | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| cimetidine soln (CIMETIDINE equiv) | - | NC | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | OTC | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist) | RS | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP (QL= 2 bottles/fill) | QL | 3 | OTIC AGENTS |
| CIPRO SUSP | - | 3 | FLUOROQUINOLONES |
| CIPRO TAB | - | NC | FLUOROQUINOLONES |
| CIPRODEX OTIC SUSP | - | NC | OTIC AGENTS |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill) | QL | 2 | OTIC AGENTS |
| CITALOPRAM CAP | - | NC | ANTIDEPRESSANTS |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CITRANATAL CAP MEDLEY | - | NC | MULTIVITAMINS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| CITRULLINE EASY TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLARIFOAM EF FOAM | - | NC | DERMATOLOGICALS |
| 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) | - | 2 | 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 |
| CLENIA PLUS SUSP | - | NC | DERMATOLOGICALS |
| CLENPIQ SOLN | - | NC | LAXATIVES |
| CLEOCIN CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN VAGINAL CREAM | - | NC | VAGINAL PRODUCTS |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 | VAGINAL PRODUCTS |
| CLEOCIN-T LOTION | - | NC | DERMATOLOGICALS |
| CLEOCIN-T PAD | - | NC | DERMATOLOGICALS |
| CLEOCIN-T SOLN | - | NC | DERMATOLOGICALS |
| CLIMARA PATCH | - | NC | ESTROGENS |
| CLIMARA PRO PATCH | - | NC | ESTROGENS |
| CLINDACIN KIT | - | NC | DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | NC | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | - | NC | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 2 | 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) | - | 2 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 | 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) (Members age 9 or older require Prior Authorization) | PA | 2 | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONVULSANTS |
| clobetasol E foam (OLUX E equiv) | - | NC | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| CLOBETASOL OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC | DERMATOLOGICALS |
| CLOBEX LOTION | - | NC | DERMATOLOGICALS |
| CLOBEX SHAMPOO | - | NC | DERMATOLOGICALS |
| CLOBEX SPRAY | - | NC | DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | NC | DERMATOLOGICALS |
| clocortolone pivalate cream | - | NC | DERMATOLOGICALS |
| CLODERM CREAM | - | NC | DERMATOLOGICALS |
| CLOMID TAB | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE TAB | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | 2 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 2 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CLOPIDOGREL THERAPY PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 2 | 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 |
| CLOTRIMAZOLE/BETAMETHASONE LOTION | - | NC | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LOTTRISONE 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) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| 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 |
| COLAZAL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| colchicine cap (MITIGARE equiv) | - | NC | GOUT AGENTS |
| colchicine tab (COLCRYS equiv) | - | 2 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| COLCRYS TAB | - | NC | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| COLESTID GRANULE | - | NC | ANTIHYPERLIPIDEMICS |
| COLESTID POWDER PACK | - | NC | ANTIHYPERLIPIDEMICS |

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Alphabetical Index
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| COLESTID TAB | - | NC | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colestipol powder (COLESTID equiv) | - | 2 | 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 (QL= 2 bottles/fill) | QL | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| COMBIPATCH | - | NC | ESTROGENS |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/fill) | QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVIR TAB | - | NC | ANTIVIRALS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 | 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 | - | 2 | ANTIVIRALS |
| COMTAN TAB | - | NC | ANTIPARKINSON AGENTS |
| CONCEPT DHA CAP | - | 1 | MULTIVITAMINS |
| CONCERTA TAB, RITALIN SR TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CONDYLOX GEL | - | 3 | DERMATOLOGICALS |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONTRACEPTIVE FILM | ACA-OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | ACA-OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | ACA-OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | ACA-OTC | \$0 | VAGINAL PRODUCTS |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDRAN CREAM 0.025% | - | NC | DERMATOLOGICALS |
| CORDRAN OINTMENT | - | NC | DERMATOLOGICALS |
| CORDRAN TAPE | - | NC | DERMATOLOGICALS |
| COREG CR CAP | - | NC | BETA BLOCKERS |
| COREG TAB | - | NC | BETA BLOCKERS |
| CORGARD TAB | - | NC | BETA BLOCKERS |
| CORLANOR SOLN | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORTANE-B OTIC SOLN | - | NC | OTIC AGENTS |
| CORTEF TAB | - | NC | CORTICOSTEROIDS |
| CORTENEMA | - | NC | ANORECTAL AGENTS |
| CORTIC-ND DROPS | - | NC | OTIC AGENTS |
| CORTIFOAM | - | 3 | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | 3 | DERMATOLOGICALS |
| CORTISPORIN OINT | - | 3 | DERMATOLOGICALS |
| COSENTYX INJ (1-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ 300MG/2ML | - | NC | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| COSOPT (PF) OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| COTELLIC TAB (QL= 3 tabs/day) | LMSP-PA-QL | 2 | 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 |
| COZAAR TAB | - | NC | ANTIHYPERTENSIVES |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRESEMBA CAP | - | NC | ANTIFUNGALS |
| CRESTOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| CREXONT CAP, RYTARY CAP | - | NC | ANTIPARKINSON AGENTS |
| CRINONE GEL | PA | 2 | VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| CROMOLYN SODIUM OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| CROTAN LOTION | - | NC | DERMATOLOGICALS |
| cryselle tab | ACA | \$0 | CONTRACEPTIVES |
| 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) | - | 2 | HEMATOPOIETIC AGENTS |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOGYL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CYCLOGYL OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC | ANTIMYCOBACTERIAL AGENTS |

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|------|---|------|---|-----|--|
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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| CYCLOSET TAB | - | 3 | ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 2 | 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 |
| CYMBALTA CAP | - | NC | ANTIDEPRESSANTS |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTADANE POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | 2 | OPHTHALMIC AGENTS |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | 2 | 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 | 2 | OPHTHALMIC AGENTS |
| CYTOTEC TAB | - | NC | ULCER DRUGS |
| CYTRA K CRYSTALS | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 | 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 | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| danazol cap (DANOCRINE equiv) | - | 2 | ANDROGENS-ANABOLIC |
| DANTRIUM CAP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| dantrolene cap (DANTRIUM equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| 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 GEL 7.5% | - | NC | DERMATOLOGICALS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 | TOXOIDS |
| darifenacin SR tab (ENABLEX equiv) | - | 2 | URINARY ANTISPASMODICS |
| DARTISLA ODT TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| darunavir tab (PREZISTA equiv) | - | 2 | ANTIVIRALS |
| dasatinib tab (SPRYCEL equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| 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 | TS | Tablet Splitting |
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Alphabetical Index
Last Updated 11/1/2024**

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|--|---------------------|-------------|--|
| DAURISMO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAVIMET/FLUORIDE CHEW 0.75MG | - | NC | MULTIVITAMINS |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | 2 | NEUROMUSCULAR AGENTS |
| DAYPRO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| DAYVIGO TAB (QL= 1 tab/day) | PA-QL | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DAZOMON GEL | - | NC | DERMATOLOGICALS |
| DDAVP NASAL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP NASAL SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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) | - | 2 | TETRACYCLINES |
| DEMSEER CAP | - | NC | ANTIHYPERTENSIVES |
| DENAVIR CREAM | - | NC | DERMATOLOGICALS |
| DENGAXIA SUSP | VAC | \$0 | VACCINES |
| DEPAACON INJ | - | NC | ANTICONSULSANTS |
| DEPEN TITRATAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| 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= 1 inj/90 days) | ACA-QL | \$0 | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | ACA-QL | \$0 | CONTRACEPTIVES |
| DERMACINRX CREAM | - | NC | DERMATOLOGICALS |
| DERMACINRX KIT | - | NC | DERMATOLOGICALS |
| DERMALID PAK | - | NC | DERMATOLOGICALS |
| DERMOTIC OIL | - | NC | OTIC AGENTS |
| DESCOVY TAB | PA | \$0 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 2 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EXC | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | EXC | ANTIHISTAMINES |
| desmopressin acetate tab (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESONATE GEL | - | NC | DERMATOLOGICALS |

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| LD | Affordable Care Act | LMSP | Plan Exclusion | INF | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RDX | Over-the-Counter | RS | Prior Authorization | QL | Quantity Limit |
| SMKG | Restricted to Diagnosis | ST | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide gel | - | NC | DERMATOLOGICALS |
| desonide lotion (DESOWEN equiv) | - | NC | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| DESOWEN CREAM | - | NC | DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT KIT | - | NC | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 | ANTIDEPRESSANTS |
| DESVENLAFAXINE ER TAB | - | NC | ANTIDEPRESSANTS |
| DETROL LA CAP | - | NC | URINARY ANTISPASMODICS |
| DETROL TAB | - | NC | URINARY ANTISPASMODICS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone 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 |
| DEXATLAN CAP | - | NC | MULTIVITAMINS |
| DEXCHLORPHENIRAMINE SYRUP | - | NC | ANTIHISTAMINES |
| 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 |
| DEXEDRINE CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| 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 |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| DEXPAK 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) | - | 2 | 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 |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | 2 | ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | 2 | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAPHRAGM | ACA | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT ACDL GEL | - | NC | ANTICONVULSANTS |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazepam rectal gel (QL= 4 doses/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 2 | ANTIIDIABETICS |
| DIBENZYLINE CAP | - | NC | ANTIHYPERTENSIVES |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC | DIURETICS |
| DICLOFENAC CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH | - | 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) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium soln 2% (PENNSAID equiv) | - | NC | DERMATOLOGICALS |

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Alphabetical Index
Last Updated 11/1/2024

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| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| DICLONA GEL | - | NC | DERMATOLOGICALS |
| DICLOTREX PAK | - | NC | DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 2 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 2 | ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 | ANTIVIRALS |
| DIETHYLPROPION ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| diethylpropion tab | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIFFERIN CREAM | - | NC | DERMATOLOGICALS |
| DIFFERIN GEL | - | NC | DERMATOLOGICALS |
| DIFFERIN OTC GEL 0.1% | OTC | NC | 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 |
| DIFLUCAN SUSP | - | NC | ANTIFUNGALS |
| DIFLUCAN TAB | - | NC | ANTIFUNGALS |
| diffunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill) | QL | 2 | 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 |
| DILACOR XR CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| DILANTIN CAP 30MG | - | 2 | ANTICONVULSANTS |
| DILAUDID TAB | - | NC | ANALGESICS - OPIOID |
| diltiazem ER cap (CARDIZEM CD 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 cap (CARDIZEM SR equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIOVAN HCT TAB | - | NC | ANTIHYPERTENSIVES |
| DIOVAN TAB | - | NC | ANTIHYPERTENSIVES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| DIPENTUM CAP | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 | ANTIHISTAMINES |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| DIPROLENE AF CREAM | - | NC | DERMATOLOGICALS |
| DIPROLENE OINT | - | NC | DERMATOLOGICALS |
| 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. |
| DITROPAN XL TAB | - | NC | URINARY ANTISPASMODICS |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| DIVIGEL GEL | - | NC | ESTROGENS |
| DIVIGEL GEL, ELESTRIN GEL | - | NC | ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 2 | ANTIARRHYTHMICS |
| DOJOLVI ORAL LIQUID | - | NC | NUTRIENTS |
| DOLGIC PLUS TAB | - | NC | ANALGESICS - NONNARCOTIC |
| DOLOBID TAB | - | NC | ANALGESICS - NONNARCOTIC |
| DOLOPHINE TAB | - | NC | ANALGESICS - OPIOID |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONNATAL TAB | - | NC | ULCER DRUGS |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | HEMATOPOIETIC AGENTS |
| DORYX MPC TAB | - | NC | TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| DOVATO TAB | - | 2 | ANTIVIRALS |
| DOVONEX CREAM | - | NC | DERMATOLOGICALS |
| 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 DISORDEF AGENTS |
| doxercalciferol cap (HECTOROL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | NC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | NC | TETRACYCLINES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| 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 100mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC | ANTIEMETICS |
| D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| DRISDOL CAP | - | NC | VITAMINS |
| DRIZALMA DR CAP | - | NC | ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) | PA | 2 | ANTIEMETICS |
| drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | ACA | \$0 | CONTRACEPTIVES |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | - | NC | VASOPRESSORS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC | ANALGESICS - OPIOID |
| DUAC GEL | - | NC | DERMATOLOGICALS |
| 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 | 2 | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| DURAGESIC PATCH | - | NC | ANALGESICS - OPIOID |
| 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 |
| DYNACIN TAB | - | NC | TETRACYCLINES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| DYRENIUM CAP | - | NC | DIURETICS |
| EBGLYSS INJ | - | NC | 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 |
| EDECRIN TAB | - | NC | DIURETICS |
| EDLUAR SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| EFAVIRENZ CAP | - | 2 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 | ANTIVIRALS |
| EFFEXOR XR CAP | - | NC | ANTIDEPRESSANTS |
| EFFIENT TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| EFUDEX CREAM | - | NC | DERMATOLOGICALS |
| EGATEN TAB | - | NC | ANTHELMINTICS |
| EGRIFTA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELDEPYRL CAP | - | NC | ANTIPARKINSON AGENTS |
| ELEPSIA XR TAB | - | NC | ANTICONVULSANTS |
| ELESTAT OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ELIDEL CREAM | - | NC | DERMATOLOGICALS |
| ELIGEN B12 TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ELIMITE CREAM | - | 2 | DERMATOLOGICALS |
| ELIPHOS TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | ACA | \$0 | CONTRACEPTIVES |
| ELMIRON CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| ELOCON CREAM | - | NC | DERMATOLOGICALS |
| ELOCON OINT | - | NC | DERMATOLOGICALS |
| eluryng vaginal ring (NUVARING equiv) | ACA | \$0 | CONTRACEPTIVES |
| ELYXYB SOLN | - | NC | MIGRAINE PRODUCTS |
| EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 | OPHTHALMIC AGENTS |
| EMBEDA CAP | - | NC | ANALGESICS - OPIOID |
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND SUSP | - | NC | ANTIEMETICS |
| EMFLAZA SUSP | - | NC | CORTICOSTEROIDS |
| EMFLAZA TAB | - | NC | CORTICOSTEROIDS |

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Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--------------------------------------|
| 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 |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| EMSAM PATCH | - | 3 | ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | ACA | \$0 | ANTIVIRALS |
| EMTRIVA CAP | - | NC | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| EMVERM TAB | - | NC | ANTHELMINTICS |
| ENABLEX TAB | - | NC | URINARY ANTISPASMODICS |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 2 | ANTIHYPERTENSIVES |
| enalapril tab (VASOTEC equiv) | - | 2 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACKET | - | NC | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 | VAGINAL PRODUCTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 | VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | ACA | \$0 | CONTRACEPTIVES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| ENSTILAR FOAM | - | NC | DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| ENTADFI CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | MSP-QL | 2 | ANTIVIRALS |
| ENTEREG CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ENTOCORT EC CAP | - | NC | CORTICOSTEROIDS |
| ENTRESTO CAP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ENTYVIO SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| ENVARUS XR TAB | - | NC | ASSORTED CLASSES |
| EOHILIA SUSP | - | NC | CORTICOSTEROIDS |
| EPANED SOLN | - | NC | ANTIHYPERTENSIVES |
| EPCLUSA PAK | - | NC | ANTIVIRALS |
| EPCLUSA TAB | - | NC | ANTIVIRALS |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | 2 | ANTICONSULSANTS |
| EPIDUO GEL 0.1-2.5% | - | NC | DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | QL | 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 |
| EPIVIR HBV TAB | - | NC | ANTIVIRALS |

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Alphabetical Index
Last Updated 11/1/2024**

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|--|---------------------|-------------|--|
| EPIVIR SOLN | - | NC | ANTIVIRALS |
| EPIVIR TAB | - | NC | ANTIVIRALS |
| eplrenone tab (INSPRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTICONVULSANTS |
| EPSOLAY CREAM | - | NC | DERMATOLOGICALS |
| EPZICOM TAB | - | NC | ANTIVIRALS |
| EQUETRO CAP | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC | VITAMINS |
| ERGOLOID MESYLATES TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOTAMINE/CAFFEINE TAB | - | NC | MIGRAINE PRODUCTS |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | NC | MIGRAINE PRODUCTS |
| ERIVEDGE CAP | LMSP-PA-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB 240MG (QL= 1 tab/day) | LMSP-PA-QL | 2 | 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 |
| ERYPED SUSP | - | NC | MACROLIDES |
| ERYTHROMYCIN CAP DR | - | 2 | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 | MACROLIDES |
| erythromycin gel | - | 1 | DERMATOLOGICALS |
| erythromycin ophth oint (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| ERYTHROMYCIN OPHTH OINT | - | NC | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin tab (ERY-TAB equiv) | - | 2 | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 | MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 | DERMATOLOGICALS |
| ESBRIET TAB 267MG | - | NC | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 801MG | - | NC | RESPIRATORY AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) | - | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| ESGIC TAB | - | NC | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | NC | DERMATOLOGICALS |
| esomeprazole cap (NEXIUM equiv) | OTC | 1 | ULCER DRUGS |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |

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| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| ESTRACE TAB | - | NC | ESTROGENS |
| ESTRACE VAGINAL CREAM | - | NC | VAGINAL PRODUCTS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol td gel (DIVIGEL equiv) | - | NC | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 2 | VAGINAL PRODUCTS |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 | ESTROGENS |
| estradiol/norethindrone tab (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 DISORDEF AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | LMSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etravirine tab (INTELENCE equiv) | - | 2 | 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 | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVISTA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EVIVO LIQUID | - | NC | ANTIDIARRHEALS |
| EVOCLIN FOAM | - | NC | DERMATOLOGICALS |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |
| EVOXAC CAP | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | NEUROMUSCULAR AGENTS |
| EVZIO INJ | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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| SMKG | Smoking Cessation | ST | Step Therapy | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| EVZIO INJ | - | NC | ANTIDOTES |
| EXALGO TAB | - | NC | ANALGESICS - OPIOID |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC | DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 | DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC | DERMATOLOGICALS |
| EXELON PATCH | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXFORGE TAB | - | NC | ANTIHYPERTENSIVES |
| 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 | ANTIHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| EZETIMIBE/ATORVASTATIN TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 2 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC | ANTIHYPERLIPIDEMICS |
| 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) | - | 2 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 2 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) | OTC | 1 | ULCER DRUGS |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FARESTON TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| FASENRA PEN INJ (QL= 1 inj/56 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-TS | 2 | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| FELDENE CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| 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 |
| FEMARA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FEMHRT TAB | - | NC | ESTROGENS |
| FEMLYV TAB | - | NC | CONTRACEPTIVES |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |

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| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | EXC | generic = small letters Plan Exclusion | INF | BRANDS = CAPITAL LETTERS Infertility |
| LD | Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP | - | NC | ANTIHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERLIPIDEMICS |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| fenoprofen calcium cap (NALFON equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| fenoprofen calcium tab | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN CAP, NAFLON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days) | PA-QL | 2 | ANALGESICS - OPIOID |
| fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 2 | ANALGESICS - OPIOID |
| fantanyl patch (DURAGESIC equiv) | - | 2 | ANALGESICS - OPIOID |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC | ANALGESICS - OPIOID |
| FENTORA TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| FEONYX TAB | - | NC | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 | ANTIDOTES |
| FERRIPROX TAB 1000MG (TWICE DAILY) | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRO-PLEX TAB | - | NC | HEMATOPOIETIC AGENTS |
| ferrous sulfate elixir | ACA-OTC | NC | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID | OTC | NC | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln | ACA-OTC | NC | HEMATOPOIETIC AGENTS |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 2 | URINARY ANTISPASMODICS |
| FETZIMA CAP | - | NC | ANTIDEPRESSANTS |
| FETZIMA TITRATION PACK | - | NC | ANTIDEPRESSANTS |
| FIASP FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| FIASP INJ | - | 2 | ANTIDIABETICS |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | 2 | ANTIDIABETICS |
| FIBRIK CAP | - | NC | MULTIVITAMINS |
| FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| FILSUVEZ GEL | - | NC | DERMATOLOGICALS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| FINACEA GEL | - | NC | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| ingolimod 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 | 2 | ANTICONVULSANTS |
| FIORICET CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORICET/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIORINAL CAP | - | NC | ANALGESICS - NONNARCOTIC |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| FIORINAL/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIRAZYR INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| FIRST METRONIDAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRST MOUTHWASH BLM | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | 2 | 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. |
| FLAGYL TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP (QL= 2 bottles/fill) | QL | 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 or older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIHYPERLIPIDEMICS |
| FLOMAX CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| FLONASE SENSIMIST NASAL SPRAY | OTC | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLO-PRED SUSP | - | NC | CORTICOSTEROIDS |
| FLORAFOL CHEW TAB | - | NC | MULTIVITAMINS |
| FLORAFOL PED CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA PLUS DROPS | - | 2 | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | NC | ASTHMA AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | NC | ASTHMA AND 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) | - | 2 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUMADINE TAB | - | NC | ANTIVIRALS |
| FLUMIST NASAL (QL= 1 dose/28 days) | QL-VAC | \$0 | VACCINES |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA SMOOTH/FS equiv) | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill) | QL | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | ACA | \$0 | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| FLUORIDEX SENSITIVITY PASTE | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 3 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| fluorouracil soln (FLUOROURACIL equiv) | - | 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) (Covered for members 15 years or younger) | - | 1 | ANTIDEPRESSANTS |
| FLUOXETINE TAB | - | NC | ANTIDEPRESSANTS |
| fluoxetine tab 60mg | - | 1 | ANTIDEPRESSANTS |
| fluoxetine weekly cap (PROZAC equiv) | - | NC | ANTIDEPRESSANTS |
| fluphenazine decanoate inj | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURANDRENOL LOTION | - | NC | DERMATOLOGICALS |
| flurandrenolide cream (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide lotion (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide oint (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| flutamide cap (EULEXIN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUTICASONE DISKUS INHALER | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE HFA INHALER | - | 3 | ANTIASTHMATIC 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) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 2 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FML FORTE OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| FML LIQUIFLIM OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| FOCALIN TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| FOCALIN XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| FOLAGENT DHA CAP | - | NC | MULTIVITAMINS |
| FOLAMED DHA CAP | - | NC | MULTIVITAMINS |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | ACA | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | ACA-OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | ACA-OTC | \$0 | HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC | MULTIVITAMINS |
| FOLITE TAB | - | NC | HEMATOPOIETIC AGENTS |
| FOLLISTIM AQ INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOLTANX TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| FOLVITE-FE TAB | - | NC | HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 | ANTICOAGULANTS |
| FORFIVO XL TAB | - | NC | ANTIDEPRESSANTS |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTAMET TAB | - | NC | ANTIDIABETICS |
| FORTEO INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| FOSAMAX TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX+D TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 2 | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | NC | 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 | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FRAICHE 5000 SENSITIVE GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| FREESTYLE FREEDOM LITE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| 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 METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| 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 | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FULPHILA INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633) | LD-QL | 2 | DIURETICS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | - | NC | ANTIVIRALS |
| FYCOMPA TAB | - | NC | ANTICONSULTANTS |
| FYCOMPA SUSP | - | NC | ANTICONSULTANTS |
| FYLNETRA INJ | - | NC | HEMATOPOIETIC AGENTS |
| gabapentin (once-daily) tab (GRALISE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 | ANTICONVULSANTS |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 | ANTICONVULSANTS |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| GARDASIL 9 INJ | VAC | \$0 | VACCINES |
| GASTROCROM CONC | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copy) | ACA-QL | \$0 | LAXATIVES |
| GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | 2 | 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 | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| GELNIQUE | - | NC | URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| GEMTESA TAB | - | NC | URINARY ANTISPASMODICS |
| GEN7T LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS PAD | - | NC | DERMATOLOGICALS |
| GENOTROPIN INJ | LMSP-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT (QL= 2 tubes/fill) | QL | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB | - | 2 | ANTIVIRALS |
| GEODON CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| GIALAX KIT | - | NC | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | ACA | \$0 | CONTRACEPTIVES |
| GILENYA CAP 0.25MG | LMSP | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GIMOTI NASAL SPRAY | - | NC | GASTROINTESTINAL AGENTS - MISC. |

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|---|---------------------|-------------|---|
| 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 |
| GLIPIZIDE TAB | - | NC | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGEN INJ | - | 2 | DIAGNOSTIC PRODUCTS |
| 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 |
| GLUCAGON KIT (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCOPHAGE TAB | - | NC | ANTIDIABETICS |
| GLUCOPHAGE XR TAB | - | NC | ANTIDIABETICS |
| GLUCOTROL TAB | - | NC | ANTIDIABETICS |
| GLUCOTROL XL TAB | - | NC | 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) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 | ULCER DRUGS |
| GLYGEST PAK | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| GLYNASE TAB | - | NC | ANTIDIABETICS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| GOCOVRI CAP | - | NC | ANTIPARKINSON AGENTS |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | ACA-QL | \$0 | LAXATIVES |
| GONAL-F RFF INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GONAL-F RFF INJ, GONAL-F INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GONITRO POWDER | - | NC | ANTIANGINAL AGENTS |
| GRALISE STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| 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 (QL= 1 tab/day) | QL | 2 | BIOLOGICALS MISC |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 | ANTIFUNGALS |
| GRIS-PEG TAB | - | NC | ANTIFUNGALS |
| GUAIFENESEN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| guaifenesin tab (ALLFEN JR equiv) | - | NC | COUGH/COLD/ALLERGY |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// 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 (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HAEGARDA INJ (Only available through Accredo 800-803-2523) | LD-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| halcinonide cream (HALOG equiv) | - | NC | DERMATOLOGICALS |
| HALCION TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HALOBETASOL AER | - | NC | DERMATOLOGICALS |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| halobetasol propionate foam (LEXETTE equiv) | - | NC | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| HALOG CREAM | - | NC | DERMATOLOGICALS |
| HALOG OINT | - | NC | DERMATOLOGICALS |
| HALOG SOLN | - | NC | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC | DERMATOLOGICALS |
| haloperidol decanoate inj | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HARVONI PELLETT PAK | - | NC | ANTIVIRALS |
| HARVONI TAB | - | NC | ANTIVIRALS |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 | VACCINES |
| HC BUTYRATE CREAM | - | NC | DERMATOLOGICALS |
| HC BUTYRATE SOLN | - | NC | DERMATOLOGICALS |
| HC PRAMOXINE CREAM 1-2.5% | - | NC | DERMATOLOGICALS |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC | DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HECTOROL CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| | | | | | |
|-------------|---|-------------|---|------------|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| HELIDAC PACK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| HEMANGEOL SOLN | - | NC | BETA BLOCKERS |
| HEMLIBRA INJ | LMSP-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| heparin inj | - | 2 | ANTICOAGULANTS |
| HEPLISAV-B INJ | VAC | \$0 | VACCINES |
| HEPSERA TAB | - | NC | ANTIVIRALS |
| HETLIOZ CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HETLIOZ SUSP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIPREX TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| HIXDEFRIMA SOLN | - | NC | DERMATOLOGICALS |
| HIZENTRA INJ | MSP-PA | 2 | PASSIVE IMMUNIZING AGENTS |
| HOMATROPINE OPTH SOLN (QL= 2 bottles/fill) | QL | 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 | - | NC | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ | - | NC | ANTIDIABETICS |
| HUMALOG MIX INJ | - | NC | ANTIDIABETICS |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN | - | NC | ANTIDIABETICS |
| HUMALOG PEN INJ | - | NC | 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 |
| HUMUIN R INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN MIX INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN MIX PEN INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN N INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN N PEN INJ | OTC | NC | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| HYCLODEX SOLN | - | NC | DERMATOLOGICALS |
| HYCODAN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| HYCOFENIX SOLN | - | NC | COUGH/COLD/ALLERGY |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 2 | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| HYDREA CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day) | QL | 2 | ANALGESICS - OPIOID |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL | 2 | ANALGESICS - OPIOID |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 2 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 2 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 2 | 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 | 2 | COUGH/COLD/ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 4 oz/fill, 2 fills/month) | QL | 2 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 2 | 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 (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone lotion (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE LOTION 2.5% | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| HYDROCORTISONE PAK | - | NC | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 2 | CORTICOSTEROIDS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | 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 |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| 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 AND ADJUNCTIVE THERAPIES |
| 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 | 2 | DERMATOLOGICALS |
| HYLAMEND GEL FIRST AID | - | NC | ANTISEPTICS & DISINFECTANTS |
| HYLINATE LOTION | - | NC | DERMATOLOGICALS |
| HYOPHEN TAB | - | 3 | 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 |
| HYPER-SAL NEB SOLN | - | NC | COUGH/COLD/ALLERGY |
| HYQVIA INJ | MSP-PA | 2 | PASSIVE IMMUNIZING AGENTS |
| HYRIMOZ INJ (adalimumab-adaz) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ PFS INJ (adalimumab-adaz) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HYSINGLA ER TAB | - | NC | ANALGESICS - OPIOID |
| HYZAAR TAB | - | NC | ANTIHYPERTENSIVES |
| 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. |
| 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-famotidine tab (DUEXIS equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| icatibant inj (FIRAZYR equiv) | LMSP-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day) | QL | 2 | ANTIHYPERLIPIDEMICS |

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Alphabetical Index
Last Updated 11/1/2024**

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|---|---------------------|-------------|---|
| IDACIO INJ (adalimumab-aacf) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IHEEZO GEL | - | NC | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 140MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 280MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 420MG, 560MG (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 2 | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 | DERMATOLOGICALS |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC | DERMATOLOGICALS |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| IMITREX INJ | - | NC | MIGRAINE PRODUCTS |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| IMITREX TAB | - | NC | MIGRAINE PRODUCTS |
| IMITREX VIAL INJ | - | NC | MIGRAINE PRODUCTS |
| IMPAVIDO CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| IMPEKLO LOTION | - | NC | DERMATOLOGICALS |
| IMPOYZ CREAM | - | 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 Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| INDERAL LA CAP | - | NC | BETA BLOCKERS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC | BETA BLOCKERS |
| INDOCIN SUPP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| 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 |

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Alphabetical Index
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| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | 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 | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSPIRA TAB | - | NC | ANTIHYPERTENSIVES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART INJ | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ | - | 2 | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC | ANTIDIABETICS |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN LISPRO JR KWIKPEN INJ | - | NC | ANTIDIABETICS |
| INSULIN LISPRO KWIKPEN INJ | - | NC | ANTIDIABETICS |
| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INTELENCE TAB | - | NC | ANTIVIRALS |
| INTENSE COUGH LIQUID | - | NC | COUGH/COLD/ALLERGY |
| INTERMEZZO SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| INTRAROSA SUPP | - | NC | VAGINAL PRODUCTS |
| INTRON-A INJ | MSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INTUNIV TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| INVELTYS OPHTH 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 |
| IODOFLEX PAD | - | 2 | ANTISEPTICS & DISINFECTANTS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 2 | DERMATOLOGICALS |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC | DERMATOLOGICALS |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| IOPIDINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| IPOL INJ | VAC | \$0 | VACCINES |

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| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered Affordable Care Act | EXC | Plan Exclusion | INF | Infertility |
| LD | NC/3P = Not Covered, Third Party Reviewer 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| IQIRVO TAB | - | NC | 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) | ACA | \$0 | CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 | MIGRAINE PRODUCTS |
| isoniazid syrup (ISONIAZID equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| ISOPTO CARPINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ISORDIL TITRADOSE TAB | - | NC | ANTIANGINAL AGENTS |
| ISORDIL TITRADOSE TAB 40MG | - | NC | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 2 | 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 |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| isoxsuprine tab | - | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ISOXSUPRINE TAB | - | 3 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| ISTALOL OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | - | 2 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 2 | ANTIFUNGALS |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| IVERMECTIN CREAM | - | NC | DERMATOLOGICALS |
| ivermectin cream (SOOLANTRA equiv) | - | NC | DERMATOLOGICALS |
| IVERMECTIN LOTION | - | NC | DERMATOLOGICALS |
| ivermectin tab (STROMECTOL equiv) | - | 2 | ANTHELMINTICS |
| IWILFIN TAB (QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IYUZEH OPHTH DROPS | - | NC | OPHTHALMIC AGENTS |
| JADENU SPRINKLE | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary Cont.
 Alphabetical Index
 Last Updated 11/1/2024**

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 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-TS | 2 | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JAYPIRCA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JENLIVA CAP | - | NC | MULTIVITAMINS |
| JENTADUETO TAB | - | NC | ANTIDIABETICS |
| JENTADUETO XR TAB | - | NC | ANTIDIABETICS |
| JESDUVROQ TAB | - | NC | HEMATOPOIETIC AGENTS |
| jinteli tab (FEMHRT equiv) | - | 1 | ESTROGENS |
| JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| JUBLIA SOLN | - | NC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |
| JUXTAPID CAP | - | NC | ANTIHYPERLIPIDEMICS |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KADIAN CAP | - | NC | ANALGESICS - OPIOID |
| KALETRA SOLN | - | NC | ANTIVIRALS |
| KALETRA TAB | - | NC | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | NC | BETA BLOCKERS |
| KAPVAY TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| KARBINAL ER SUSP | - | NC | ANTIHISTAMINES |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| KEFLEX CAP | - | NC | CEPHALOSPORINS |
| kelnor tab (DEMULEN equiv) | ACA | \$0 | CONTRACEPTIVES |
| KENALOG INJ | - | NC | CORTICOSTEROIDS |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | NC | 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. |
| KERLONE TAB | - | NC | BETA BLOCKERS |
| KERYDIN SOLN | - | NC | DERMATOLOGICALS |
| KESIMPTA INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES | - | NC | GENERAL ANESTHETICS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN 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) (QL= 10ml/fill) | QL | 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) (QL= 2 bottles/fill) | OTC-QL | 1 | OPHTHALMIC AGENTS |
| KEVEYIS TAB | - | NC | DIURETICS |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB (QL= 63 tabs/28 days) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KITABIS PAK NEB SOLN | - | NC | AMINOGLYCOSIDES |
| KLARITY-B DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARON LOTION | - | NC | DERMATOLOGICALS |
| KLISYRI OINT | - | NC | DERMATOLOGICALS |
| KLOXXADO NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| KOMBIGLYZE XR TAB | - | NC | ANTIDIABETICS |
| KONVOMEK SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| KORLYM TAB | - | NC | ANTIDIABETICS |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS NEUTRAL TAB | - | NC | MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | 2 | MINERALS & ELECTROLYTES |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KRINTAFEL TAB | - | 2 | ANTIMALARIALS |
| KRISTALOSE PACK, LACTULOSE PACK | - | NC | LAXATIVES |
| KRISTALOSE PACKET | - | NC | LAXATIVES |
| K-TAB | - | 1 | MINERALS & ELECTROLYTES |
| KUVAN POWDER PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| KUVAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC | DERMATOLOGICALS |
| KYNAMRO INJ | - | NC | ANTIHYPERTENSIVES |
| KYNMOBI FILM | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYTRIL TAB | - | NC | ANTIEMETICS |
| 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 |
| LAC-HYDRIN CREAM | - | 2 | DERMATOLOGICALS |
| LAC-HYDRIN LOTION | - | NC | DERMATOLOGICALS |
| lacosamide oral solution (VIMPAT equiv) | - | 1 | ANTICONVULSANTS |
| lacosamide tab (VIMPAT equiv) | - | 1 | ANTICONVULSANTS |
| LACRISERT OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| LACTIC ACID LOTION | - | 1 | DERMATOLOGICALS |
| lactulose soln | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill) | QL | \$0 | ANTIVIRALS |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill) | QL | 2 | ANTIVIRALS |
| LAMICTAL CHEW TAB | - | NC | ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL STARTER KIT | - | NC | ANTICONVULSANTS |
| LAMICTAL TAB | - | NC | ANTICONVULSANTS |
| LAMICTAL XR TAB | - | NC | ANTICONVULSANTS |
| LAMISIL TAB | - | NC | ANTIFUNGALS |
| lamivudine soln (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 2 | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | NC | ANTICONVULSANTS |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 2 | 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) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| LANSOPRAZOLE SUSP | - | 2 | ULCER DRUGS |

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| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ, INSULIN GLARGINE INJ | - | NC | ANTIDIABETICS |
| lapatinib ditosylate tab (TYKERB equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASIX TAB | - | NC | DIURETICS |
| LASTACFT OPHTH SOLN (QL= 3 ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 | OPHTHALMIC AGENTS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATUDA TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | ACA | \$0 | CONTRACEPTIVES |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| LAZCLUZE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | 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 Onco360 877-662-6633) | LD-QL-RS | 1 | MISCELLANEOUS THERAPEUTIC CLASSE |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LESCOL XL TAB | - | NC | ANTIHYPERLIPIDEMICS |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKERAN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKINE INJ | - | NC | HEMATOPOIETIC AGENTS |
| leuprolide inj (LUPRON equiv) | INF | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVAQUIN TAB | - | NC | FLUOROQUINOLONES |
| LEVBID TAB | - | NC | ULCER DRUGS |
| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 2 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |

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| LD | Affordable Care Act | LMSP | Plan Exclusion | INF | Infertility |
| OTC | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RDX | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SMKG | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| VAC | Smoking Cessation | ST | Step Therapy | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--|
| 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) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | ACA-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 |
| LEVSIN SL TAB | - | NC | ULCER DRUGS |
| LEVSIN TAB | - | NC | ULCER DRUGS |
| LEXAPRO TAB | - | NC | ANTIDEPRESSANTS |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| LEXIVA TAB | - | NC | ANTIVIRALS |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | LMSP-PA-QL | 1 | HEMATOPOIETIC AGENTS |
| LIBERVANT FILM | - | NC | ANTICONVULSANTS |
| LIBRAX CAP | - | NC | ULCER DRUGS |
| 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 |
| lidocaine oint/transparent dressing kit | - | NC | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 | DERMATOLOGICALS |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCAINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCIN GEL | - | NC | DERMATOLOGICALS |
| LIDODERM PATCH | - | NC | DERMATOLOGICALS |
| LIDO-EP-TETR SOLN | - | NC | DERMATOLOGICALS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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| 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 or older) | PA | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| LINDANE SHAMPOO | - | 2 | DERMATOLOGICALS |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| LIPITOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| LIQREV SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) | - | 2 | 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 | 2 | 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 and older) | PA | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB | - | NC | ANTIHYPERLIPIDEMICS |
| LIVDELZI CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 | 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. |
| LODOSYN TAB | - | NC | ANTIPARKINSON AGENTS |

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Last Updated 11/1/2024

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| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LOKELMA PAK | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOKELMA PAK 10GM | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOKELMA PAK 5GM | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOMAIRA TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| LOMOTIL TAB | - | NC | ANTIIDIARRHEALS |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB | MSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | NC | ANTIIDIARRHEALS |
| loperamide hcl soln (LOPERAMIDE equiv) | OTC | NC | ANTIIDIARRHEAL/PROBIOTIC AGENTS |
| LOPID TAB | - | NC | ANTIHYPERTENSIVES |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 | ANTIVIRALS |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 2 | ANTIVIRALS |
| LOPRESSOR TAB | - | NC | BETA BLOCKERS |
| LOPROX SHAMPOO | - | NC | DERMATOLOGICALS |
| loratadine cap (CLARITIN equiv) | OTC | EXC | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LOREEV XR CAP | - | NC | ANTIAXIETY AGENTS |
| LORTAB | - | NC | ANALGESICS - OPIOID |
| LORTAB ELIXIR | - | 3 | ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH OINT (QL= 2 tubes/fill) | QL | 2 | OPHTHALMIC AGENTS |
| LOTEMAX SM GEL 0.38% | - | NC | OPHTHALMIC AGENTS |
| LOTENSIN HCT TAB | - | NC | ANTIHYPERTENSIVES |
| LOTENSIN TAB | - | NC | ANTIHYPERTENSIVES |
| loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| LOTREL CAP | - | NC | ANTIHYPERTENSIVES |
| LOTRIMIN AF CREAM | - | NC | DERMATOLOGICALS |
| LOTRISONE CREAM | - | NC | DERMATOLOGICALS |
| LOTRONEX TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| lovastatin tab (MEVACOR equiv) | ACA | \$0 | ANTIHYPERTENSIVES |
| LOVAZA CAP | - | NC | ANTIHYPERTENSIVES |
| LOVENOX INJ | - | NC | ANTICOAGULANTS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| LULICONAZOLE CREAM, LUZU CREAM | - | NC | DERMATOLOGICALS |
| LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMIGAN OPHTH 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 | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUNESTA TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 3 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LUPRON DEPOT INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYRICA CAP | - | NC | ANTICONVULSANTS |
| LYRICA CAP 225MG | - | NC | ANTICONVULSANTS |
| LYRICA CAP 300MG | - | NC | ANTICONVULSANTS |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB | - | NC | HEMOSTATICS |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYUMJEV INJ | - | NC | ANTIDIABETICS |
| LYUMJEV KWIKPEN INJ | - | NC | ANTIDIABETICS |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| MACRILEN PACK | - | NC | DIAGNOSTIC PRODUCTS |
| MACROBID CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| MACRODANTIN CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| MAFENIDE ACETATE SOLN PACK | - | NC | DERMATOLOGICALS |
| MALARONE TAB | - | NC | ANTIMALARIALS |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 | MEDICAL DEVICES AND SUPPLIES |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| maraviroc tab (SELZENTRY equiv) | - | 2 | ANTIVIRALS |
| MARINOL CAP | - | NC | ANTIEMETICS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MATULANE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| MAVENCLAD THERAPY PAK (Only available through Walgreens 888-347-3416) | LD | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVIK TAB | - | NC | ANTIHYPERTENSIVES |
| MAVYRET PAK (QL= 5 packs/day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| MAXALT MLT TAB | - | NC | MIGRAINE PRODUCTS |
| MAXALT TAB | - | NC | MIGRAINE PRODUCTS |
| MAXIDEX OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| MAXITROL OPHTH OINT | - | NC | OPHTHALMIC AGENTS |
| MAXITROL OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| MAXZIDE TAB | - | NC | DIURETICS |
| MAYZENT TAB | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine chew tab (BONINE equiv) | OTC | 1 | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) | OTC | 1 | ANTIEMETICS |
| MECLOFENAMATE CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | DERMATOLOGICALS |
| MEDROL DOSE PACK | - | NC | CORTICOSTEROIDS |
| MEDROL TAB | - | NC | CORTICOSTEROIDS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | ACA-QL | \$0 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| mefloquine tab (LARIAM equiv) | - | 2 | ANTIMALARIALS |
| megestrol ES susp (MEGACE ES equiv) | - | 2 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEGESTROL SUSP | - | 2 | PROGESTINS |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST SOLN | LMSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | 2 | 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 | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine soln (NAMENDA equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | \$0 | VACCINES |
| MENEST TAB | - | 3 | ESTROGENS |
| MENOPUR INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MENOSTAR PATCH | - | NC | ESTROGENS |
| MENQUADFI INJ | VAC | \$0 | VACCINES |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| MENTHOREAL10 THERAPY PACK | - | NC | DERMATOLOGICALS |
| MENVEO INJ | VAC | \$0 | VACCINES |
| meperidine tab (DEMEROL equiv) | - | NC | ANALGESICS - OPIOID |
| MEPHYTON TAB | - | NC | VITAMINS |
| meprobamate tab (MILTOWN equiv) | - | NC | ANTIANKXIETY AGENTS |
| MEPRON SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| mercaptapurine tab (PURINETHOL equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mesalamine DR cap (DELZICOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (PENTASA CR equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | LMSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESTINON SYRUP | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MESTINON TAB | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MESTINON TIMESPAN TAB | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| METANX CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| metaxalone tab (SKELAXIN equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| METDRAY GEL | - | NC | DERMATOLOGICALS |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC | ANTIDIABETICS |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC | ANTIDIABETICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | 2 | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| METFORMIN TAB | - | NC | ANTIDIABETICS |
| methadone soln | - | 1 | ANALGESICS - OPIOID |
| methadone soln | - | NC | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) | - | 1 | ANALGESICS - OPIOID |
| METHADOSE CONC | - | NC | ANALGESICS - OPIOID |
| methadose tab | - | 1 | ANALGESICS - OPIOID |
| methamphetamine tab (DESOXYN equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv) | - | 2 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| METHITEST TAB | PA | 3 | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METHOCARBAMOL TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METHOXSALEN CAP | - | 2 | DERMATOLOGICALS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 2 | ULCER DRUGS |
| methsuximide cap (CELONTIN equiv) | - | 2 | ANTICONVULSANTS |
| METHYLDOPA TAB | - | 1 | ANTIHYPERTENSIVES |
| methyl dopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| METHYLPHENIDATE ER TAB | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 | 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 |
| methylprenisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methyltestosterone cap | - | NC | ANDROGENS-ANABOLIC |
| METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 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) | - | 2 | ANTIHYPERTENSIVES |
| METZOZLV ODT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| METROCREAM | - | NC | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
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|--|---------------------|-------------|---|
| METROGEL 1% | - | NC | DERMATOLOGICALS |
| METROGEL VAGINAL GEL | - | NC | VAGINAL PRODUCTS |
| METROLOTION | - | NC | DERMATOLOGICALS |
| metronidazole cap (FLAGYL equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| metyrosine cap (DEMSEER equiv) | - | NC | ANTIHYPERTENSIVES |
| mexiletine hcl cap | - | 2 | ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC | DERMATOLOGICALS |
| MICARDIS HCT TAB | - | NC | ANTIHYPERTENSIVES |
| MICARDIS TAB | - | NC | ANTIHYPERTENSIVES |
| MICLARA LIQUID | - | 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 DISORDEF AGENTS |
| midazolam syrup | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| 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) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIFIPREX TAB | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGERGOT SUPP | - | NC | MIGRAINE PRODUCTS |
| miglitol tab (MIGLITOL equiv) | - | 2 | ANTIDIABETICS |
| MIGLITOL TAB | - | 3 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | 1 | HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| MILLIPRED DP PAK | - | NC | CORTICOSTEROIDS |
| MILLIPRED TAB | - | NC | CORTICOSTEROIDS |
| MINIPRESS CAP | - | NC | ANTIHYPERTENSIVES |
| MINOCIN CAP | - | NC | TETRACYCLINES |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| MINOCYCLINE ER CAP | - | NC | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) | - | NC | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 2 | TETRACYCLINES |
| MINOLIRA TAB | - | NC | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| MIPLYFFA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| mirabegron tab er (MYRBETRIQ equiv) | - | NC | URINARY ANTISPASMODICS |

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 Last Updated 11/1/2024**

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|---|---------------------|-------------|---|
| MIRALAX PACKET | - | NC | LAXATIVES |
| MIRALAX POWDER | - | NC | LAXATIVES |
| MIRAPEX ER TAB | - | NC | ANTIPARKINSON AGENTS |
| MIRAPEX TAB | - | NC | ANTIPARKINSON AGENTS |
| MIRENA IUD | ACA | \$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 |
| MOBIC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MODERIBA TAB | - | NC | ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | 2 | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | NC | ANTI-PSYCHOTICS/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 |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| MONODOX CAP | - | NC | TETRACYCLINES |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| MORPHABOND TAB | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER CAP | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER cap (KADIAN equiv) | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE 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 SUPP | - | 2 | ANALGESICS - OPIOID |
| morphine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE TAB | - | NC | ANALGESICS - OPIOID |
| MOTEGRITY TAB (QL= 1 tab/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MOTPOLY XR CAP | - | NC | ANTICONVULSANTS |
| MOTRIN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MOUNJARO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln, Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN | - | NC | LAXATIVES |
| MOXATAG TAB | - | NC | PENICILLINS |

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Alphabetical Index
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| MOXATAG TAB 775MG | - | NC | PENICILLINS |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MPM PAK | - | EXC | OXYTOCICS |
| MRESVIA INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | QL-VAC | \$0 | VACCINES |
| MS CONTIN TAB | - | NC | ANALGESICS - OPIOID |
| MUCINEX LIQUID | - | NC | COUGH/COLD/ALLERGY |
| MUCINEX TAB | - | NC | COUGH/COLD/ALLERGY |
| MULPLETA TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTAQ TAB (Restricted to Cardiology Specialist) | RS | 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 FLUORIDE DROPS 0.25MG/ML | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 0.5MG | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| MULTI-VIT-FLOR CHEW 0.25MG | - | NC | MULTIVITAMINS |
| MULTI-VIT-FLOR CHEW 0.5MG | - | NC | MULTIVITAMINS |
| MULTI-VIT-FLOR CHEW 1MG | - | NC | MULTIVITAMINS |
| mupirocin cream (BACTROBAN equiv) | - | NC | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| MYALEPT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYAMBUTOL TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| MYCAPSSA CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYCOBUTIN CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| MYDCOMBI OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| MYDRIACYL OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 | ESTROGENS |
| MYHIBBIN SUSP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| MYLERAN TAB | LMSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| MYNATAL-Z TAB | - | 3 | MULTIVITAMINS |
| MYRBETRIQ SUSP | - | NC | URINARY ANTISPASMODICS |
| MYRBETRIQ TAB | - | 2 | URINARY ANTISPASMODICS |
| MYTESI TAB | - | NC | ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 2 | BETA BLOCKERS |
| NAFLON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naftifine cream (NAFTIN equiv) | - | 2 | DERMATOLOGICALS |
| NAFTIFINE CREAM | - | 3 | DERMATOLOGICALS |
| naftifine gel (NAFTIN equiv) | - | 2 | DERMATOLOGICALS |
| NAFTIN CREAM | - | NC | DERMATOLOGICALS |
| NAFTIN GEL | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL 2% | - | NC | DERMATOLOGICALS |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE HCL SOLN 0.4MG/ML | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB 500MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | NC | 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 | 2 | 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 OPTH SUSP (QL= 15ml/fill) | QL | 2 | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | \$0 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 2 | ANTIDIABETICS |
| NATESTO GEL | - | NC | ANDROGENS-ANABOLIC |
| NATESTO NASAL GEL | - | NC | ANDROGENS-ANABOLIC |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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| SMKG | Smoking Cessation | ST | Step Therapy | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY (QL= 4 doses/fill) | QL | 3 | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) | TS | 2 | BETA BLOCKERS |
| NEBUPENT NEB SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NECON 10/11-28 | ACA | \$0 | CONTRACEPTIVES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| NEFFY SPRAY | - | NC | VASOPRESSORS |
| NEMLUVIO INJ | - | NC | DERMATOLOGICALS |
| NENDRUX GEL | - | NC | DERMATOLOGICALS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill) | QL | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (QL= 2 bottles/fill) | QL | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/ | QL | 1 | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | 3 | MULTIVITAMINS |
| NEONATAL FE TAB | - | 3 | MULTIVITAMINS |
| NEOSALUS FOAM | - | NC | DERMATOLOGICALS |
| NEOSALUS LOTION | - | NC | DERMATOLOGICALS |
| NEOSPORIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| NEO-SYNALAR CREAM | - | NC | DERMATOLOGICALS |
| NEOTUSS PLUS LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| NEPHROCAP | - | NC | MULTIVITAMINS |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NEPTAZANE TAB | - | NC | DIURETICS |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEULASTA INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPOGEN INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPRO PATCH | - | 3 | ANTIPARKINSON AGENTS |
| NEVANAC OPHTH SUSP (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB | - | 2 | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 2 | ANTIVIRALS |
| NEVIRAPINE SUSP | - | 2 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXICLON XR TAB | - | NC | ANTIHYPERTENSIVES |
| NEXIUM 24HR TAB | OTC | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| NEXIUM CAP | - | NC | ULCER DRUGS |
| NEXIUM GRANULE PACK | - | NC | ULCER DRUGS |

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| LD | NC/3P = Not Covered, Third Party Reviewer 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 |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERTENSIVES |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERTENSIVES |
| NEXPLANON IMPLANT | ACA | \$0 | CONTRACEPTIVES |
| NEXTSTELLIS TAB | - | \$0 | CONTRACEPTIVES |
| NGENLA INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| niacin cap | OTC | NC | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | NC | VITAMINS |
| niacin ER tab | - | NC | ANTIHYPERTENSIVES |
| niacin tab | OTC | 1 | VITAMINS |
| NIACIN TR CAP | OTC | NC | VITAMINS |
| NIACIN TR TAB | OTC | NC | VITAMINS |
| niacinamide tab | OTC | NC | VITAMINS |
| NIACOR TAB | - | NC | ANTIHYPERTENSIVES |
| NIASPAN ER TAB | - | NC | ANTIHYPERTENSIVES |
| nicardipine cap (CARDENE equiv) | - | 2 | 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 |
| nilutamide tab (NILANDRON equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NIRAVAM ODT | - | NC | ANTI-ANXIETY AGENTS |
| nisoldipine ER tab (SULAR equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 2 | CALCIUM CHANNEL BLOCKERS |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| nitisinone cap (ORFADIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH | - | NC | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 | ANTIANGINAL AGENTS |
| 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. |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| NITROFURANTOIN SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 2 | 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 |
| NITROLINGUAL PUMP SPRAY | - | NC | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITROSTAT SL TAB | - | NC | ANTIANGINAL AGENTS |
| NITYR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| NIZORAL A-D SHAMPOO | OTC | 1 | DERMATOLOGICALS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | 1 | DERMATOLOGICALS |
| NIZORAL SHAMPOO | - | NC | DERMATOLOGICALS |
| NOCDURNA SL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | ACA | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | ACA | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | ACA | \$0 | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | ACA | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | ACA | \$0 | CONTRACEPTIVES |
| NORGESIC TAB FORTE | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| NORITATE CREAM | - | NC | DERMATOLOGICALS |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| NORPRAMIN TAB | - | NC | ANTIDEPRESSANTS |
| NORTHERA CAP | - | NC | VASOPRESSORS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | ACA | \$0 | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | ACA | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORVASC TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NORVIR TAB | - | NC | ANTIVIRALS |
| NOVACORT GEL | - | NC | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| NOVAVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 | 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 | 2 | ANTIDIABETICS |
| NOVOLIN N INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R FLEXPEN | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R RELION INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL PAK | - | 3 | ANTIFUNGALS |
| NOXAFIL SUSP | - | NC | ANTIFUNGALS |
| NOXAFIL TAB | - | NC | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARACLINPA KIT | - | NC | DERMATOLOGICALS |
| NUCARARXPAK KIT | - | NC | DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB | - | 3 | ANALGESICS - OPIOID |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv) | - | NC | DERMATOLOGICALS |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | ACA-QL | \$0 | LAXATIVES |
| 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 |
| NUZYRA TAB | - | NC | TETRACYCLINES |
| NYMALIZE SOLN | - | NC | CALCIUM CHANNEL BLOCKERS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin powder | - | 1 | ANTIFUNGALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| NYSTATIN SUSP | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |

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Alphabetical Index
Last Updated 11/1/2024

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| nystatin/triamcinolone cream | - | 1 | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | 1 | DERMATOLOGICALS |
| NYVEPRIA INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF-TS | 2 | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | LMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCUFLOX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ODACTRA SL TAB (QL= 1 tab/day) | QL | 2 | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB | - | 2 | ANTIVIRALS |
| ODOMZO CAP (QL= 1 cap/day) | LMSP-PA-QL-SF | 2 | 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 | 2 | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill) | QL | 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 | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OHTUVAYRE SUSP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| OJEMDA SUSP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJEMDA TAB | - | NC | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| olanzapine ODT (ZYPREXA equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 2 bottles/fill) | OTC-QL | 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 | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC | DERMATOLOGICALS |
| OLUX FOAM | - | NC | DERMATOLOGICALS |
| OLYSIO CAP | - | NC | ANTIVIRALS |

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| | | | | | |
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| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| OMEGA-3 RX PAK COMPLETE | - | NC | ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| 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 G6 INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days) | 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 INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH 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 | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OMVOH INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ondansetron ODT (ZOFRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB ODT | - | NC | ANTIEMETICS |
| ONETOUCH DELICA LANCETS | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH DELICA PLUS LANCETS | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH DELICA ULTRASOFT LANCETS | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| ONETOUCH VERIO FLEX METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO IQ METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO REFLECT METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| ONFI SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTICONVULSANTS |
| 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 |

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| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| ONYCHO-MED KIT | - | NC | DERMATOLOGICALS |
| ONYDA XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ONZETRA XSAIL | - | NC | MIGRAINE PRODUCTS |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC | ANALGESICS - OPIOID |
| OPANA TAB | - | NC | ANALGESICS - OPIOID |
| OPILL TAB | OTC | \$0 | CONTRACEPTIVES |
| opium tincture | - | 2 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | 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 |
| ORACEA CAP | - | NC | DERMATOLOGICALS |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB (QL= 1 tab/day) | QL | 2 | BIOLOGICALS MISC |
| ORAP TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ORAPRED SOLN | - | NC | CORTICOSTEROIDS |
| ORAVIG TAB | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | 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 Biologics 800-850-4306 or Onco360 877-662-6633) | LD-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| ORLADEYO CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORTIKOS ER CAP | - | NC | CORTICOSTEROIDS |

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|------|--|------|---|-----|--|
| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| 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 | 2 | ANTIVIRALS |
| OSMOLEX ER TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB | - | NC | LAXATIVES |
| OSPHENA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC | OTIC AGENTS |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC | OTIC AGENTS |
| OVACE PLUS CREAM | - | 3 | DERMATOLOGICALS |
| OVACE PLUS LOTION | - | NC | DERMATOLOGICALS |
| OVACE PLUS SHAMPOO | - | NC | DERMATOLOGICALS |
| OVACE PLUS FOAM | - | NC | DERMATOLOGICALS |
| OVACE WASH | - | NC | DERMATOLOGICALS |
| OVCON 50 TAB | ACA | \$0 | CONTRACEPTIVES |
| OVEEZA CAP | - | NC | HEMATOPOIETIC AGENTS |
| OVIDE LOTION | - | NC | DERMATOLOGICALS |
| OVIDREL INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTIANKXIETY AGENTS |
| OXBRYTA TAB | - | NC | HEMATOPOIETIC AGENTS |
| OXBRYTA TAB FOR ORAL SUSP | - | NC | HEMATOPOIETIC AGENTS |
| oxcarbazepine er tab (OXTELLAR equiv) | - | NC | ANTICONVULSANTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| OXERVATE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| OXIANUJO CREAM | - | NC | DERMATOLOGICALS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC | DERMATOLOGICALS |
| OXISTAT CREAM | - | NC | DERMATOLOGICALS |
| OXISTAT LOTION | - | NC | DERMATOLOGICALS |
| OXSORALEN ULTRA CAP | - | NC | DERMATOLOGICALS |
| OXTELLAR XR TAB | - | NC | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day) | QL | 2 | 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) | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE TAB | - | 1 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 | ANALGESICS - OPIOID |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| 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) | - | 2 | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB | - | NC | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | NC | ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | 1 | URINARY ANTISPASMODICS |
| OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| PALFORZIA POWDER PACK | - | NC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| PALFORZIA SPRINKLE CAP | - | NC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| paliperidone ER tab (INVEGA equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PAMELOR CAP | - | NC | ANTIDEPRESSANTS |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC | DIGESTIVE AIDS |
| PANDEL CREAM | - | NC | DERMATOLOGICALS |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PARAGARD IUD | ACA | \$0 | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | NC | DERMATOLOGICALS |
| PAREGORIC TINCTURE | - | NC | ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PARLODEL CAP | - | NC | ANTIPARKINSON AGENTS |
| PARLODEL TAB | - | NC | ANTIPARKINSON AGENTS |
| PARNATE TAB | - | NC | ANTIDEPRESSANTS |
| paroxetine cap (BRISDELLE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 | ANTIDEPRESSANTS |
| paroxetine oral susp (PAXIL equiv) | - | 2 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PATADAY OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PATANASE NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PATANOL OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PAXIL CR TAB | - | NC | ANTIDEPRESSANTS |
| PAXIL ORAL SUSP | - | NC | ANTIDEPRESSANTS |
| PAXIL TAB | - | NC | ANTIDEPRESSANTS |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | 2 | ANTIVIRALS |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | QL | 2 | ANTIVIRALS |
| PAZEO OPHTH SOLN 0.7% | - | NC | OPHTHALMIC AGENTS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| 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 | - | 2 | MACROLIDES |
| PEAK FLOW METER | - | NC | MEDICAL DEVICES AND SUPPLIES |
| PEDIARIX INJ | VAC | \$0 | TOXOIDS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| PEDIZOLPAK THERAPY PACK | - | NC | DERMATOLOGICALS |
| PEDVAXHIB INJ | VAC | \$0 | VACCINES |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | ACA-QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | ACA-QL | \$0 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | LMSP | 2 | ANTIVIRALS |
| PEG-INTRON INJ | LMSP | 2 | ANTIVIRALS |
| PEG-PREP KIT | - | NC | LAXATIVES |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 | 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 CLASSES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENLAC SOLN | - | NC | DERMATOLOGICALS |
| PENNSAID SOLN | - | NC | DERMATOLOGICALS |
| PENTACEL INJ | VAC | \$0 | TOXOIDS |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| PENTASA CR CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| PENTASA CR CAP 250MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 2 | ANALGESICS - OPIOID |
| PENTOSAN CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PEPCID SUSP | - | NC | ULCER DRUGS |
| PEPCID TAB | - | NC | ULCER DRUGS |
| PERCOCET TAB | - | NC | ANALGESICS - OPIOID |
| PERFOROMIST NEB SOLN | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| PERIDEX SOLN | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PERINDOPRIL TAB | - | 2 | ANTIHYPERTENSIVES |
| perindopril tab (ACEON equiv) | - | 2 | ANTIHYPERTENSIVES |

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| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PERSERIS INJ | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PEXEVA TAB | - | NC | ANTIDEPRESSANTS |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 95mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENDIMETRAZINE ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PHENELZINE SULFATE TAB | - | 1 | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 | ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 | VAGINAL AND RELATED PRODUCTS |
| PHOSLO CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| PHOSLYRA SOLN | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PHOTREXA OP KIT | - | NC | OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 2 | VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 | DERMATOLOGICALS |
| PIFELTRO TAB | - | 2 | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 | DERMATOLOGICALS |
| 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 |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| PIQRAY TAB | LMSP-PA-SF | 2 | 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 | 2 | ANTHYPERLIPIDEMICS |
| PLAN B TAB | ACA-OTC | \$0 | CONTRACEPTIVES |
| PLAQUENIL TAB | - | NC | ANTIMALARIALS |
| PLAVIX TAB 75MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| PLEGRIDY INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENITY CAP | - | EXC | 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) | - | 2 | DERMATOLOGICALS |
| PODOFILOX SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 2 | 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) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| POLYTRIM OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | NC | COUGH/COLD/ALLERGY |
| POLY-VI-FLOR CHEW 0.25MG | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR CHEW 0.5MG | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR CHEW 1MG | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR CHEW W/IRON | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR SUSP | - | NC | MULTIVITAMINS |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | 2 | 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) | - | 2 | ANTIFUNGALS |
| posaconazole susp (NOXAFIL equiv) | - | 2 | ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 | MINERALS & ELECTROLYTES |

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| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | EXC | generic = small letters Plan Exclusion | INF | BRANDS = CAPITAL LETTERS Infertility |
| LD | Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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 Alphabetical Index
 Last Updated 11/1/2024**

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| 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) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | 1 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium iodide oral soln (SSKI equiv) | - | 2 | COUGH/COLD/ALLERGY |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 2 | MINERALS & ELECTROLYTES |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONSULSANTS |
| PRADAXA CAP | - | NC | ANTICOAGULANTS |
| PRADAXA PELLETT PACK | - | NC | ANTICOAGULANTS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 2 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | NC | DERMATOLOGICALS |
| PRAMOSONE CREAM 1-2.5% | - | 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) | ACA | \$0 | ANTIHYPERTENSIVES |
| praziquantel tab (BILTRICIDE equiv) | - | 2 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| PRECISION XTRA METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| PRECOSE TAB | - | NC | ANTIDIABETICS |
| PRED FORTE OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| PRED FORTE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| prednisolone acetate ophth susp (PRED FORTE equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| prednisolone ODT (ORAPRED equiv) | - | 2 | CORTICOSTEROIDS |
| PREDNISOLONE ODT TAB | - | 2 | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottle/ fill) | QL | 1 | OPHTHALMIC AGENTS |
| prednisolone soln | - | 1 | CORTICOSTEROIDS |

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| 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 |
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Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--|
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 | CORTICOSTEROIDS |
| 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 |
| PREDNISON SOLN | - | 2 | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| PREFEST TAB | - | 3 | ESTROGENS |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin ER tab (LYRICA CR equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 | ANTICONVULSANTS |
| PREGEN DHA CAP | - | NC | MULTIVITAMINS |
| PREGENNA TAB | - | NC | MULTIVITAMINS |
| PREGNYL INJ, NOVAREL INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 |
| 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 | NC | ULCER DRUGS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | ACA | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT SOLN | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | \$0 | VACCINES |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 | VACCINES |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | LMSP-PA-QL | 2 | ANTIVIRALS |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--------------------------------------|
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | NC | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | NC | ULCER DRUGS |
| PRILOSEC OTC DR TAB | --OTC | NC | ULCER DRUGS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | ANTIMALARIALS |
| PRIMAQUINE TAB | - | NC | 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. |
| PRINIVIL TAB, ZESTRIL TAB | - | NC | ANTIHYPERTENSIVES |
| PRIORIX INJ | VAC | \$0 | VACCINES |
| PRISTIQ TAB | - | NC | ANTIDEPRESSANTS |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCRIT INJ | - | NC | HEMATOPOIETIC AGENTS |
| PROCTOCORT CREAM | - | NC | DERMATOLOGICALS |
| 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 |
| PROFINAC PAK | - | NC | DERMATOLOGICALS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| PROGLYCEM SUSP | - | NC | ANTIDIABETICS |
| PROGRAF PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLATE TAB 7.5-300MG | - | NC | ANALGESICS - OPIOID |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROMACTA POWDER (QL= 1 packet/day) | LMSP-PA-QL | 2 | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day) | LMSP-PA-QL | 2 | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 50MG (QL= 2 tabs/day) | LMSP-PA-QL | 2 | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 75MG (QL= 2 tabs/day) | LMSP-PA-QL | 2 | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | 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 |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| PROMETHEGAN SUPP | - | 2 | ANTIHISTAMINES |
| PROMETRIUM CAP | - | NC | PROGESTINS |
| PROMISEB CREAM | - | NC | DERMATOLOGICALS |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROQUAD INJ | VAC | \$0 | VACCINES |
| PROQUIN XR TAB | - | NC | FLUOROQUINOLONES |
| PROSCAR TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROSED DS TAB | - | NC | URINARY ANTI-INFECTIVES |
| PROTHELIAL PASTE | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PROTONIX EC TAB | - | NC | ULCER DRUGS |
| PROTOPIC OINT | - | NC | DERMATOLOGICALS |
| protriptyline tab (VIVACTIL equiv) | - | 2 | ANTIDEPRESSANTS |
| PROVERA TAB | - | NC | PROGESTINS |
| PROVIGIL TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PROZAC CAP | - | NC | ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | NC | ANTIDEPRESSANTS |
| PROZENA PAD | - | NC | DERMATOLOGICALS |
| PULMICORT FLEXHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMICORT INH SUSP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN | LMSP | 2 | RESPIRATORY AGENTS - MISC. |
| PUREFOLIX TAB | - | NC | HEMATOPOIETIC AGENTS |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PYLERA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| pyrazinamide tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| PYRIDIDIUM TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridstigmine soln (MESTINON equiv) | - | 2 | 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 | 2 | HEMATOLOGICAL AGENTS - MISC. |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTIHYPERTENSIVES |
| QBREXZA PAD | - | NC | DERMATOLOGICALS |
| QDOLO SOLN, TRAMADOL SOLN | - | NC | ANALGESICS - OPIOID |
| QELBREE ER CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QMIIZ ODT TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | NC | ANTIDIABETICS |
| QUALAQUIN CAP | - | NC | ANTIMALARIALS |
| QUAZEPAM TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QUDEXY XR CAP | - | NC | ANTICONVULSANTS |
| QUESTRAN LITE POWDER | - | NC | ANTIHYPERLIPIDEMICS |
| QUESTRAN POWDER | - | NC | ANTIHYPERLIPIDEMICS |
| QUESTRAN POWDER PACK | - | NC | ANTIHYPERLIPIDEMICS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUETIAPINE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUFLORA PEDIATRIC CHEW 0.25MG | - | NC | MULTIVITAMINS |
| QUFLORA PEDIATRIC CHEW 0.5MG | - | NC | MULTIVITAMINS |
| QUFLORA PEDIATRIC CHEW 1MG | - | NC | MULTIVITAMINS |
| QUILLICHEW ER TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QUILLIVANT XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | 2 | ANTIHYPERTENSIVES |
| QUINAPRIL/HCTZ TAB | - | NC | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB | - | NC | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC | ANTIMALARIALS |
| QUINIXIL PAK | - | NC | DERMATOLOGICALS |
| QULIPTA TAB | - | NC | MIGRAINE PRODUCTS |
| QUVIVIQ TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QVAR REDIHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 | ULCER DRUGS |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | NEUROMUSCULAR AGENTS |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | NEUROMUSCULAR AGENTS |
| RAGWITEK SL TAB (QL= 1 tab/day) | QL | 2 | BIOLOGICALS MISC |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | ACA | \$0 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| RANEXA TAB | - | NC | ANTIANGINAL AGENTS |
| ranitidine cap (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranolazine tab (RANEXA equiv) | - | 2 | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) | TS | 2 | ANTIPARKINSON AGENTS |
| RAVICTI LIQUID | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYOS TAB | - | NC | CORTICOSTEROIDS |
| RAZADYNE ER CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE SOLN | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBETOL SOLN | LMSP | 2 | ANTIVIRALS |
| REBIF INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RECORLEV TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RECTIV OINT | - | NC | ANORECTAL AND RELATED PRODUCTS |
| REDITREX INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| REGLAN TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELAFEN DS TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| RELEUKO INJ | - | NC | HEMATOPOIETIC AGENTS |
| RELEUKO PREFILLED SYRINGE INJ | - | NC | HEMATOPOIETIC AGENTS |
| 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. |
| RELPAK TAB | - | NC | MIGRAINE PRODUCTS |
| RELTONE CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REMEDIENT CAP | - | NC | MULTIVITAMINS |
| REMERON SOLUTAB | - | NC | ANTIDEPRESSANTS |
| REMERON TAB | - | NC | ANTIDEPRESSANTS |
| RENAGEL TAB 800MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| RENVELA PAK | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RENVELA TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |

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Alphabetical Index
Last Updated 11/1/2024

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| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| REQUIP TAB | - | NC | ANTIPARKINSON AGENTS |
| REQUIP XL TAB | - | NC | ANTIPARKINSON AGENTS |
| RESCRIPTOR TAB | - | 2 | ANTIVIRALS |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS MULTI-DOSE | - | NC | OPHTHALMIC AGENTS |
| RESTASIS OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| RESTORIL CAP 15MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RESTORIL CAP 22.5MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RESTORIL CAP 30MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RESTORIL CAP 7.5MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RETACRIT INJ | MSP-PA | 2 | HEMATOPOIETIC AGENTS |
| RETEVMO CAP (QL= 2 caps/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO CAP 40MG (QL= 3 caps/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB (QL= 2 tabs/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB 40MG (QL= 3 tabs/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETIN-A CREAM | - | NC | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC | DERMATOLOGICALS |
| RETROVIR CAP | - | NC | ANTIVIRALS |
| RETROVIR SYRUP | - | NC | ANTIVIRALS |
| RETROVIR TAB | - | NC | ANTIVIRALS |
| REVATIO SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REVATIO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633) | LD-QL-RS | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| REXAPHENAC CREAM | - | NC | DERMATOLOGICALS |
| REXULTI TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| REYATAZ CAP | - | NC | ANTIVIRALS |
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| REZDIFFRA TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| REZVOGLAR INJ | - | NC | ANTIDIABETICS |
| REZYST CHEW TAB | - | NC | ANTIDIARRHEALS |
| RHEUMATREX TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| RHINOCORT AQUA NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RHOFADE CREAM | - | EXC | DERMATOLOGICALS |
| RHOPRESSA OPHTH SOLN | PA | 3 | OPHTHALMIC AGENTS |
| RIBAPAK TAB | - | NC | ANTIVIRALS |
| RIBAVIRIN CAP | LMSP | 1 | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | LMSP | 1 | ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC | ANTIVIRALS |
| RIBAVIRIN TAB | LMSP | 1 | ANTIVIRALS |
| RIDAURA CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFADIN CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| RILUTEK TAB | - | NC | NEUROMUSCULAR AGENTS |
| riluzole tab (RILUTEK equiv) | - | 2 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 3 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| RINVOQ ORAL SOLN (QL= 12ml/day) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| RIOMET SOLN | - | NC | ANTIDIABETICS |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL INJ | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL M ODT | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL SOLN | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone microspheres inj (RISPERDAL equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RITALIN LA CAP, APTENSIO XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| RITALIN TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ritonavir tab (NORVIR equiv) | - | 2 | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVIVE, REXTOVY SPRAY | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROAOXIA GEL | - | NC | DERMATOLOGICALS |
| ROBAXIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ROBINUL TAB | - | NC | ULCER DRUGS |
| ROCALTROL CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCALTROL SOLN | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCKLATAN OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| roflumilast tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC | LOCAL ANESTHETICS-PARENTERAL |
| ROSADAN KIT | - | NC | DERMATOLOGICALS |
| ROSULA EMULSION | - | NC | DERMATOLOGICALS |
| ROSULA GEL | - | NC | DERMATOLOGICALS |
| rosuvastatin tab (CRESTOR equiv) | ACA | \$0 | ANTIHYPERTENSIVES |
| ROSZET TAB | - | NC | ANTIHYPERTENSIVES |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB | - | NC | ANTIHYPERTENSIVES |
| ROTARIX SUSP | VAC | \$0 | VACCINES |
| ROTATEQ INJ | VAC | \$0 | VACCINES |
| ROWASA KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ROXICET SOLN | - | NC | ANALGESICS - OPIOID |
| ROXICODONE TAB | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB 15MG | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB 30MG | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB 5MG | - | NC | ANALGESICS - OPIOID |
| ROZLYTREK CAP (QL= 3 caps/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ROZLYTREK PAK (QL= 6 packs/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (Only available through Accredo 800-803-2523) | LD-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 2 | ANTICONVULSANTS |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 | 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; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| RYBIX ODT | - | NC | ANALGESICS - OPIOID |
| RYCLORA SOLN | - | NC | ANTIHISTAMINES |
| RYDAPT CAP (QL= 56 caps/28 days) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB | - | NC | ANTIHISTAMINES |
| SABRIL TAB | - | NC | ANTICONVULSANTS |
| SAFYRAL TAB | ACA | \$0 | CONTRACEPTIVES |

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|------|--|------|---|-----|--|
| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALAGEN TAB | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| SALEX LOTION KIT | - | NC | DERMATOLOGICALS |
| SALEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| SALEX SHAMPOO | - | NC | DERMATOLOGICALS |
| SALICATE LIQUID | - | NC | DERMATOLOGICALS |
| salicyclic acid soln | - | NC | DERMATOLOGICALS |
| salicylic acid cream (CERAVE PSORIASIS equiv) | - | NC | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | 2 | DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | NC | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 2 | ANALGESICS - NONNARCOTIC |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 | ANTIEMETICS |
| SANDIMMUNE SOLN 100MG/ML | - | 2 | ASSORTED CLASSES |
| SANDOSTATIN LAR INJ KIT | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| SAPHRIS SL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | LMSP-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | LMSP-PA | 2 | 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. |
| 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 | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 2 | ANTIEMETICS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| SECUADO PATCH | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEEBRI NEOHALER CAP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SEGLENTIS TAB | - | NC | ANALGESICS - OPIOID |
| SEGLUROMET TAB | - | NC | ANTIDIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | OTC | 1 | DERMATOLOGICALS |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 | DERMATOLOGICALS |

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Last Updated 11/1/2024

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|--|---------------------|-------------|--|
| selenium sulfide shampoo (SELSEB equiv) | - | 2 | 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 | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | NC | ASTHMA AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC | DERMATOLOGICALS |
| SEROQUEL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEROQUEL XR TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SERTRALINE CAP | - | NC | ANTIDEPRESSANTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SEYSARA TAB | - | NC | TETRACYCLINES |
| SHINGRIX INJ (Covered for members age 19 years or older) | VAC | \$0 | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB | - | NC | HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | NC | DERMATOLOGICALS |
| SILATRIX GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| SILIPAC KIT | - | NC | DERMATOLOGICALS |
| SILIQ INJ | - | NC | DERMATOLOGICALS |
| silodosin cap (RAPAFLO equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| SILVADENE CREAM | - | NC | DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SILVERA PAD | - | NC | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| SIMCOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 50MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 50MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| simvastatin tab (ZOCOR equiv) | ACA | \$0 | ANTIHYPERLIPIDEMICS |
| SINEMET CR TAB | - | NC | ANTIPARKINSON AGENTS |

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Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| SINEMET TAB | - | NC | ANTIPARKINSON AGENTS |
| SINGULAIR CHEW TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR GRANULE PACK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sirolimus soln (RAPAMUNE equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | 2 | 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. |
| SKELAXIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SKLICE LOTION | - | NC | DERMATOLOGICALS |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 | NEUROMUSCULAR AGENTS |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | LMSP-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | LMSP-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SKYTROFA INJ | LMSP-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLO-NIACIN TAB | OTC | NC | VITAMINS |
| SLYND TAB | - | \$0 | CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| SOAAZ 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 |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | ACA | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | ACA | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | ACA | \$0 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | ACA | \$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 | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 | ASSORTED CLASSES |

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| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 | 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) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 | LAXATIVES |
| SOFDRA GEL | - | NC | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| SOGROYA INJ | LMSP-PA | 2 | 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 | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| SOLAICE PATCH | - | NC | DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC | DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLQUA 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 | 3 | CORTICOSTEROIDS |
| SOLU-MEDROL INJ | - | NC | CORTICOSTEROIDS |
| SOLU-MEDROL INJ 2GM | - | 2 | CORTICOSTEROIDS |
| SOLU-MEDROL PF INJ | - | NC | CORTICOSTEROIDS |
| SOMA TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOOLANTRA CREAM | - | NC | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| sorafenib tosylate tab (NEXAVAR equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SORIATANE CAP | - | NC | DERMATOLOGICALS |
| 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 or older) | PA | 3 | BETA BLOCKERS |
| SOVALDI PELLETT PAK | - | NC | ANTIVIRALS |
| SOVALDI TAB | - | NC | ANTIVIRALS |
| SOVUNA TAB | - | NC | ANTIMALARIALS |
| SPECTRACEF TAB | - | 3 | CEPHALOSPORINS |
| SPEVIGO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | 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 or older) | PA | 2 | DIURETICS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPORANOX CAP | - | NC | ANTIFUNGALS |
| SPORANOX SOLN | - | NC | ANTIFUNGALS |
| SPRAVATO NASAL SOLN (QL= 4 kits/28 days) | PA-QL | 2 | ANTIDEPRESSANTS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | ACA | \$0 | CONTRACEPTIVES |
| SPRITAM TAB | - | NC | ANTICONSULSANTS |
| SPRIX NASAL SPRAY | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| SSKI ORAL SOLN | - | 3 | COUGH/COLD/ALLERGY |
| STAVUDINE CAP | - | 2 | ANTIVIRALS |
| stavudine cap (ZERIT equiv) | - | 2 | ANTIVIRALS |
| STAVZOR CAP | - | NC | ANTICONSULSANTS |
| STEGLATRO TAB | - | NC | ANTIDIABETICS |
| STEGLUJAN TAB | - | NC | ANTIDIABETICS |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIMUFEND INJ | - | NC | HEMATOPOIETIC AGENTS |

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| | | | | | |
|------|--|------|---|-----|--|
| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Affordable Care Act | 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRATTERA CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | 2 | 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 |
| STROVITE TAB | - | NC | MULTIVITAMINS |
| SUBLOCADE INJ 100MG/0.5ML | MSP | 1 | ANALGESICS - OPIOID |
| SUBLOCADE INJ 300MG/1.5ML | MSP | 1 | ANALGESICS - OPIOID |
| SUBOXONE SL FILM | - | NC | ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC | ANALGESICS - OPIOID |
| SUCRAID SOLN | - | NC | DIGESTIVE AIDS |
| sucrafate susp (CARAFATE equiv) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| sucrafate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| SUFLAVE SOLN (QL= 2 fills/calendar year) | QL | 2 | LAXATIVES |
| SULAR TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv) | - | NC | DERMATOLOGICALS |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv) | - | NC | DERMATOLOGICALS |
| sulfadiazine tab | - | 2 | 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% | - | NC | DERMATOLOGICALS |
| SUMADEN XLT KIT | - | NC | DERMATOLOGICALS |
| SUMANSETRON PAK | - | NC | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREMIMET equiv) | - | NC | MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | NC | MIGRAINE PRODUCTS |
| SUMAXIN WASH | - | NC | DERMATOLOGICALS |
| sunitinib malate cap (SUTENT equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| SUNLENCA TAB | - | NC | ANTIVIRALS |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SUPRAX CAP | - | 3 | CEPHALOSPORINS |
| SUPRAX CAP | - | NC | CEPHALOSPORINS |
| SUPRAX CHEW TAB | - | 3 | CEPHALOSPORINS |
| SUPRAX SUSP | - | NC | CEPHALOSPORINS |
| SUPRAX SUSP 500MG/5ML | - | 3 | CEPHALOSPORINS |
| SUPREP BOWEL PREP PACK | - | NC | LAXATIVES |
| SURMONTIL CAP | - | NC | ANTIDEPRESSANTS |
| SUSTIVA CAP | - | NC | ANTIVIRALS |
| SUSTIVA TAB | - | NC | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |
| SUTAB TAB | - | NC | LAXATIVES |
| SUTENT CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYLATRON INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | 3 | ULCER DRUGS |
| SYMBICORT INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMBYAX CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. RESPIRATORY AGENTS - MISC. |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | |
| SYMFI (LO) TAB | - | NC | 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 |
| SYNVEXIA TC CREAM | - | NC | DERMATOLOGICALS |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TABRECTA TAB (QL= 4 tabs/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 | DERMATOLOGICALS |
| tadalafil tab (PAH) (ADCIRCA equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST | 1 | CARDIOVASCULAR AGENTS - MISC. |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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**Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024**

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|---|---------------------|-------------|---|
| TAFINLAR TAB | LMSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPTH SOLN equiv) | - | NC | OPHTHALMIC AGENTS |
| TAGAMET TAB | - | NC | ULCER DRUGS |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| TALICIA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| TALTZ INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAMIFLU CAP | - | NC | ANTIVIRALS |
| TAMIFLU CAP 30MG | - | NC | ANTIVIRALS |
| TAMIFLU SUSP | - | NC | ANTIVIRALS |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | ACA | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TANLOR TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| 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 | LMSP-PA-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tasimelteon cap (HETLIOZ equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TASMAR TAB | - | NC | ANTIPARKINSON AGENTS |
| TASOPROL CREAM KIT | - | NC | DERMATOLOGICALS |
| tavaborole soln (KERYDIN equiv) | - | NC | DERMATOLOGICALS |
| TAVALISSE TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| TAYTULLA CAP | ACA | \$0 | CONTRACEPTIVES |
| tazarotene cream 0.05% (TAZORAC equiv) | - | 2 | DERMATOLOGICALS |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 | DERMATOLOGICALS |
| tazarotene gel (TAZORAC equiv) | - | NC | DERMATOLOGICALS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB | - | NC | ANTIVIRALS |
| TEKTURNA HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| TEKTURNA TAB | - | NC | 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 DISORDEF AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TEMOVATE CREAM | - | NC | DERMATOLOGICALS |
| TEMOVATE OINT | - | NC | DERMATOLOGICALS |
| temozolomide cap (TEMODAR equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 | ANTIVIRALS |
| TENORETIC TAB | - | NC | ANTIHYPERTENSIVES |
| TENORMIN TAB | - | NC | BETA BLOCKERS |
| TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TERAZOL CREAM | - | NC | VAGINAL PRODUCTS |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| 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 620MCG/2.48ML | LMSP | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TESSALON CAP | - | NC | COUGH/COLD/ALLERGY |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |

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Alphabetical Index
Last Updated 11/1/2024

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| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 10MG/ACT | - | NC | ANDROGENS-ANABOLIC |
| testosterone gel 2% (FORTESTA equiv) | - | NC | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap | - | 2 | TETRACYCLINES |
| TETRACYCLINE TAB | - | NC | TETRACYCLINES |
| TEZSPIRE INJ (QL= 1 pen/28 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THALITONE TAB | - | NC | DIURETICS |
| THALOMID CAP | MSP | 2 | ASSORTED CLASSES |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 2 | 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 tab (MELLARIL 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) | - | 2 | ANTICONVULSANTS |
| TIAZAC CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| TIGAN CAP | - | NC | ANTIEMETICS |
| TIGLUTIK SUSP | - | NC | NEUROMUSCULAR AGENTS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottle/fill) | QL | 2 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | NC | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| TIMOPTIC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TIMOPTIC-XE OPHTH GEL | - | NC | OPHTHALMIC AGENTS |
| TINDAMAX TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| 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) | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiotropium bromide cap inhaler (SPIRIVA equiv) | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| TIROSINT CAP | - | NC | THYROID AGENTS |
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older) | PA-QL | 3 | THYROID AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER (Only available through Walgreens 888-347-3416) | LD-PA | 3 | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| TOBRADEX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 1 | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| TOBREX OPHTH OINT (QL= 2 bottles/fill) | QL | 3 | OPHTHALMIC AGENTS |
| TOBREX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TODAY SPONGE | ACA-OTC | \$0 | VAGINAL PRODUCTS |
| TOFRANIL TAB | - | NC | ANTIDEPRESSANTS |
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 2 | ANTIPARKINSON AGENTS |
| TOLECTIN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLSURA CAP | - | NC | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| TOLVAPTAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| tolvaptan tab (SAMSCA equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TOPICORT CREAM | - | NC | DERMATOLOGICALS |
| TOPICORT CREAM 0.05% | - | NC | DERMATOLOGICALS |
| TOPICORT GEL | - | NC | DERMATOLOGICALS |
| TOPICORT OINT | - | NC | DERMATOLOGICALS |
| TOPICORT OINT 0.05% | - | NC | DERMATOLOGICALS |
| topiramate ER cap (QUDEXY equiv) | - | NC | ANTICONVULSANTS |
| topiramate er cap (TROKENDI XR equiv) | - | NC | ANTICONVULSANTS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| TOPROL XL TAB | - | NC | BETA BLOCKERS |
| toremifene tab (FARESTON equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide 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 |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB | - | NC | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |
| TRAMADOL ER CAP | - | NC | ANALGESICS - OPIOID |
| tramadol ER tab (ULTRAM ER equiv) | - | 2 | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB | - | 3 | 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) | - | 2 | ANTIHYPERTENSIVES |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 | HEMOSTATICS |
| TRANSDERM-SCOP PATCH | - | NC | ANTIEMETICS |
| TRANXENE-T TAB | - | NC | ANTIANKXIETY AGENTS |
| tranylcypromine tab (PARNATE equiv) | - | 2 | ANTIDEPRESSANTS |
| TRAVATAN Z DROPS | - | NC | OPHTHALMIC AGENTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC | ANTIDEPRESSANTS |
| TRECATOR TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1 inj/56 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|---|
| TRETIN-X CREAM | - | NC | DERMATOLOGICALS |
| TREXALL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC | ANALGESICS - OPIOID |
| triamcinolone acetonide 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 (KENALOG equiv) | - | 2 | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| 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 |
| TRICOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| 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 OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHXYPHENIDYL SOLN | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| tri-legest tab (ESTROSTEP FE equiv) | ACA | \$0 | CONTRACEPTIVES |
| TRILIPIX CAP | - | NC | ANTIHYPERLIPIDEMICS |
| TRILOCICLO KIT | - | NC | DERMATOLOGICALS |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| TRIMETHOPRIM TAB | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 2 | ANTIDEPRESSANTS |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-TS | 3 | ANTIDEPRESSANTS |
| TRIONEX PAK | - | NC | DERMATOLOGICALS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | ACA | \$0 | CONTRACEPTIVES |
| TRIUMEQ PD TAB | - | 2 | ANTIVIRALS |
| TRIUMEQ TAB | - | 2 | ANTIVIRALS |
| TRI-VITAMIN FLUORIDE DROPS | - | 1 | MULTIVITAMINS |
| TRIZIVIR TAB | - | 2 | ANTIVIRALS |
| TROKENDI XR CAP | - | NC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill) | QL | 1 | OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 | 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; Step Therapy requires trial of metformin IR, metformin ER, metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 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 | 2 | 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSOPT OPHTH 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TUSSICAPS | - | NC | COUGH/COLD/ALLERGY |
| TUXARIN ER TAB | - | NC | COUGH/COLD/ALLERGY |
| TUZISTRA XR SUSP | - | NC | COUGH/COLD/ALLERGY |
| TWINRIX INJ | VAC | \$0 | VACCINES |
| TWIRLA PATCH | - | \$0 | CONTRACEPTIVES |
| TWYNEO CREAM | - | NC | DERMATOLOGICALS |
| TYBLUME TAB | ACA | \$0 | CONTRACEPTIVES |
| TYBOST TAB | - | NC | ANTIVIRALS |
| TYENNE INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| TYKERB TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYLENOL/CODEINE TAB | - | NC | ANALGESICS - OPIOID |
| TYMLOS INJ | LMSP | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 | OPHTHALMIC AGENTS |

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Alphabetical Index
Last Updated 11/1/2024

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| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | 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 | 2 | 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 | 2 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | 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 |
| UCERIS TAB | - | NC | CORTICOSTEROIDS |
| UDENYCA INJ | - | NC | HEMATOPOIETIC AGENTS |
| ULORIC TAB | - | NC | GOUT AGENTS |
| ULTRACET TAB | - | NC | ANALGESICS - OPIOID |
| ULTRAM TAB | - | NC | ANALGESICS - OPIOID |
| ULTRAVATE CREAM | - | NC | DERMATOLOGICALS |
| ULTRAVATE LOTION | - | NC | DERMATOLOGICALS |
| ULTRAVATE OINT | - | NC | DERMATOLOGICALS |
| ULTRAVATE PAC KIT | - | NC | DERMATOLOGICALS |
| UMECTA EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA 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 | 2 | 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 |
| URECHOLINE TAB | - | NC | URINARY ANTISPASMODICS |
| URITACT DS TAB | - | 3 | URINARY ANTI-INFECTIVES |
| URITACT EC TAB | - | 3 | URINARY ANTI-INFECTIVES |
| UROKIT-K TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| UROXATRAL TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| URSO FORTE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| URSODIOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|---|
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| UTA CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| UTIBRON NEOHALER CAP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VAFSEO TAB | - | NC | HEMATOPOIETIC AGENTS |
| VAGIFEM TAB | - | NC | VAGINAL PRODUCTS |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL | 2 | DERMATOLOGICALS |
| VALCYTE SOLN | - | NC | ANTIVIRALS |
| VALCYTE TAB | - | NC | ANTIVIRALS |
| valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist) | RS | 2 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist) | RS | 2 | ANTIVIRALS |
| VALIUM TAB | - | NC | ANTIANKXIETY AGENTS |
| valproate inj (DEPAICON equiv) | - | NC | ANTICONVULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| VALSARTAN SOLN | - | NC | ANTIHYPERTENSIVES |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill) | QL | 3 | ANTICONVULSANTS |
| VALTREX TAB | - | NC | ANTIVIRALS |
| VANOCOCIN CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap (VANOCOCIN 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 | ANTI-INFECTIVE AGENTS - MISC. |
| VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 | ANTINEOPLASTICS 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| VANOS CREAM | - | NC | DERMATOLOGICALS |
| 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 |
| VASCEPA CAP | - | NC | ANTIHYPERLIPIDEMICS |
| VASERETIC TAB | - | NC | ANTIHYPERTENSIVES |
| vasolex oint (XENADERM equiv) | - | 1 | DERMATOLOGICALS |
| VASOTEC TAB | - | NC | ANTIHYPERTENSIVES |
| VAXELIS INJ | VAC | \$0 | TOXOIDS |
| VAXNEUVANCE INJ | VAC | \$0 | VACCINES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|--|---------------------|-------------|--|
| v-c forte cap (V-C FORTE equiv) | - | 2 | MULTIVITAMINS |
| VECAMYL TAB | - | NC | ANTIHYPERTENSIVES |
| VECTICAL OINT | - | NC | DERMATOLOGICALS |
| VELIVET PAK | ACA | \$0 | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | ACA | \$0 | CONTRACEPTIVES |
| VELPHORO CHEW TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELSIPITY TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER | PA | 2 | ASSORTED CLASSES |
| VEMLIDY TAB | - | 2 | ANTIVIRALS |
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | 2 | 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 | 2 | 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 | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 100MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 2 | 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 | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERELAN PM CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERELAN SR CAP 360mg | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERQUVO TAB (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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP | - | NC | URINARY ANTISPASMODICS |
| VESICARE TAB | - | NC | URINARY ANTISPASMODICS |
| VFEND SUSP | - | NC | ANTIFUNGALS |
| VFEND TAB | - | NC | ANTIFUNGALS |
| V-GO INJ KIT | - | NC | MEDICAL DEVICES AND SUPPLIES |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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|---|---------------------|-------------|--|
| VIBERZI TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VIBRAMYCIN CAP | - | NC | TETRACYCLINES |
| VIBRAMYCIN SUSP | - | NC | TETRACYCLINES |
| VIBRAMYCIN SYRUP | - | 3 | TETRACYCLINES |
| VICOPROFEN TAB | - | NC | ANALGESICS - OPIOID |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 | ANTIDIABETICS |
| VIDEX EC CAP | - | NC | ANTIVIRALS |
| VIDEX SOLN | - | 2 | ANTIVIRALS |
| VIEKIRA XR TAB | - | NC | ANTIVIRALS |
| vienna tab, lessina tab, kurvelo tab (ALESSE equiv) | ACA | \$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 OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT | - | NC | ANTIDEPRESSANTS |
| VIIBRYD TAB | - | NC | ANTIDEPRESSANTS |
| VIJOICE GRANULES PACKET (QL= 1 packet/day) | MSP-PA-QL | 3 | MISCELLANEOUS THERAPEUTIC CLASSES |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | 3 | MISCELLANEOUS THERAPEUTIC CLASSES |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | 3 | MISCELLANEOUS THERAPEUTIC CLASSES |
| vilazodone hcl tab (VIIBRYD equiv) | - | 2 | ANTIDEPRESSANTS |
| VIMOVO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | NC | ANTICONVULSANTS |
| VIMPAT TAB | - | NC | ANTICONVULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | ACA | \$0 | CONTRACEPTIVES |
| VIRACEPT TAB | - | 2 | ANTIVIRALS |
| VIRAMUNE SUSP | - | NC | ANTIVIRALS |
| VIRAMUNE TAB | - | NC | ANTIVIRALS |
| VIRAMUNE XR TAB | - | NC | ANTIVIRALS |
| VIREAD TAB | - | 2 | ANTIVIRALS |
| VIREAD TAB | - | NC | ANTIVIRALS |
| VISTARIL CAP | - | NC | ANTI-ANXIETY AGENTS |
| 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 | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB | - | NC | MULTIVITAMINS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
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 Alphabetical Index
 Last Updated 11/1/2024**

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| VITRECYL TAB | - | NC | MULTIVITAMINS |
| VIVELLE-DOT PATCH | - | NC | ESTROGENS |
| VIVITROL INJ | LMSP | 2 | ANTIDOTES |
| VIVJOA CAP | - | NC | ANTIFUNGALS |
| VIVLODEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOGELXO GEL PUMP 1% | - | NC | ANDROGENS-ANABOLIC |
| VOLTAREN GEL | OTC | NC | DERMATOLOGICALS |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOPAC 5 CREAM | - | NC | DERMATOLOGICALS |
| VOPAC CREAM | - | NC | DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC | DERMATOLOGICALS |
| 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 | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| voriconazole susp (VFEND equiv) | - | 2 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | 2 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| VOTRIENT TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VOYDEYA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| VOYDEYA TAB THERAPY PACK | - | NC | 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 OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| VUMERITY CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYALEV INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| 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 | 2 | CARDIOVASCULAR AGENTS - MISC. |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

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| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| VYTONNE CREAM 1.9-1% | - | NC | DERMATOLOGICALS |
| VYTORIN TAB | - | NC | ANTIHYPERTENSIVES |
| VYVANSE CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVANSE CHEW TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYZULTA SOLN (QL= 2.5ml/30 days) | PA-QL | 3 | OPHTHALMIC AGENTS |
| WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| WEGOVY INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WELCHOL PACK | - | NC | ANTIHYPERTENSIVES |
| WELCHOL TAB | - | NC | ANTIHYPERTENSIVES |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WELLBUTRIN SR TAB | - | NC | ANTIDEPRESSANTS |
| WELLBUTRIN XL TAB | - | NC | ANTIDEPRESSANTS |
| WESTCORT OINT | - | NC | DERMATOLOGICALS |
| WINLEVI CREAM | - | NC | DERMATOLOGICALS |
| WINREVAIR INJ | - | NC | 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 |
| XALATAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| XALIX SOL | - | NC | DERMATOLOGICALS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XALKORI SPRINKLE CAP (QL= 4 caps/day) | MSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XANAX TAB | - | NC | ANTIANKXIETY AGENTS |
| XANAX XR TAB | - | NC | ANTIANKXIETY AGENTS |
| XAQUIL XR TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO SUSP | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XARTEMIS XR TAB | - | NC | ANALGESICS - OPIOID |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |

** OTC drugs are not a covered benefit.

| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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

Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| 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) | LD-QL-RS | 2 | OPHTHALMIC AGENTS |
| XELJANZ SOLN (QL= 10ml/day) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | 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 | 2 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| XENADERM OINT | - | 3 | DERMATOLOGICALS |
| XENAZINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP | - | EXC | 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 |
| XOFLUZA TAB (QL= 1 tab/fill) | QL | 3 | ANTIVIRALS |
| XOLAIR INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 150MG/ML (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE (QL= 2 inj/21 days OR 6 inj/63 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE 150MG/ML (QL= 4 inj/21 days OR 12 inj/63 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered Affordable Care Act | EXC | Plan Exclusion | INF | Infertility |
| LD | NC/3P = Not Covered, Third Party Reviewer 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

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**Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024**

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| XOLEGEL | - | NC | DERMATOLOGICALS |
| XOLREMDI CAP | - | NC | HEMATOPOIETIC AGENTS |
| XOPENEX NEB SOLN | - | NC | ASTHMA AND BRONCHODILATOR AGENTS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XRYLIX PAK | - | NC | DERMATOLOGICALS |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 | ANALGESICS - OPIOID |
| XTANDI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 40MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 80MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 | ANTIDIABETICS |
| XURIDEN POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XYOSTED INJ | - | NC | ANDROGENS-ANABOLIC |
| 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 |
| YONSA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YORVIPATH INJ | - | NC | 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-aqv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZADITOR OPHTH SOLN | OTC | NC | OPHTHALMIC AGENTS |
| zafemy patch (XULANE equiv) | ACA | \$0 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 2 | ASTHMA AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZANAFLEX TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ZANTAC EFFER TAB | - | NC | ULCER DRUGS |
| ZARXIO INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP | - | NC | HEMATOPOIETIC AGENTS |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days) | PA-QL | 2 | MIGRAINE PRODUCTS |

** OTC drugs are not a covered benefit.

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

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ZECUITY PAD | - | NC | MIGRAINE PRODUCTS |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| ZEGERID CAP OTC | OTC | NC | ULCER DRUGS |
| ZEGERID POWDER PACK | - | NC | ULCER DRUGS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | NC | ANTIPARKINSON AGENTS |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELNORM TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ZEMPLAR CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ZEPBOUND VIAL INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ZEPOSIA CAP (QL= 1 cap/day) | LMSP-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | LMSP-PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT CAP | - | NC | ANTIVIRALS |
| ZERVIAE OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ZESTORETIC TAB | - | NC | ANTIHYPERTENSIVES |
| ZETIA TAB | - | NC | ANTHYPERLIPIDEMICS |
| ZETONNA NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ZIAC TAB | - | NC | ANTIHYPERTENSIVES |
| ZIAGEN SOLN | - | NC | ANTIVIRALS |
| ZIAGEN TAB | - | NC | ANTIVIRALS |
| ZIANA GEL | - | NC | DERMATOLOGICALS |
| zidovudine cap (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| ZIEXTENZO INJ | - | NC | HEMATOPOIETIC AGENTS |
| ZILACAINE PAK | - | NC | DERMATOLOGICALS |
| ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| zileuton ER tab (ZYFLO CR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZILXI FOAM | - | NC | DERMATOLOGICALS |

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| | | | | | |
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| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | EXC | generic = small letters Plan Exclusion | INF | BRANDS = CAPITAL LETTERS Infertility |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ZIMHI SOLN | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| 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 (QL= 2 bottles/fill) | QL | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 | MACROLIDES |
| ZITHROMAX SUSP | - | NC | MACROLIDES |
| ZITHROMAX TAB | - | NC | MACROLIDES |
| ZITUVIMET XR TAB | - | NC | ANTIDIABETICS |
| ZITUVIO TAB | - | NC | ANTIDIABETICS |
| ZOCOR TAB | - | NC | ANTIHYPERTENSIVES |
| ZOFRAN ODT | - | NC | ANTIEMETICS |
| ZOFRAN SOLN | - | NC | ANTIEMETICS |
| ZOFRAN TAB | - | NC | ANTIEMETICS |
| ZOHYDRO ER CAP | - | NC | ANALGESICS - OPIOID |
| ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| ZOLINZA CAP | LMSP-PA-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | - | NC | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLOFT CONC | - | NC | ANTIDEPRESSANTS |
| ZOLOFT TAB | - | NC | ANTIDEPRESSANTS |
| ZOLPAK KIT | - | NC | DERMATOLOGICALS |
| ZOLPIDEM CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS |
| 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 |
| ZOMIG TAB | - | NC | MIGRAINE PRODUCTS |
| ZOMIG ZMT | - | NC | MIGRAINE PRODUCTS |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 | ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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Prevea360 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ZONTIVITY TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ZORVOLEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| ZORYVE CREAM | - | NC | DERMATOLOGICALS |
| ZORYVE FOAM | - | NC | DERMATOLOGICALS |
| ZOVIRAX CAP | - | NC | ANTIVIRALS |
| ZOVIRAX CREAM | - | NC | DERMATOLOGICALS |
| ZOVIRAX OINT | - | NC | DERMATOLOGICALS |
| ZOVIRAX SUSP | - | NC | ANTIVIRALS |
| ZOVIRAX TAB | - | NC | ANTIVIRALS |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 | ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | 1 | ANALGESICS - OPIOID |
| 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 | 2 | ANTIDEPRESSANTS |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | 2 | ANTIDEPRESSANTS |
| ZUTRIPRO LIQUID | - | NC | COUGH/COLD/ALLERGY |
| ZYCLARA CREAM | - | NC | DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA CAP (QL= 3 caps/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | LMSP-PA-QL-SF | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |
| ZYLOPRIM TAB | - | NC | GOUT AGENTS |
| ZYLOTROL-L KIT | - | NC | DERMATOLOGICALS |
| ZYMAXID OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ZYMFENTRA INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ZYPITAMAG TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZYPREXA RELPREVV INJ | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA ZYDIS TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC | ANTIHISTAMINES |
| ZYRTEC CHILD CHEW TAB | OTC | EXC | ANTIHISTAMINES |
| ZYVOX SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| ZYVOX TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |

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|-------------|---|-------------|---|------------|--|
| ACA | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | EXC | Plan Exclusion | INF | Infertility |
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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| 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 tab (DEXEDRINE equiv) | - | 1 |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 2 |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) | - | 2 |
| ADDERALL TAB | - | NC |
| ADDERALL XR CAP | - | NC |
| 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 |
| DEXEDRINE CAP | - | 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 tab (DESOXYN equiv) | - | NC |
| VYVANSE CAP | - | NC |
| VYVANSE CHEW TAB | - | NC |
| XELSTRYM PAD | - | NC |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| benzphetamine tab | - | EXC |
| DIETHYLPROPION ER TAB | - | EXC |
| diethylpropion tab | - | EXC |
| LOMAIRA TAB | - | EXC |
| PHENDIMETRAZINE ER TAB | - | EXC |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC |
| PLENITY CAP | - | EXC |
| ANTI-OBESITY AGENTS | | |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |

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|--|--|---|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordable Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| WEGOVY INJ | - | EXC |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC |
| XENICAL CAP | - | EXC |
| ZEPBOUND INJ | - | EXC |
| ZEPBOUND VIAL INJ | - | EXC |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA equiv) | - | 1 |
| clonidine ER tab (KAPVAY equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| INTUNIV TAB | - | NC |
| KAPVAY TAB | - | NC |
| ONYDA XR SUSP | - | NC |
| QELBREE ER CAP | - | NC |
| STRATTERA 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 | 2 |
| 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 ER cap (RITALIN LA equiv) | - | 1 |
| METHYLPHENIDATE ER TAB | - | 1 |
| methylphenidate ER tab (CONCERTA equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate soln (METHYLIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| methylphenidate chew tab (METHYLIN equiv) | - | 2 |
| methylphenidate ER cap (APTENSIO XR equiv) | - | 2 |
| AZSTARYS CAP | - | NC |
| CONCERTA TAB, RITALIN SR TAB | - | NC |
| COTEMPLA XR ODT | - | NC |
| FOCALIN TAB | - | NC |
| FOCALIN XR CAP | - | NC |
| methylphenidate td patch (DAYTRANA equiv) | - | NC |
| PROVIGIL TAB | - | NC |
| QUILLICHEW ER TAB | - | NC |
| QUILLIVANT XR SUSP | - | NC |
| RELEXXI ER TAB | - | NC |
| RITALIN LA CAP, APTENSIO XR CAP | - | NC |
| RITALIN TAB | - | NC |

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|-------------|--|--------------------------------|--|
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| LD | NC/3P = Not Covered, Third Party Reviewer | EXC | INF |
| OTC | Affordable Care Act | Plan Exclusion | Infertility |
| RDX | Limited Distribution | LMSP | Mandatory Specialty Pharmacy Program |
| SMKG | Over-the-Counter | PA | Quantity Limit |
| VAC | Restricted to Diagnosis | RS | Limited to two 15 day fills per month for first 3 months |
| | Smoking Cessation | ST | Tablet Splitting |
| | Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

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

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

| | | |
|----------------------------------|----|----|
| ODACTRA SL TAB (QL= 1 tab/day) | QL | 2 |
| PALFORZIA POWDER PACK | - | NC |
| PALFORZIA SPRINKLE CAP | - | NC |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC |

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S

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

AMEBICIDES

AMEBICIDES

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES

| | | |
|---|----------|----|
| neomycin tab | - | 1 |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 1 |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | 2 |
| TOBI PODHALER (Only available through Walgreens 888-347-3416) | LD-PA | 3 |
| HUMATIN CAP | - | NC |
| KITABIS PAK NEB SOLN | - | NC |

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

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

ANTIRHEUMATIC ANTIMETABOLITES

| | | |
|----------------|---|----|
| RHEUMATREX TAB | - | 3 |
| REDITREX INJ | - | NC |

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

| | | |
|--|------------|---|
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| HADLIMA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |

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| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordable Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| HADLIMA PUSH INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | LMSP-PA-QL | 2 |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | LMSP-PA-QL | 2 |
| ABRILADA INJ | - | NC |
| ADALIMUMAB-RYVK INJ | - | 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 |
| 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 |
| GOLD COMPOUNDS | | |
| 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 | 2 |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| TYENNE INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ACTEMRA ACTPEN INJ | - | NC |
| ACTEMRA SC INJ | - | NC |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) | - | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |

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

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Category/Class
Last Updated* 11/1/2024**

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|--|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac tab | - | 1 |
| FLURBIPROFEN TAB | - | 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 tab (NAPROSYN equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 2 |
| etodolac ER tab (LODINE XL equiv) | - | 2 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 |
| oxaprozin tab (DAYPRO equiv) | - | 2 |
| KETOPROFEN ER CAP | - | 3 |
| ARTHROTEC TAB | - | NC |
| CELEBREX CAP | - | NC |
| COXANTO CAP | - | NC |
| DAYPRO TAB | - | NC |
| DICLOFENAC CAP | - | NC |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC |
| FELDENE CAP | - | NC |
| fenoprofen calcium cap (NALFON equiv) | - | NC |
| fenoprofen calcium tab | - | NC |
| FENOPROFEN CAP, NAFLON CAP | - | NC |
| FENOPROFEN TAB | - | NC |
| IBU 600-EZS KIT | - | NC |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| indomethacin suppository (INDOCIN equiv) | - | NC |
| indomethacin susp (INDOCIN equiv) | - | NC |
| INFLATHERM PAK | - | NC |
| KETOPROFEN CAP | - | NC |

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|---|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| 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 |
| MOBIC TAB | - | NC |
| MOTRIN SUSP | - | NC |
| NAFLON CAP | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPROSYN EC TAB | - | NC |
| NAPROSYN EC TAB 500MG | - | NC |
| NAPROSYN TAB | - | NC |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| naproxen sodium tab (ANAPROX 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 |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

| | | |
|--|------------|---|
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 |

PYRIMIDINE SYNTHESIS INHIBITORS

| | | |
|-------------------------------|---|----|
| leflunomide tab (ARAVA equiv) | - | 1 |
| ARAVA TAB | - | NC |

SELECTIVE COSTIMULATION MODULATORS

| | | |
|---|------------|---|
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

| | | |
|-------------------------------------|------------|---|
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |

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

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

| | | |
|--|---|----|
| ALLZITAL TAB | - | NC |
| butalbital/acetaminophen cap | - | NC |
| butalbital/acetaminophen/caffeine soln | - | NC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |
| VTOL SOLN | - | NC |

SALICYLATES

| | | |
|--|---------|-----|
| aspirin chew tab 81mg (Covered for females (no age restriction)) | ACA-OTC | \$0 |
| aspirin ec tab 81mg (Covered for females (no age restriction)) | ACA-OTC | \$0 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 2 |
| aspirin EC tab 325mg | OTC | NC |
| aspirin tab 325mg | OTC | NC |
| DOLOBID TAB | - | NC |

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|--|-------|---|
| CODEINE SULFATE TAB | - | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |
| methadone soln | - | 1 |
| methadone tab (DOLOPHINE equiv) | - | 1 |
| methadose tab | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 |
| MORPHINE SULFATE 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 tab | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| OXYCODONE TAB | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days) | PA-QL | 2 |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 2 |
| fentanyl patch (DURAGESIC equiv) | - | 2 |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day) | QL | 2 |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL | 2 |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 2 |
| MORPHINE SULFATE SUPP | - | 2 |

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| OTC | Affordable Care Act | PA | | MSP | Mandatory Specialty Pharmacy Program |
| RDX | Limited Distribution | RS | | QL | Quantity Limit |
| SMKG | Over-the-Counter | ST | | SF | Limited to two 15 day fills per month for first 3 months |
| VAC | Restricted to Diagnosis | | | TS | Tablet Splitting |
| | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 |
| oxycodone conc (ROXICODONE equiv) | - | 2 |
| OXYCODONE ER TAB (QL= 2 tabs/day) | QL | 2 |
| oxycodone soln (ROXICODONE equiv) | - | 2 |
| tramadol ER tab (ULTRAM ER equiv) | - | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| CODEINE SULFATE SOLN | - | 3 |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| FENTORA TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |
| NUCYNTA TAB | - | 3 |
| TRAMADOL HCL ER TAB | - | 3 |
| ACTIQ LOZENGE | - | NC |
| ARYMO ER TAB | - | NC |
| DILAUDID TAB | - | NC |
| DOLOPHINE TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| DURAGESIC PATCH | - | NC |
| EMBEDA CAP | - | NC |
| EXALGO TAB | - | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC |
| HYDROMORPHONE SUPP | - | NC |
| HYSINGLA ER TAB | - | NC |
| KADIAN CAP | - | NC |
| levorphanol tab (LEVORPHANOL equiv) | - | NC |
| meperidine tab (DEMEROL equiv) | - | NC |
| methadone soln | - | NC |
| METHADOSE CONC | - | NC |
| MORPHABOND TAB | - | NC |
| MORPHINE SULFATE ER BEAD CAP | - | NC |
| MORPHINE SULFATE ER CAP | - | NC |
| morphine sulfate ER cap (KADIAN equiv) | - | NC |
| MORPHINE SULFATE TAB | - | NC |
| MS CONTIN TAB | - | NC |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC |
| OPANA TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| OXYMORPHONE ER TAB | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| QDOLO SOLN, TRAMADOL SOLN | - | NC |
| ROXICODONE TAB | - | NC |
| ROXYBOND TAB | - | NC |
| ROXYBOND TAB 15MG | - | NC |
| ROXYBOND TAB 30MG | - | NC |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| ROXYBOND TAB 5MG | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TRAMADOL ER CAP | - | NC |
| TRAMADOL HCL TAB | - | NC |
| tramadol hcl tab 100mg | - | NC |
| ULTRAM TAB | - | NC |
| ZOHYDRO ER CAP | - | NC |
| OPIOID COMBINATIONS | | |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| APAP/CODEINE SOLN | - | 1 |
| aspirin/codeine tab | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| OXYCODONE/ASPIRIN TAB | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 2 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 2 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 2 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 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 |
| LORTAB | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC |
| PERCOCET TAB | - | NC |
| PRIMLEV TAB 10-300MG | - | NC |
| PRIMLEV TAB 5-300MG | - | NC |
| PROLATE TAB 7.5-300MG | - | NC |
| ROXICET SOLN | - | NC |
| SEGLENTIS TAB | - | NC |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC |
| TYLENOL/CODEINE TAB | - | NC |
| ULTRACET TAB | - | NC |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| VERDROCET TAB 2.5MG-325MG | - | NC |
| VICOPROFEN TAB | - | NC |
| XARTEMIS XR TAB | - | NC |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| SUBLOCADE INJ 100MG/0.5ML | MSP | 1 |
| SUBLOCADE INJ 300MG/1.5ML | MSP | 1 |
| ZUBSOLV SL TAB | - | 1 |
| BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| BRIXADI SOLN 8MG/0.18ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416) | LD | 2 |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 2 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 2 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC |
| BUTRANS PATCH | - | NC |
| SUBOXONE SL FILM | - | NC |

ANDROGENS-ANABOLIC

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

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Category/Class
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|---------------------------------------|---------------------|-------------|
| ANDROGENS-ANABOLIC Cont. | | |
| ANDROGEL PUMP 1.62% | - | NC |
| KYZATREX CAP | - | NC |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | 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 |
| VOGELXO GEL PUMP 1% | - | NC |
| XYOSTED INJ | - | NC |

ANORECTAL AGENTS

| INTRARECTAL STEROIDS | | |
|--|---|----|
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTIFOAM | - | 3 |
| CORTENEMA | - | NC |

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

| RECTAL STEROIDS | | |
|---------------------------------------|---|----|
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |
| ANUSOL-HC CREAM | - | NC |
| ANUSOL-HC SUPP | - | NC |

ANORECTAL AND RELATED PRODUCTS

| INTRARECTAL STEROIDS | | |
|---|----|---|
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | PA | 2 |
| UCERIS RECTAL FOAM | PA | 3 |

| RECTAL COMBINATIONS | | |
|--|---|----|
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 |
| ANALPRAM-HC CREAM | - | 3 |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC |

| RECTAL LOCAL ANESTHETICS | | |
|---------------------------------|---|----|
| LIDOCAINE SUPP | - | NC |

| VASODILATING AGENTS | | |
|-----------------------------------|---|----|
| nitroglycerin oint (RECTIV equiv) | - | NC |
| RECTIV OINT | - | NC |

ANTHELMINTICS

| ANTHELMINTICS |
|----------------------|
|----------------------|

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|--|---------------------|-------------|
| ANTHELMINTICS Cont. | | |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| ivermectin tab (STROMEKTOL equiv) | - | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| albendazole tab (ALBENZA equiv) | - | NC |
| ALBENZA TAB | - | NC |
| BILTRICIDE TAB | - | NC |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |

ANTIANGINAL AGENTS

| ANTIANGINALS-OTHER | | |
|-------------------------------|---|----|
| ranolazine tab (RANEXA equiv) | - | 2 |
| ASPRUZYO SPRINKLE GRANULES | - | NC |
| RANEXA TAB | - | NC |

| NITRATES | | |
|--|---|----|
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 2 |
| NITRO-BID OINT | - | 2 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 2 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| NITROMIST SPRAY | - | 3 |
| GONITRO POWDER | - | NC |
| ISORDIL TITRADOSE TAB | - | NC |
| ISORDIL TITRADOSE TAB 40MG | - | NC |
| NITRO-DUR PATCH | - | NC |
| NITROLINGUAL PUMP SPRAY | - | NC |
| NITROSTAT SL TAB | - | NC |

ANTIANGIETY AGENTS

| ANTIANGIETY AGENTS - MISC. | | |
|--|---|----|
| buspirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| meprobamate tab (MILTOWN equiv) | - | NC |
| VISTARIL CAP | - | NC |

| BENZODIAZEPINES | | |
|---|---|---|
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |

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|------------------------------------|---------------------|-------------|
| ANTIANGIENITIC AGENTS Cont. | | |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| alprazolam ODT (NIRAVAM equiv) | - | 2 |
| clorazepate tab (TRANXENE-T equiv) | - | 2 |
| oxazepam cap (SERAX equiv) | - | 2 |
| ATIVAN TAB | - | NC |
| LOREEV XR CAP | - | NC |
| NIRAVAM ODT | - | NC |
| TRANXENE-T TAB | - | NC |
| VALIUM TAB | - | NC |
| XANAX TAB | - | NC |
| XANAX XR TAB | - | NC |

ANTIARRHYTHMICS

| ANTIARRHYTHMICS TYPE I-A | | |
|----------------------------------|---|----|
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| NORPACE CR CAP | - | 2 |
| quinidine gluconate CR tab | - | 2 |
| QUINIDINE SULFATE TAB | - | NC |

| ANTIARRHYTHMICS TYPE I-B | | |
|---------------------------------|---|---|
| mexiletine hcl cap | - | 2 |

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

| ANTIARRHYTHMICS TYPE III | | |
|--|----|---|
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 2 |
| MULTAQ TAB (Restricted to Cardiology Specialist) | RS | 2 |

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
|---|------------|---|
| FASENRA PEN INJ (QL= 1 inj/56 days) | LMSP-PA-QL | 2 |
| NUCALA INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| TEZSPIRE INJ (QL= 1 pen/28 days) | LMSP-PA-QL | 2 |
| XOLAIR INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| XOLAIR INJ 150MG/ML (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| XOLAIR SYRINGE (QL= 2 inj/21 days OR 6 inj/63 days) | LMSP-PA-QL | 2 |
| XOLAIR SYRINGE 150MG/ML (QL= 4 inj/21 days OR 12 inj/63 days) | LMSP-PA-QL | 2 |
| XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |

| ANTI-INFLAMMATORY AGENTS | | |
|---------------------------------|---|----|
| cromolyn neb soln (INTAL equiv) | - | NC |

BRONCHODILATORS - ANTICHOLINERGICS

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
** OTC drugs are not a covered benefit.

| | | |
|--|--|---|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordible Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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

**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER (QL= 2 inhalers/fill) | QL | 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 tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 2 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| ACCOLATE TAB | - | NC |
| SINGULAIR CHEW TAB | - | NC |
| SINGULAIR GRANULE PACK | - | NC |
| SINGULAIR TAB | - | NC |
| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO TAB | - | NC |
| PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS | | |
| OHTUVAYRE SUSP | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| roflumilast tab | - | 1 |
| DALIRESP TAB | - | NC |
| 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 |
| PULMICORT FLEXHALER | - | NC |
| PULMICORT INH SUSP | - | NC |

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

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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| 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/ipratropium neb soln (DUONEB 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 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| budesonide/formoterol inhaler (SYMBICORT equiv) | - | 2 |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/fill) | QL | 2 |
| DULERA INHALER | - | 2 |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | 2 |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT | - | 2 |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT | - | 2 |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 2 |
| levabuterol neb soln (XOPENEX equiv) | - | 2 |
| STIOLTO INHALER | - | 2 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| LEVABUTEROL 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 |
| BREO ELLIPTA INHALER | - | NC |
| BROVANA NEB SOLN | - | NC |
| DUAKLIR INHALER | - | NC |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT | - | NC |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT | - | NC |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT | - | NC |
| PERFOROMIST NEB SOLN | - | NC |
| SEREVENT DISKUS INHALER | - | NC |
| SYMBICORT INHALER | - | NC |
| UTIBRON NEOHALER CAP | - | NC |

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| OTC | Affordable Care Act | PA | Limited Distribution | QL | Mandatory Specialty Pharmacy Program |
| RDX | Limited Distribution | RS | Over-the-Counter | SF | Quantity Limit |
| SMKG | Restricted to Diagnosis | ST | Prior Authorization | TS | Limited to two 15 day fills per month for first 3 months |
| VAC | Restricted to Specialist | | Step Therapy | | Tablet Splitting |
| | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

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

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| ONFI TAB | - | NC |
| SYMPAZAN ORAL FILM | - | NC |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 |
| lacosamide oral solution (VIMPAT equiv) | - | 1 |
| lacosamide tab (VIMPAT equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | 2 |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | 2 |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | 2 |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 2 |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 2 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 |
| APTIOM TAB | - | NC |
| BANZEL SUSP | - | NC |
| BANZEL TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |

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| OTC | Affordable Care Act | PA | Prior Authorization | QL | Quantity Limit |
| RDX | Limited Distribution | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Over-the-Counter | ST | Step Therapy | TS | Tablet Splitting |
| VAC | Restricted to Diagnosis | | | | |
| | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| CARBAMAZEPINE CHEW TAB | - | NC |
| ELEPSIA XR TAB | - | NC |
| LAMICTAL CHEW TAB | - | NC |
| LAMICTAL STARTER KIT | - | NC |
| LAMICTAL TAB | - | NC |
| LAMICTAL XR TAB | - | NC |
| lamotrigine ODT (LAMICTAL equiv) | - | NC |
| LYRICA CAP | - | NC |
| LYRICA CAP 225MG | - | NC |
| LYRICA CAP 300MG | - | 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 |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| 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 | | |
| 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 |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| SABRIL TAB | - | NC |
| VIGAFYDE SOLN | - | NC |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| DILANTIN CAP 30MG | - | 2 |
| PEGANONE TAB | - | 2 |
| phenytoin chew tab (DILANTIN equiv) | - | 2 |
| SUCCINIMIDES | | |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| methsuximide cap (CELONTIN equiv) | - | 2 |
| CELONTIN CAP | - | NC |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPACON INJ | - | NC |
| STAVZOR CAP | - | NC |
| valproate inj (DEPACON equiv) | - | NC |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| REMERON SOLUTAB | - | NC |
| REMERON TAB | - | NC |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY TAB | - | NC |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB | - | 1 |
| APLENZIN TAB | - | NC |
| FORFIVO XL TAB | - | NC |
| WELLBUTRIN SR TAB | - | NC |
| WELLBUTRIN XL TAB | - | NC |
| 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 | 2 |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | 2 |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| PHENELZINE SULFATE TAB | - | 1 |
| phenelzine tab (NARDIL equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB 15MG | - | 3 |

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| OTC | Affordable Care Act | PA | Limited Distribution | QL | Mandatory Specialty Pharmacy Program |
| RDX | Over-the-Counter | RS | LMSP Lumicera Mandatory Specialty Pharmacy Program | SF | Quantity Limit |
| SMKG | Restricted to Diagnosis | ST | PA Prior Authorization | TS | Limited to two 15 day fills per month for first 3 months |
| VAC | Smoking Cessation | | RS Restricted to Specialist | | Tablet Splitting |
| | Vaccine Program | | ST Step Therapy | | |

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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| PARNATE TAB | - | NC |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN (QL= 4 kits/28 days) | PA-QL | 2 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) (Covered for members 15 years or younger) | - | 1 |
| fluoxetine tab 60mg | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 2 |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 |
| paroxetine oral susp (PAXIL equiv) | - | 2 |
| CELEXA TAB | - | NC |
| CITALOPRAM CAP | - | NC |
| FLUOXETINE TAB | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| LEXAPRO TAB | - | NC |
| PAXIL CR TAB | - | NC |
| PAXIL ORAL SUSP | - | NC |
| PAXIL TAB | - | NC |
| PEXEVA TAB | - | NC |
| PROZAC CAP | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SERTRALINE CAP | - | NC |
| ZOLOFT CONC | - | NC |
| ZOLOFT TAB | - | NC |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| vilazodone hcl tab (VIIBRYD equiv) | - | 2 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-TS | 3 |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| VIIBRYD TAB | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 |

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

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

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

ANTIDIABETICS

| | | |
|-------------------------------------|---|----|
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (MIGLITOL equiv) | - | 2 |
| MIGLITOL TAB | - | 3 |
| PRECOSE TAB | - | NC |

| | | |
|--------------------------------------|---|----|
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN INJ | - | NC |

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

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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| 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-PIOGILTAZONE 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 |
| JENTADUETO TAB | - | NC |
| JENTADUETO 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 |
| STEGLUJAN TAB | - | NC |
| ZITUVIMET XR TAB | - | NC |

BIGUANIDES

| | | |
|---|---|----|
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| metformin soln (RIOMET equiv) | - | 2 |
| FORTAMET TAB | - | NC |
| GLUCOPHAGE TAB | - | NC |
| GLUCOPHAGE XR 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 |
| RIOMET SOLN | - | NC |

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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
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| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

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

ANTIDIABETICS Cont.

DIABETIC OTHER

| | | |
|--|------------|----|
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | LMSP-PA-QL | 1 |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| diazoxide susp (PROGLYCEM equiv) | - | 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 |
| GLUCAGON 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 |
| PROGLYCEM SUSP | - | NC |

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

| | | |
|-------------------------------------|-------|----|
| JANUVIA TAB (QL= 1 tab/day) | QL-TS | 2 |
| ALOGLIPTIN TAB | - | NC |
| ALOGLIPTIN TAB, NESINA TAB | - | NC |
| ONGLYZA TAB | - | NC |
| saxagliptin hcl tab (ONGLYZA equiv) | - | NC |
| TRADJENTA TAB | - | NC |
| ZITUVIO TAB | - | NC |

DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC

| | | |
|--------------|---|---|
| CYCLOSET TAB | - | 3 |
|--------------|---|---|

INCRETIN MIMETIC AGENTS

| | | |
|---|-----------|---|
| MOUNJARO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER, metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

| | | |
|--|-----------|---|
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| RYBELSUS TAB (QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 2 |
| BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of metformin (IR/ER/soln); Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | 3 |

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| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordible Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| TANZEUM INJ | - | NC |
| INSULIN | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | 2 |
| HUMULIN MIX INJ | OTC | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART INJ | - | 2 |
| INSULIN ASPART MIX FLEXPEN INJ | - | 2 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART PENFILL INJ | - | 2 |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN N INJ | OTC | 2 |
| NOVOLIN R FLEXPEN | OTC | 2 |
| NOVOLIN R RELION INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| SEMGLEE INJ, 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 |
| HUMALOG JR KWIKPEN INJ | - | NC |
| HUMALOG KWIKPEN INJ | - | NC |
| HUMALOG MIX INJ | - | NC |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN | - | NC |
| HUMALOG PEN INJ | - | NC |
| HUMULIN R INJ | OTC | NC |
| HUMULIN MIX PEN INJ | OTC | NC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| HUMULIN N INJ | OTC | NC |
| HUMULIN N PEN INJ | OTC | NC |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | NC |
| INSULIN LISPRO JR KWIKPEN INJ | - | NC |
| INSULIN LISPRO KWIKPEN INJ | - | NC |
| LANTUS INJ, INSULIN GLARGINE INJ | - | NC |
| LYUMJEV INJ | - | NC |
| LYUMJEV KWIKPEN INJ | - | NC |
| NOVOLIN 70/30 FLEXPEN RELION INJ | OTC | NC |
| NOVOLIN 70/30 INJ | OTC | NC |
| NOVOLIN 70/30 RELION INJ | OTC | NC |
| NOVOLIN R RELION INJ | OTC | NC |
| REZVOGLAR INJ | - | NC |
| SEMGLEE INJ (SINGLE PEN) | - | NC |
| SEMGLEE SOLN | - | NC |
| TOUJEO SOLOSTAR INJ | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| ACTOS TAB | - | NC |
| MEGLITINIDE ANALOGUES | | |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| nateglinide tab (STARLIX equiv) | - | 2 |
| 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 |
| GLYBURID MCR TAB | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| TOLAZAMIDE TAB | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |
| AMARYL TAB | - | NC |
| GLIMEPIRIDE TAB | - | NC |
| GLIPIZIDE TAB | - | NC |
| GLUCOTROL TAB | - | NC |
| GLUCOTROL XL TAB | - | NC |
| GLYNASE TAB | - | NC |

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Category/Class
Last Updated* 11/1/2024**

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|--|---------------------|-------------|
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 |
| loperamide hcl soln (LOPERAMIDE equiv) | OTC | NC |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 2 |
| LOMOTIL TAB | - | NC |
| loperamide cap (IMODIUM equiv) | - | NC |
| PAREGORIC TINCTURE | - | NC |
| ANTIDOTES | | |
| ANTIDOTES | | |
| VISTOGARD PAK | - | NC |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 |
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | 1 |
| VIVITROL INJ | LMSP | 2 |
| EVZIO INJ | - | NC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | LMSP | 1 |
| deferasirox tab (JADENU equiv) | LMSP | 1 |
| deferasirox tab for oral susp (EXJADE equiv) | LMSP | 1 |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 |
| FERRIPROX TAB 1000MG (TWICE DAILY) | - | NC |
| JADENU SPRINKLE | - | NC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| CETYLEV TAB | - | NC |
| OPIOID ANTAGONISTS | | |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 |
| NALOXONE HCL SOLN 0.4MG/ML | - | 1 |
| naloxone inj | - | 1 |
| naloxone prefilled inj | - | 1 |
| NARCAN NASAL SPRAY | OTC | 1 |

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|--|--|---|
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| ACA Affordable Care Act | 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 | TS Tablet Splitting |
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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDOTES AND SPECIFIC ANTAGONISTS Cont. | | |
| RIVIVE, REXTOVY SPRAY | OTC | 1 |
| KLOXXADO NASAL SPRAY | - | 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 | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| KYTRIL TAB | - | NC |
| ONDANSETRON TAB ODT | - | NC |
| SUSTOL INJ | - | NC |
| ZOFTRAN ODT | - | NC |
| ZOFTRAN SOLN | - | NC |
| ZOFTRAN TAB | - | NC |
| ZUPLENZ SL FILM | - | NC |

ANTIEMETICS - ANTICHOLINERGIC

| | | |
|--|-----|----|
| meclizine chew tab (BONINE equiv) | OTC | 1 |
| meclizine tab (ANTIVERT equiv) | OTC | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 2 |
| ANTIVERT TAB, MECLIZINE TAB | - | NC |
| TIGAN CAP | - | NC |
| TRANSDERM-SCOP PATCH | - | NC |

ANTIEMETICS - MISCELLANEOUS

| | | |
|---|-------|----|
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | PA | 2 |
| CESAMET CAP | - | 3 |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |
| MARINOL CAP | - | NC |
| SYNDROS SOLN | - | NC |

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

| | | |
|--|-------|----|
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND SUSP | - | NC |

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

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|--|---------------------|-------------|
| ANTIFUNGALS Cont. | | |
| BREXAFEMME TAB | - | NC |
| ANTIFUNGALS | | |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 |
| ANCOBON CAP | - | NC |
| GRIS-PEG TAB | - | NC |
| LAMISIL TAB | - | NC |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | - | 2 |
| itraconazole soln (SPORANOX equiv) | PA | 2 |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 |
| posaconazole susp (NOXAFIL equiv) | - | 2 |
| voriconazole susp (VFEND equiv) | - | 2 |
| voriconazole tab (VFEND equiv) | - | 2 |
| NOXAFIL PAK | - | 3 |
| CRESEMBA CAP | - | NC |
| DIFLUCAN SUSP | - | NC |
| DIFLUCAN TAB | - | NC |
| NOXAFIL SUSP | - | NC |
| NOXAFIL TAB | - | NC |
| SPORANOX CAP | - | NC |
| SPORANOX SOLN | - | NC |
| TOLSURA CAP | - | NC |
| VFEND SUSP | - | NC |
| VFEND TAB | - | NC |
| VIVJOA CAP | - | NC |

ANTIHISTAMINES

| | | |
|---|---|----|
| ANTIHISTAMINES - ALKYLAMINES | | |
| DEXCHLORPHENIRAMINE SYRUP | - | NC |
| MICLARA LIQUID | - | NC |
| RYCLORA SOLN | - | NC |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| carbinoxamine tab (PALGIC equiv) | - | 2 |
| CARBINOXAMINE SOLN | - | 3 |
| CLEMASTINE SYRUP | - | NC |
| CLEMASTINE TAB | - | NC |

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

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHISTAMINES Cont. | | |
| KARBINAL ER SUSP | - | NC |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB | - | NC |
| 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 syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |
| PROMETHEGAN SUPP | - | 2 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| 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 |
| ANTIHYPERLIPIDEMICS - COMBINATIONS | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 2 |
| 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 |
| VYTORIN TAB | - | NC |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day) | QL | 2 |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 |
| KYNAMRO INJ | - | NC |
| LOVAZA CAP | - | NC |
| VASCEPA CAP | - | NC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| colesevelam pack (WELCHOL equiv) | - | 2 |
| colesevelam tab (WELCHOL equiv) | - | 2 |
| colestipol granule (COLESTID equiv) | - | 2 |
| colestipol powder (COLESTID equiv) | - | 2 |
| COLESTID GRANULE | - | NC |
| COLESTID POWDER PACK | - | NC |
| COLESTID TAB | - | NC |
| QUESTRAN LITE POWDER | - | NC |
| QUESTRAN POWDER | - | NC |
| QUESTRAN POWDER PACK | - | NC |
| WELCHOL PACK | - | NC |
| WELCHOL TAB | - | NC |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC |
| 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 |
| LOPID TAB | - | NC |
| TRICOR TAB | - | NC |
| TRIGLIDE TAB | - | NC |
| TRILIPIX CAP | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab (LIPITOR equiv) | ACA | \$0 |
| lovastatin tab (MEVACOR equiv) | ACA | \$0 |
| pravastatin tab (PRAVACHOL equiv) | ACA | \$0 |
| rosuvastatin tab (CRESTOR equiv) | ACA | \$0 |
| simvastatin tab (ZOCOR equiv) | ACA | \$0 |
| fluvastatin cap (LESCOL equiv) | - | 2 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 2 |
| pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 2 |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |

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

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|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older) | PA | 3 |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| ADVICOR TAB | - | NC |
| ALTOPREV TAB | - | NC |
| CRESTOR TAB | - | NC |
| LESCOL XL TAB | - | NC |
| LIPITOR TAB | - | NC |
| LIVALO TAB | - | NC |
| SIMCOR TAB | - | NC |
| ZOCOR TAB | - | NC |
| ZYPITAMAG TAB | - | NC |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| ZETIA TAB | - | NC |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | | |
| JUXTAPID CAP | - | NC |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab | - | NC |
| NIACOR TAB | - | NC |
| NIASPAN ER 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 |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 2 |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 2 |
| enalapril tab (VASOTEC equiv) | - | 2 |
| moexipril tab (UNIVASC equiv) | - | 2 |
| PERINDOPRIL TAB | - | 2 |
| perindopril tab (ACEON equiv) | - | 2 |
| quinapril tab (ACCUPRIL equiv) | - | 2 |
| trandolapril tab (MAVIK equiv) | - | 2 |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| ACCUPRIL TAB | - | NC |
| ALTACE CAP | - | NC |
| EPANED SOLN | - | NC |
| LOTENSIN TAB | - | NC |
| MAVIK TAB | - | NC |

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| PRINIVIL TAB, ZESTRIL TAB | - | NC |
| VASOTEC TAB | - | NC |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 |
| DEMSEER CAP | - | NC |
| DIBENZYLINE CAP | - | NC |
| metirosine cap (DEMSEER equiv) | - | NC |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| 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 |
| candesartan tab (ATACAND equiv) | - | 2 |
| ATACAND TAB | - | NC |
| AVAPRO TAB | - | NC |
| BENICAR TAB | - | NC |
| COZAAR TAB | - | NC |
| DIOVAN TAB | - | NC |
| EDARBI TAB | - | NC |
| MICARDIS TAB | - | NC |
| VALSARTAN SOLN | - | NC |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| METHYLDOPA TAB | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |
| CARDURA TAB | - | NC |
| CATAPRES-TTS PATCH | - | NC |
| MINIPRESS CAP | - | NC |
| NEXICLON XR TAB | - | NC |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| amlodipine/olmesartan tab (AZOR equiv) | - | 2 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 2 |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | - | 2 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 2 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 |
| TEKTURNA HCT TAB | - | 3 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | NC |
| AVALIDE TAB | - | NC |
| AZOR TAB | - | NC |
| BENICAR HCT TAB | - | NC |
| BYVALSON TAB | - | NC |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC |
| DIOVAN HCT TAB | - | NC |
| DUTOPROL TAB | - | NC |
| EDARBYCLOR TAB | - | NC |
| EXFORGE TAB | - | NC |
| HYZAAR TAB | - | NC |
| LOTENSIN HCT TAB | - | NC |
| LOTREL CAP | - | 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 |
| TENORETIC TAB | - | NC |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC |
| TRIBENZOR TAB | - | NC |
| VASERETIC TAB | - | NC |
| ZESTORETIC TAB | - | NC |
| ZIAC TAB | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMEYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | - | 2 |
| TEKTURNA TAB | - | NC |
| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| TRYVIO TAB | - | NC |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | - | 1 |
| INSPRA TAB | - | NC |
| VASODILATORS | | |

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| | | |
|--|--|---|
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| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordible Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

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

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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
| 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| CLEOCIN CAP | - | NC |
| CLEOCIN SOLN | - | NC |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | 2 |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist) | RS | 2 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist) | RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ZYVOX SUSP | - | NC |
| ZYVOX 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 | | |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| fosfomicin tromethamine powder pack (MONUROL equiv) | - | 2 |
| methenamine hippurate tab (HIPREX equiv) | - | 2 |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 2 |
| HIPREX TAB | - | NC |
| MACROBID CAP | - | NC |
| MACRODANTIN CAP | - | NC |
| MONUROL GRANULE PACK | - | NC |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC |
| NITROFURANTOIN SUSP | - | NC |

ANTIMALARIALS

| | | |
|--|----------|----|
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| MALARONE TAB | - | NC |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL 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 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| ARAKODA TAB | - | 3 |

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| 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---------------------------------------|---------------------|-------------|
| ANTIMALARIALS Cont. | | |
| PLAQUENIL TAB | - | NC |
| PRIMAQUINE TAB | - | NC |
| QUALAQUIN CAP | - | NC |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC |
| SOVUNA TAB | - | NC |

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

| | | |
|--|-------|----|
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | 2 |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 |
| pyridostigmine soln (MESTINON equiv) | - | 2 |
| MESTINON SYRUP | - | NC |
| MESTINON TAB | - | NC |
| MESTINON TIMESPAN TAB | - | NC |
| PYRIDOSTIGMINE TAB 30MG | - | NC |

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

| | | |
|--------------|---|---|
| RIFAMATE CAP | - | 2 |
|--------------|---|---|

ANTIMYCOBACTERIAL AGENTS

| | | |
|---|-------|----|
| isoniazid tab | - | 1 |
| pyrazinamide tab | - | 1 |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| isoniazid syrup (ISONIAZID equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC |
| MYAMBUTOL TAB | - | NC |
| MYCOBUTIN CAP | - | NC |
| RIFADIN CAP | - | NC |
| SIRTURO TAB | - | NC |
| TRECATOR TAB | - | NC |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

| | | |
|----------------------------------|------|----|
| temozolomide cap (TEMODAR equiv) | LMSP | 1 |
| cyclophosphamide cap | - | 2 |
| CYCLOPHOSPHAMIDE TAB | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| HEXALEN CAP | - | 2 |
| MELPHALAN TAB | - | 2 |
| MYLERAN TAB | LMSP | 2 |
| ALKERAN TAB | - | NC |
| CYCLOPHOSPHAMIDE CAP | - | NC |

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

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**Prevea360 3-Tier Formulary
Category/Class
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| LEUKERAN TAB | - | NC |
| ANTIMETABOLITES | | |
| capecitabine tab (XELODA equiv) | LMSP | 1 |
| methotrexate inj | - | 1 |
| methotrexate tab (Trexall equiv) | - | 1 |
| mercaptopurine tab (Purinethol equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| ONUREG TAB | - | NC |
| TREXALL 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 | 2 |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | 2 |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | 2 |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | 2 |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | 2 |
| 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 |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 2 |
| LAZCLUZE TAB | - | NC |
| TARCEVA TAB | - | NC |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP | LMSP-PA-SF | 2 |
| ODOMZO CAP (QL= 1 cap/day) | LMSP-PA-QL-SF | 2 |
| DAURISMO TAB | - | NC |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (Arimidex equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (Aromasin equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| tamoxifen tab (Nolvadex equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | ACA | \$0 |
| abiraterone tab 250mg (Zytiga equiv) (QL= 4 tabs/day) | LMSP-QL | 1 |
| bicalutamide tab (Casodex equiv) | - | 1 |
| letrozole tab (Femara equiv) | - | 1 |
| megestrol susp (Megace equiv) | - | 1 |

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| LD | NC/3P = Not Covered, Third Party Reviewer | LMSP | | INF | Infertility |
| OTC | Affordable Care Act | PA | | MSP | Mandatory Specialty Pharmacy Program |
| RDX | Limited Distribution | RS | | QL | Quantity Limit |
| SMKG | Over-the-Counter | ST | | SF | Limited to two 15 day fills per month for first 3 months |
| VAC | Restricted to Diagnosis | | | TS | Tablet Splitting |
| | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary
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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| megestrol tab (MEGACE equiv) | - | 1 |
| nilutamide tab (NILANDRON equiv) | LMSP | 1 |
| EMCYT CAP | - | 2 |
| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | 2 |
| ERLEADA TAB 240MG (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| EULEXIN CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | 2 |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 2 |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-QL | 2 |
| ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC |
| AKEEGA TAB | - | NC |
| ARIMIDEX TAB | - | NC |
| AROMASIN TAB | - | NC |
| CASODEX TAB | - | NC |
| FARESTON TAB | - | NC |
| FEMARA TAB | - | NC |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| leuprolide inj (LUPRON equiv) | INF | NC |
| LUPRON DEPOT INJ | - | NC |
| XTANDI CAP | - | NC |
| XTANDI TAB 40MG | - | NC |
| XTANDI TAB 80MG | - | NC |
| YONSA TAB | - | NC |

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 | 2 |
|---|----------|---|

ANTINEOPLASTIC - IMMUNOMODULATORS

| | | |
|------------------------------------|-----------|---|
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | 2 |
|------------------------------------|-----------|---|

ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

| | | |
|--|-------------|---|
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
|--|-------------|---|

ANTINEOPLASTIC - XPO1 INHIBITORS

| | | |
|---|-------------|---|
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
|---|-------------|---|

ANTINEOPLASTIC COMBINATIONS

| | | |
|-----------------------------------|------------|---|
| INQOVI TAB (QL= 5 tabs/28 days) | MSP-PA-QL | 2 |
| KISQALI PAK (QL= 91 tabs/28 days) | LMSP-PA-QL | 2 |
| LONSURF TAB | MSP-PA | 2 |

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 |
| imatinib tab (GLEEVEC equiv) | LMSP | 1 |

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| OTC | Affordable Care Act | PA | Limited Distribution | QL | Mandatory Specialty Pharmacy Program |
| RDX | Over-the-Counter | RS | Exc | SF | Quantity Limit |
| SMKG | Restricted to Diagnosis | ST | Lumicera Mandatory Specialty Pharmacy Program | TS | Limited to two 15 day fills per month for first 3 months |
| VAC | Over-the-Counter | | Prior Authorization | | Tablet Splitting |
| | Restricted to Diagnosis | | Restricted to Specialist | | |
| | Smoking Cessation | | Step Therapy | | |
| | Vaccine Program | | | | |

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|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| lapatinib ditosylate tab (TYKERB 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) | LMSP-PA | 1 |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-PA-QL | 2 |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| AUGTYRO CAP (QL= 8 caps/day) | LMSP-PA-QL-SF | 2 |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | 2 |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | 2 |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL-SF | 2 |
| BOSULIF CAP | MSP-PA | 2 |
| BOSULIF TAB | MSP-PA-SF | 2 |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | 2 |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 2 |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| COTELLIC TAB (QL= 3 tabs/day) | LMSP-PA-QL | 2 |
| GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | 2 |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL-SF | 2 |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | 2 |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| IMBRUVICA CAP 70MG (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| IMBRUVICA TAB 420MG, 560MG (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | 2 |
| JAYPIRCA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 |
| KISQALI TAB (QL= 63 tabs/28 days) | LMSP-PA-QL | 2 |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | 2 |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | 2 |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | 2 |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | 2 |
| LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| MEKINIST SOLN | LMSP-PA | 2 |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | 2 |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | 2 |

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

** OTC drugs are not a covered benefit.

| | | | | | |
|-------------|---|-------------|---|------------|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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

**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | 2 |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA | 2 |
| OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | 2 |
| OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |
| PIQRAY TAB | LMSP-PA-SF | 2 |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |
| RETEVMO CAP (QL= 2 caps/day) | LMSP-PA-QL-SF | 2 |
| RETEVMO CAP 40MG (QL= 3 caps/day) | LMSP-PA-QL-SF | 2 |
| RETEVMO TAB (QL= 2 tabs/day) | LMSP-PA-QL-SF | 2 |
| RETEVMO TAB 40MG (QL= 3 tabs/day) | LMSP-PA-QL-SF | 2 |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| ROZLYTREK CAP (QL= 3 caps/day) | LMSP-PA-QL | 2 |
| ROZLYTREK PAK (QL= 6 packs/day) | LMSP-PA-QL | 2 |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | 2 |
| RYDAPT CAP (QL= 56 caps/28 days) | LMSP-PA-QL | 2 |
| SCSEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 |
| SCSEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 2 |
| TABRECTA TAB (QL= 4 tabs/day) | LMSP-PA-QL-SF | 2 |
| TAFINLAR CAP (QL= 4 caps/day) | LMSP-PA-QL | 2 |
| TAFINLAR TAB | LMSP-PA | 2 |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | 2 |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | 2 |
| TASIGNA CAP | LMSP-PA-SF | 2 |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | 2 |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 |
| TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | 2 |
| VERZENIO TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 2 |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | 2 |
| XALKORI SPRINKLE CAP (QL= 4 caps/day) | MSP-PA-QL-SF | 2 |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |

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|-------------|---|-------------|---|------------|--|
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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL | 2 |
| ZOLINZA CAP | LMSP-PA-SF | 2 |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| ZYKADIA CAP (QL= 3 caps/day) | LMSP-PA-QL-SF | 2 |
| ZYKADIA TAB (QL= 3 tabs/day) | LMSP-PA-QL-SF | 2 |
| FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | 3 |
| TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 3 |
| AFINITOR DISPERZ TAB | - | NC |
| AFINITOR TAB | - | NC |
| ALUNBRIG PAK | - | NC |
| IBRANCE CAP | - | NC |
| IBRANCE TAB | - | NC |
| IMBRUVICA TAB 140MG | - | NC |
| IMBRUVICA TAB 280MG | - | NC |
| INREBIC CAP | - | NC |
| OJEMDA SUSP | - | NC |
| OJEMDA TAB | - | NC |
| SPRYCEL TAB | - | NC |
| SUTENT CAP | - | NC |
| TYKERB TAB | - | NC |
| VORANIGO TAB | - | NC |
| VOTRIENT TAB | - | NC |
| ANTINEOPLASTICS MISC. | | |
| bexarotene cap (TARGRETIN equiv) | LMSP-PA | 1 |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| tretinoin cap (VESANOID equiv) | LMSP | 1 |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | 2 |
| ALFERON-N INJ | LMSP | 2 |
| INTRON-A INJ | MSP | 2 |
| MATULANE CAP | - | 2 |
| BESREMI INJ | - | NC |
| HYDREA CAP | - | NC |
| SYLATRON INJ | - | NC |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | LMSP | 2 |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS | | |
| IWILFIN TAB (QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-PA-QL-SF | 2 |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE CAP | LMSP | 2 |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | LMSP-PA | 2 |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |

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

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**Prevea360 3-Tier Formulary
Category/Class
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPARKINSON AGENTS Cont. | | |
| carbidopa tab (LODOSYN equiv) | - | 2 |
| LODOSYN TAB | - | NC |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| tolcapone tab (TASMAR equiv) | - | 2 |
| COMTAN TAB | - | NC |
| TASMAR TAB | - | NC |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 2 |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| CREXONT CAP, RYTARY CAP | - | NC |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| MIRAPEX ER TAB | - | NC |
| MIRAPEX TAB | - | NC |
| PARLODEL CAP | - | NC |
| PARLODEL TAB | - | NC |
| REQUIP TAB | - | NC |
| REQUIP XL TAB | - | NC |
| SINEMET CR TAB | - | NC |
| SINEMET TAB | - | NC |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | TS | 2 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| AZILECT TAB | - | NC |
| ELDEPYRL CAP | - | NC |
| ZELAPAR ODT | - | NC |

ANTIPARKINSON AND RELATED THERAPY AGENTS

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| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordable Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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Prevea360 3-Tier Formulary
Category/Class
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPARKINSON AND RELATED THERAPY AGENTS Cont. | | |
| 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 | | |
| CARBIDOPA/LEVODOPA ODT | - | 1 |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 |
| 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 |
| 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 and older) | PA | 1 |
| ANTIPSYCHOTICS - MISC. | | |
| lurasidone hcl tab (LATUDA equiv) | - | 1 |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| CAPLYTA CAP | - | NC |
| GEODON CAP | - | NC |
| LATUDA TAB | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) | - | 2 |
| risperidone microspheres inj (RISPERDAL equiv) | - | 2 |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 |
| PERSERIS INJ | - | 3 |
| RISPERDAL INJ | - | 3 |

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| | Smoking Cessation | | Restricted to Specialist | | |
| | Vaccine Program | | Step Therapy | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| RISPERDAL M ODT | - | NC |
| RISPERDAL SOLN | - | NC |
| RISPERDAL TAB | - | NC |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| haloperidol decanoate inj | - | 3 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| olanzapine ODT (ZYPREXA equiv) | - | 2 |
| ZYPREXA RELPREVV INJ | - | 3 |
| ADASUVE INHALER | - | NC |
| CLOZAPINE ODT | - | NC |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv) | - | NC |
| CLOZAPINE ODT, FAZACLO ODT | - | NC |
| QUETIAPINE TAB | - | NC |
| SAPHRIS SL TAB | - | NC |
| SECUADO PATCH | - | NC |
| SEROQUEL TAB | - | NC |
| SEROQUEL XR TAB | - | NC |
| VERSACLOZ SUSP | - | NC |
| ZYPREXA TAB | - | NC |
| ZYPREXA ZYDIS TAB | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |
| 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 tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| fluphenazine decanoate inj | - | 3 |
| CHLORPROMAZINE CONC | - | NC |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |

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| | Smoking Cessation | | Step Therapy | | |
| | Vaccine Program | | | | |

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Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| aripiprazole soln (ABILIFY equiv) | - | 2 |
| ABILIFY MAINTENA INJ | - | 3 |
| ARISTADA INJ | - | 3 |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv) | - | NC |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv) | - | NC |
| ABILIFY MYCITE PACK | - | NC |
| ABILIFY MYCITE TAB | - | NC |
| ABILIFY TAB | - | NC |
| aripiprazole ODT (ABILIFY equiv) | - | NC |
| REXULTI TAB | - | NC |

THIOXANTHENES

| | | |
|--------------------------------|---|---|
| thiothixene cap (NAVANE equiv) | - | 1 |
|--------------------------------|---|---|

ANTISEPTICS & DISINFECTANTS

ANTISEPTICS & DISINFECTANTS

| | | |
|------------------------|---|----|
| HYLAMEND GEL FIRST AID | - | NC |
|------------------------|---|----|

IODINE ANTISEPTICS

| | | |
|--------------|---|---|
| IODOFLEX PAD | - | 2 |
|--------------|---|---|

ANTIVIRALS

ANTIRETROVIRALS

| | | |
|---|-----|-----|
| DESCOVY TAB | PA | \$0 |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | ACA | \$0 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| abacavir soln (ZIAGEN equiv) | - | 2 |
| abacavir tab (ZIAGEN equiv) | - | 2 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| atazanavir cap (REYATAZ equiv) | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB | - | 2 |
| CRIXIVAN CAP | - | 2 |
| darunavir tab (PREZISTA equiv) | - | 2 |
| DELSTRIGO TAB | - | 2 |
| didanosine DR cap (VIDEX EC equiv) | - | 2 |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT TAB | - | 2 |
| EFAVIRENZ CAP | - | 2 |
| efavirenz tab (SUSTIVA equiv) | - | 2 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |
| emtricitabine cap (EMTRIVA equiv) | - | 2 |
| EMTRIVA SOLN | - | 2 |

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| etravirine tab (INTELENCE equiv) | - | 2 |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 |
| GENVOYA TAB | - | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| lamivudine soln (EPIVIR equiv) | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| LEXIVA SUSP | - | 2 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 2 |
| maraviroc tab (SELZENTRY equiv) | - | 2 |
| NEVIRAPINE ER TAB | - | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 2 |
| NEVIRAPINE 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 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| STAVUDINE CAP | - | 2 |
| stavudine cap (ZERIT equiv) | - | 2 |
| STRIBILD TAB | - | 2 |
| SYMTUZA TAB | - | 2 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| TRIUMEQ PD TAB | - | 2 |
| TRIUMEQ TAB | - | 2 |
| TRIZIVIR TAB | - | 2 |
| VIDEX SOLN | - | 2 |

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| ACA Affordable Care Act | 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 |
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |
| zidovudine cap (RETROVIR equiv) | - | 2 |
| zidovudine syrup (RETROVIR equiv) | - | 2 |
| zidovudine tab (RETROVIR equiv) | - | 2 |
| SELZENTRY TAB | - | 3 |
| ATRIPLA TAB | - | NC |
| CABENUVA IM SUSP | - | NC |
| COMBIVIR TAB | - | NC |
| EMTRIVA CAP | - | NC |
| EPIVIR SOLN | - | NC |
| EPIVIR TAB | - | NC |
| EPZICOM TAB | - | NC |
| FUZEON INJ | - | NC |
| INTELENCE TAB | - | NC |
| KALETRA SOLN | - | NC |
| KALETRA TAB | - | NC |
| LEXIVA TAB | - | NC |
| NORVIR TAB | - | NC |
| PREZISTA TAB | - | NC |
| RETROVIR CAP | - | NC |
| RETROVIR SYRUP | - | NC |
| RETROVIR TAB | - | NC |
| REYATAZ CAP | - | NC |
| SUNLENCA TAB | - | NC |
| SUSTIVA CAP | - | NC |
| SUSTIVA TAB | - | NC |
| SYMFI (LO) TAB | - | NC |
| TYBOST TAB | - | NC |
| VIDEX EC CAP | - | NC |
| VIRAMUNE SUSP | - | NC |
| VIRAMUNE TAB | - | NC |
| VIRAMUNE XR TAB | - | NC |
| VIREAD TAB | - | NC |
| ZERIT CAP | - | NC |
| ZIAGEN SOLN | - | NC |
| ZIAGEN TAB | - | NC |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | 2 |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | QL | 2 |
| CMV AGENTS | | |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | LMSP-PA-QL | 2 |
| valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist) | RS | 2 |
| valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist) | RS | 2 |

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| 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 | TS | Limited to two 15 day fills per month for first 3 months |
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| | Vaccine Program | | | | |

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Category/Class
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|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| VALCYTE SOLN | - | NC |
| VALCYTE TAB | - | NC |
| HEPATITIS AGENTS | | |
| RIBAVIRIN CAP | LMSP | 1 |
| ribavirin cap (REBETOL equiv) | LMSP | 1 |
| RIBAVIRIN TAB | LMSP | 1 |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | MSP-QL | 2 |
| EPIVIR HBV SOLN | - | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| MAVYRET PAK (QL= 5 packs/day) | LMSP-PA-QL | 2 |
| MAVYRET TAB (QL= 3 tabs/day) | LMSP-PA-QL | 2 |
| PEGASYS INJ | LMSP | 2 |
| PEG-INTRON INJ | LMSP | 2 |
| REBETOL SOLN | LMSP | 2 |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| VEMLIDY TAB | - | 2 |
| VOSEVI TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| BARACLUDE TAB | - | NC |
| EPCLUSA PAK | - | NC |
| EPCLUSA TAB | - | NC |
| EPIVIR HBV TAB | - | NC |
| HARVONI PELLETT PAK | - | NC |
| HARVONI TAB | - | NC |
| HEPSERA TAB | - | NC |
| MODERIBA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |
| SOVALDI PELLETT PAK | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| VIEKIRA XR TAB | - | NC |
| ZEPATIER TAB | - | NC |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 2 |
| SITAVIG TAB | - | NC |
| VALTREX TAB | - | NC |
| ZOVIRAX CAP | - | NC |
| ZOVIRAX SUSP | - | NC |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIVIRALS Cont. | | |
| ZOVIRAX TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| RIMANTADINE TAB | - | 3 |
| XOFLUZA TAB (QL= 1 tab/fill) | QL | 3 |
| FLUMADINE TAB | - | NC |
| TAMIFLU CAP | - | NC |
| TAMIFLU CAP 30MG | - | NC |
| TAMIFLU SUSP | - | NC |
| 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 | 2 |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 |
| cyclosporine modified cap (NEORAL equiv) | - | 2 |
| cyclosporine modified soln (NEORAL equiv) | - | 2 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| sirolimus tab (RAPAMUNE equiv) | - | 2 |
| ENVARUSUS XR TAB | - | NC |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 |
| VELTASSA POWDER | PA | 2 |

BETA BLOCKERS

| | | |
|--|---|----|
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| BETA BLOCKERS Cont. | | |
| COREG CR CAP | - | NC |
| COREG TAB | - | NC |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| nebivolol hcl tab (BYSTOLIC equiv) | TS | 2 |
| BYSTOLIC TAB | - | NC |
| KAPSPARGO CAP | - | NC |
| KERLONE TAB | - | NC |
| LOPRESSOR TAB | - | NC |
| TENORMIN TAB | - | NC |
| TOPROL XL TAB | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| nadolol tab (CORGARD equiv) | - | 2 |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older) | PA | 3 |
| BETAPACE AF TAB | - | NC |
| BETAPACE TAB | - | NC |
| CORGARD TAB | - | NC |
| HEMANGEOL SOLN | - | NC |
| INDERAL LA CAP | - | NC |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC |
| SOTYLIZE SOLN | - | NC |
| BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| GRASTEK SL TAB (QL= 1 tab/day) | QL | 2 |
| ORALAIR SL TAB (QL= 1 tab/day) | QL | 2 |
| RAGWITEK SL TAB (QL= 1 tab/day) | QL | 2 |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| CONSENSI TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |

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|---|--------------|------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 2 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| nicardipine cap (CARDENE equiv) | - | 2 |
| nimodipine cap (NIMOTOP equiv) | - | 2 |
| nisoldipine ER tab (SULAR equiv) | - | 2 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 2 |
| VERAPAMIL SR CAP 360mg | - | 2 |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| VERAPAMIL CR CAP, VERELAN CAP | - | 3 |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |
| ADALAT CC TAB | - | NC |
| CALAN SR TAB | - | NC |
| CARDIZEM CD CAP | - | NC |
| CARDIZEM LA TAB | - | NC |
| CARDIZEM TAB | - | NC |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC |
| DILACOR XR CAP | - | NC |
| NORVASC TAB | - | NC |
| NYMALIZE SOLN | - | NC |
| SULAR TAB | - | NC |
| TIAZAC CAP | - | NC |
| VERAPAMIL ER CAP 100MG | - | NC |
| VERAPAMIL ER CAP 200MG | - | NC |
| VERAPAMIL ER CAP 300MG | - | NC |
| VERELAN CAP | - | NC |
| VERELAN PM 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 |

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| DrugName | Special Code | Tier |
|---------------------------|--------------|------|
| CARDIOTONICS Cont. | | |
| 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 | 2 |
|--|----------|---|

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

| | | |
|---|-------|---|
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST | 1 |
|---|-------|---|

PERIPHERAL VASODILATORS

| | | |
|-----------------|---|---|
| isoxsuprine tab | - | 2 |
| ISOXSUPRINE TAB | - | 3 |

PROSTAGLANDIN VASODILATORS

| | | |
|---|----------|----|
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| ORENITRAM TAB | - | NC |
| ORENITRAM TAB MONTH PAK | - | NC |

PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR

| | | |
|---------------|---|----|
| WINREVAIR INJ | - | NC |
|---------------|---|----|

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 | 2 |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

| | | |
|-------------------------------------|----|---|
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
|-------------------------------------|----|---|

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

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Prevea360 3-Tier Formulary

Category/Class

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| tadalafil tab (PAH) (ADCIRCA equiv) | PA | 1 |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA | 3 |
| ADCIRCA TAB | - | NC |
| LIQREV SUSP | - | NC |
| REVATIO SUSP | - | NC |
| REVATIO TAB | - | NC |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| UPTRAVI INJ | - | NC |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| SINUS NODE INHIBITORS | | |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | PA | 3 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist) | QL-RS | 2 |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| CEFADROXIL TAB | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC |
| cephalexin tab | - | NC |
| KEFLEX CAP | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| cefaclor cap (CECLOR equiv) | - | 2 |
| CEFACLOR CAP | - | 3 |
| CEFACLOR ER TAB | - | 3 |
| CEFACLOR SUSP | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefixime cap (SUPRAX equiv) | - | 2 |

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|------|---|------|---|-----|--|
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| LD | NC/3P = Not Covered, Third Party Reviewer 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| CEPHALOSPORINS Cont. | | |
| cefixime susp (SUPRAX equiv) | - | 2 |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 2 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 2 |
| CEFDITOREN TAB | - | 3 |
| SPECTRACEF TAB | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX CHEW TAB | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |
| SUPRAX CAP | - | NC |
| SUPRAX SUSP | - | NC |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|---|-----|-----|
| amethyst tab (LYBREL equiv) | ACA | \$0 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) (3 copays per RX) | ACA | \$0 |
| BALCOLTRA TAB | - | \$0 |
| BEYAZ TAB | ACA | \$0 |
| cryselle tab | ACA | \$0 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | ACA | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | ACA | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | ACA | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | ACA | \$0 |
| kelnor tab (DEMULEN equiv) | ACA | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | ACA | \$0 |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 |
| LO LOESTRIN TAB | - | \$0 |
| NATAZIA TAB | - | \$0 |
| NECON 10/11-28 | ACA | \$0 |
| NEXTSTELLIS TAB | - | \$0 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | ACA | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | ACA | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | ACA | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | ACA | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | ACA | \$0 |
| nortrel tab (OVCON 35 equiv) | ACA | \$0 |
| OVCON 50 TAB | ACA | \$0 |
| SAFYRAL TAB | ACA | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | ACA | \$0 |
| TAYTULLA CAP | ACA | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | ACA | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | ACA | \$0 |
| TYBLUME TAB | ACA | \$0 |
| VELIVET PAK | ACA | \$0 |
| velivet tab (CYCLESSA equiv) | ACA | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | ACA | \$0 |
| violele tab, kariva tab (MIRCETTE equiv) | ACA | \$0 |

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

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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| CONTRACEPTIVES Cont. | | |
| FALESSA KIT | - | NC |
| FEMLYV TAB | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| TWIRLA PATCH | - | \$0 |
| zafemy patch (XULANE equiv) | ACA | \$0 |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 |
| eluryng vaginal ring (NUVARING equiv) | ACA | \$0 |
| NUVARING | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | ACA | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | ACA | \$0 |
| levonorgestrel tab (PLAN B equiv) | ACA-OTC | \$0 |
| PLAN B TAB | ACA-OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON IMPLANT | ACA | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA INJ (QL= 1 inj/90 days) | ACA-QL | \$0 |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | ACA-QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | ACA-QL | \$0 |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | ACA | \$0 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | ACA | \$0 |
| OPILL TAB | OTC | \$0 |
| SLYND TAB | - | \$0 |

CORTICOSTEROIDS

| GLUCOCORTICOSTEROIDS | | |
|--|---|---|
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| DEXAMETHASONE SODIUM PHOSPHATE INJ | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 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 soln | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |

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| RDX | Limited Distribution | RS | Over-the-Counter | SF | Quantity Limit |
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| | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| CORTICOSTEROIDS Cont. | | |
| CORTISONE ACETATE TAB | - | 2 |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 2 |
| prednisolone ODT (ORAPRED equiv) | - | 2 |
| PREDNISOLONE ODT TAB | - | 2 |
| PREDNISON SOLN | - | 2 |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 |
| SOLU-MEDROL INJ 2GM | - | 2 |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 |
| DEPO-MEDROL INJ | - | 3 |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 3 |
| AGAMREE SUSP | - | NC |
| ALKINDI SPRINKLE CAP | - | NC |
| CORTEF TAB | - | NC |
| deflazacort susp (EMFLAZA equiv) | - | NC |
| deflazacort tab (EMFLAZA equiv) | - | NC |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXAMETHASONE TAB | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| ENTOCORT EC CAP | - | NC |
| EOHILIA SUSP | - | NC |
| FLO-PRED SUSP | - | NC |
| KENALOG INJ | - | NC |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | NC |
| LIDOLOG KIT | - | NC |
| MEDROL DOSE PACK | - | NC |
| MEDROL TAB | - | NC |
| MILLIPRED DP PAK | - | NC |
| MILLIPRED TAB | - | NC |
| ORAPRED SOLN | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisolone tab (MILLIPRED equiv) | - | NC |
| prednisone pack | - | NC |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| SOLU-MEDROL INJ | - | NC |
| SOLU-MEDROL PF INJ | - | NC |
| TARPEYO CAP | - | NC |
| UCERIS TAB | - | NC |

MINERALOCORTICOIDS

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| 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 |
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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--------------------------------------|---------------------|-------------|
| CORTICOSTEROIDS Cont. | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |

COUGH/COLD/ALLERGY

ANTITUSSIVES

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

COUGH/COLD/ALLERGY COMBINATIONS

| | | |
|---|--------|-----|
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| promethazine DM syrup | - | 1 |
| PROMETHAZINE VC SYRUP | - | 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 |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 2 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 2 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 4 oz/fill, 2 fills/month) | QL | 2 |
| NEOTUSS PLUS LIQUID | - | 3 |
| 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 |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| TUSSICAPS | - | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| ZUTRIPRO LIQUID | - | NC |

EXPECTORANTS

| | | |
|---|---|----|
| potassium iodide oral soln (SSKI equiv) | - | 2 |
| SSKI ORAL SOLN | - | 3 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |
| MUCINEX TAB | - | NC |

MISC. RESPIRATORY INHALANTS

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

MUCOLYTICS

| | | |
|--------------------------------------|---|---|
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
|--------------------------------------|---|---|

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| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
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| SMKG Smoking Cessation | ST Step Therapy | TS Tablet Splitting |
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**Prevea360 3-Tier Formulary
Category/Class
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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

DERMATOLOGICALS

ACNE PRODUCTS

| | | |
|---|----|----|
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 2 |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 2 |
| amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 |
| ERY PAD | - | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 |
| PRASCION RA CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 35 or older require Prior Authorization) | PA | 2 |
| 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 |
| ATRALIN GEL, RETIN-A GEL | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR PAD | - | NC |
| AVAR-E LS CREAM 10-2% | - | NC |
| AZELEX CREAM | - | NC |

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| ACA Affordable Care Act | 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 | TS Tablet Splitting |
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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| BENZAC WASH | - | NC |
| BENZACLIN GEL | - | NC |
| BENZAMYCIN GEL | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLARIFOAM EF FOAM | - | NC |
| CLENIA PLUS SUSP | - | NC |
| CLEOCIN-T LOTION | - | NC |
| CLEOCIN-T PAD | - | NC |
| CLEOCIN-T SOLN | - | 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 |
| DAPSONE GEL 7.5% | - | NC |
| DIFFERIN CREAM | - | NC |
| DIFFERIN GEL | - | NC |
| DIFFERIN OTC GEL 0.1% | OTC | NC |
| DUAC GEL | - | NC |
| EPIDUO GEL 0.1-2.5% | - | NC |
| EPSOLAY CREAM | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC |
| KLARON LOTION | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |
| PLEXION CREAM 9.8-4.8% | - | NC |
| RETIN-A CREAM | - | NC |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| ROSULA EMULSION | - | NC |
| ROSULA GEL | - | NC |
| 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 |
| SUMADAN WASH 9-4.5% | - | NC |

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**Prevea360 3-Tier Formulary
Category/Class
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|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| SUMADEN XLT KIT | - | NC |
| SUMAXIN WASH | - | NC |
| TRETIN-X CREAM | - | NC |
| TWYNEO CREAM | - | NC |
| WINLEVI CREAM | - | NC |
| ZIANA GEL | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |
| ANALGESICS - TOPICAL | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| ALTABAX OINT | - | NC |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole cream (LOTRIMIN AF equiv) | OTC | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketokonazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketokonazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| NIZORAL A-D SHAMPOO | OTC | 1 |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 2 |

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Prevea360 3-Tier Formulary
Category/Class
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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| naftifine cream (NAFTIN equiv) | - | 2 |
| naftifine gel (NAFTIN equiv) | - | 2 |
| EXELDERM SOLN | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIFINE CREAM | - | 3 |
| NAFTIN GEL | - | 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% (VYTONA equiv) | - | NC |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC |
| JUBLIA SOLN | - | NC |
| KERYDIN SOLN | - | NC |
| LOPROX SHAMPOO | - | NC |
| LOTRIMIN AF CREAM | - | NC |
| LOTRISONE CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| NAFTIN CREAM | - | NC |
| NAFTIN GEL 2% | - | NC |
| NIZORAL SHAMPOO | - | NC |
| ONYCHO-MED KIT | - | NC |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC |
| OXISTAT CREAM | - | NC |
| OXISTAT LOTION | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| tavaborole soln (KERYDIN equiv) | - | NC |
| VYTONA CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|--|----|----|
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| DICLOFENAC PATCH, FLECTOR PATCH | - | NC |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC |
| diclofenac sodium soln 2% (PENNSAID equiv) | - | NC |
| DICLONA GEL | - | NC |
| DICLOTREX PAK | - | NC |

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Category/Class
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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| 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 |
| VOLTAREN GEL | OTC | 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 |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 2 |
| FLUOROURACIL SOLN | - | 2 |
| fluorouracil soln (FLUOROURACIL equiv) | - | 2 |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL | 2 |
| FLUOROURACIL CREAM 0.5% | - | 3 |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |
| CARAC CREAM | - | NC |
| EFUDEX CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| KLISYRI OINT | - | NC |
| ROAOXIA GEL | - | NC |
| SOLARAVIX PAK | - | NC |
| TARGRETIN GEL | - | NC |
| ANTIPRURITICS - TOPICAL | | |
| doxepin hcl cream | - | NC |
| ANTIPSORIATICS | | |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| CALCIPOTRIENE SOLN | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| METHOXSALEN CAP | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | LMSP-PA-QL | 2 |
| SPEVIGO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | 2 |
| TALTZ INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| tazarotene cream 0.05% (TAZORAC equiv) | - | 2 |

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|---------------------------------------|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 |
| TREMFYA INJ (QL= 1 inj/56 days) | LMSP-PA-QL | 2 |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 |
| CALCITRIOL OINT | - | 3 |
| BIMZELX INJ | - | NC |
| calcipotriene cream (TRIONEX equiv) | - | NC |
| 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 |
| DOVONEX CREAM | - | NC |
| OXSORALEN ULTRA CAP | - | NC |
| SILIQ INJ | - | NC |
| SORIATANE CAP | - | NC |
| SOTYKTU TAB | - | NC |
| tazarotene gel (TAZORAC equiv) | - | NC |
| TRIONEX PAK | - | NC |
| VECTICAL OINT | - | NC |
| VTAMA CREAM | - | NC |

ANTISEBORRHEIC PRODUCTS

| | | |
|--|-----|----|
| selenium sulfide lotion | OTC | 1 |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 |
| OVACE PLUS CREAM | - | 3 |
| ESKATA SOLN | - | NC |
| OVACE PLUS LOTION | - | NC |
| OVACE PLUS SHAMPOO | - | NC |
| OVACE PLUS FOAM | - | NC |
| OVACE WASH | - | NC |
| PROMISEB CREAM | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| sodium sulfacetamide gel (OVACE equiv) | - | NC |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC |
| ZORYVE FOAM | - | NC |

ANTIVIRALS - TOPICAL

| | | |
|-----------------------------------|---|----|
| acyclovir oint (ZOVIRAX equiv) | - | 1 |
| acyclovir cream (ZOVIRAX equiv) | - | NC |
| DENAVIR CREAM | - | NC |
| penciclovir cream (DENAVIR equiv) | - | NC |
| XERESE CREAM | - | NC |
| ZOVIRAX CREAM | - | NC |
| ZOVIRAX OINT | - | NC |

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|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |
| MAFENIDE ACETATE SOLN PACK | - | NC |
| SILVADENE CREAM | - | NC |
| CORTICOSTEROIDS - TOPICAL | | |
| alclometasone cream (ACLOVATE equiv) | - | 1 |
| alclometasone oint (ACLOVATE equiv) | - | 1 |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| betamethasone augmented gel | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oil (DERMA SMOOTH/FS equiv) | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| FLUOCINONIDE GEL | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| HYDROCORTISONE LOTION 2.5% | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 |
| clobetasol foam (OLUX equiv) | - | 2 |

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Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 |
| clobetasol shampoo (CLOBEX equiv) | - | 2 |
| clobetasol spray (CLOBEX equiv) | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| PRAMOSONE E CREAM | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| triamcinolone spray (KENALOG equiv) | - | 2 |
| 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 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 |
| CLOBETAVIX KIT | - | NC |
| CLOBEX LOTION | - | NC |
| CLOBEX SHAMPOO | - | NC |
| CLOBEX SPRAY | - | NC |
| CLOCORTOLONE CREAM | - | NC |
| clocortolone pivalate cream | - | NC |
| CLODERM CREAM | - | NC |
| 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 |

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| | | |
|--|--|---|
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| NC/3P = Not Covered, Third Party Reviewer | | |
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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
| 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC |
| desoximetasone gel (TOPICORT equiv) | - | NC |
| desoximetasone oint (TOPICORT equiv) | - | NC |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC |
| diflorasone oint | - | NC |
| DIPROLENE AF CREAM | - | NC |
| DIPROLENE OINT | - | NC |
| DUOBRII LOTION | - | NC |
| ELOCON CREAM | - | NC |
| ELOCON OINT | - | NC |
| ENSTILAR FOAM | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| FLURANDRENOL LOTION | - | NC |
| flurandrenolide cream (CORDRAN equiv) | - | NC |
| flurandrenolide lotion (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 1-2.5% | - | 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 |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC |
| HYDROCORTISONE PAK | - | NC |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | NC |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |

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| 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 | TS | Tablet Splitting |
| VAC | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| 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 |
| OLUX FOAM | - | NC |
| PANDEL CREAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 1-1% | - | NC |
| PRAMOSONE CREAM 1-2.5% | - | NC |
| PRAMOSONE LOTION | - | NC |
| PRAMOSONE OINT | - | NC |
| PROCTOCORT CREAM | - | NC |
| QUINIXIL PAK | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TEMOVATE CREAM | - | NC |
| TEMOVATE OINT | - | NC |
| TOPICORT CREAM | - | NC |
| TOPICORT CREAM 0.05% | - | NC |
| TOPICORT GEL | - | NC |
| TOPICORT OINT | - | NC |
| TOPICORT OINT 0.05% | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetone oint (TRIANEX equiv) | - | NC |
| TRIANEX OINT | - | NC |
| TRILOCICLO KIT | - | NC |
| ULTRAVATE CREAM | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE OINT | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |
| WYNZORA CREAM | - | NC |

ECZEMA AGENTS

| | | |
|-------------------------------|------------|---|
| ADBRY INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ADBRY INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| CIBINQO TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| DUPIXENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 |
| EBGLYSS INJ | - | NC |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| CARMOL LOTION | - | NC |
| KERAFOAM | - | NC |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA PD EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| urea emulsion | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| urea lotion (KERALAC LOTION equiv) | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |
| urea susp 40% (UMECTA equiv) | - | NC |
| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | 1 |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | 1 |
| LACTIC ACID LOTION | - | 1 |
| LAC-HYDRIN CREAM | - | 2 |
| HYLINATE LOTION | - | NC |
| LAC-HYDRIN LOTION | - | NC |
| ENZYMES - TOPICAL | | |
| vasolex oint (XENADERM equiv) | - | 1 |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| XENADERM OINT | - | 3 |
| HAIR GROWTH AGENTS | | |
| LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | 2 |
| bimatoprost ophth soln | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - SYSTEMIC | | |
| NEMLUVIO INJ | - | NC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| ALDARA CREAM | - | NC |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| ELIDEL CREAM | - | NC |
| OXIANUJO CREAM | - | NC |
| PROTOPIC OINT | - | NC |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| podofilox gel (CONDYLOX equiv) | - | 2 |
| PODOFILOX SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| CONDYLOX GEL | - | 3 |
| SALEX SHAMPOO | - | 3 |
| ATRIX SYSTEM KIT | - | NC |
| GEAMETDRAY GEL | - | NC |
| METDRAY GEL | - | NC |
| SALEX LOTION KIT | - | NC |
| SALEX SHAMPOO | - | NC |
| SALICATE LIQUID | - | NC |
| salicylic 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 soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |
| APRIZIO PAK KIT | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| DERMALID PAK | - | NC |
| GEN7T LOTION | - | NC |
| GEN7T PLUS LOTION | - | NC |
| GEN7T PLUS PAD | - | NC |
| L.E.T. GEL | - | NC |
| LIDO/MENTHOL SPRAY | - | NC |

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|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| LIDO/RAC/TET GEL | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC |
| lidocaine gel (XYLOCAINE equiv) | - | NC |
| lidocaine hcl cream 4.12% | - | NC |
| lidocaine lotion | - | NC |
| lidocaine oint/transparent dressing kit | - | NC |
| LIDOCIN GEL | - | NC |
| LIDODERM PATCH | - | 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 | | |
| EUCRISA OINT | - | NC |
| ZORYVE CREAM | - | NC |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |

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|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| metronidazole cream (METROCREAM equiv) | - | 1 |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 |
| azelaic acid gel (FINACEA equiv) | - | 2 |
| FINACEA FOAM | - | 2 |
| metronidazole gel (METROGEL equiv) | - | 2 |
| metronidazole lotion (METROLOTION equiv) | - | 2 |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC |
| MIRVASO GEL | - | EXC |
| RHOFADE CREAM | - | EXC |
| DAZOMON GEL | - | NC |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | NC |
| FINACEA GEL | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| METROCREAM | - | NC |
| METROGEL 1% | - | NC |
| METROLOTION | - | NC |
| NORITATE CREAM | - | NC |
| ORACEA CAP | - | NC |
| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| ELIMITE CREAM | - | 2 |
| LINDANE SHAMPOO | - | 2 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 2 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| CROTAN LOTION | - | NC |
| IVERMECTIN LOTION | - | NC |
| OVIDE LOTION | - | NC |
| SKLICE LOTION | - | NC |
| SCAR TREATMENT PRODUCTS | | |
| SCARCIN GEL | - | NC |
| scarcin gel (SCARCIN equiv) | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| SILIPAC KIT | - | NC |
| 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 |

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|------------------------------|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| KERAMATRIX | - | NC |
| KERASTAT CREAM | - | NC |
| KERASTAT GEL | - | NC |
| WOUND-DRESSING GELS | - | NC |

DIAGNOSTIC PRODUCTS

| DIAGNOSTIC BIOLOGICALS | | |
|---|---|----|
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC |

| DIAGNOSTIC DRUGS | | |
|-------------------------|---|----|
| GLUCAGEN INJ | - | 2 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |

| DIAGNOSTIC TESTS | | |
|------------------------------------|-----|-----|
| CLINISTIX TEST STRIP | OTC | 1 |
| KETO-DIASTIX TEST STRIP | OTC | 1 |
| KETOSTIX | OTC | 1 |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 |
| ACCU-CHEK TEST STRIP | OTC | 2 |
| COVID-19 TEST | OTC | EXC |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC |
| CUE HEALTH MONITOR | OTC | EXC |
| ONETOUCH TEST STRIP | OTC | NC |
| ONETOUCH VERIO TEST STRIP | OTC | NC |
| 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 |

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| | | |
|--|--|---|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordible Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | 2 |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC |
| SUCRAID SOLN | - | NC |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide tab | - | 1 |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC |
| KEVEYIS TAB | - | NC |
| NEPTAZANE 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 |
| ALDACTAZIDE TAB | - | NC |
| MAXZIDE TAB | - | NC |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torseamide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633) | LD-QL | 2 |
| EDECIN TAB | - | NC |
| LASIX TAB | - | NC |
| SOAANZ TAB | - | NC |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older) | PA | 2 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| ALDACTONE TAB | - | NC |
| DYRENIUM CAP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| CHLOROTHIAZIDE TAB | - | 1 |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| chlorthalidone tab | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| 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 | TS | Tablet Splitting |
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DIURETICS Cont. | | |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| THALITONE TAB | - | NC |

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

| | | |
|--|----------|----|
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 |
| RECORLEV TAB | - | NC |

BONE DENSITY REGULATORS

| | | |
|---|-------|----|
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 2 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | 2 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 2 |
| risedronate tab (ACTONEL equiv) | - | 2 |
| TERIPARATIDE INJ 620MCG/2.48ML | LMSP | 2 |
| TYMLOS INJ | LMSP | 2 |
| ACTONEL TAB | - | NC |
| ATELVIA TAB | - | NC |
| BINOSTO TAB | - | NC |
| BONIVA TAB 150MG | - | NC |
| calcitonin inj (MIACALCIN equiv) | - | NC |
| FORTEO INJ | - | NC |
| FOSAMAX TAB | - | NC |
| FOSAMAX+D TAB | - | NC |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) | - | NC |

CORTICOTROPIN

| | | |
|--|----------|----|
| ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ACTHAR GEL AUTO-INJECTOR | - | NC |

FERTILITY REGULATORS

| | | |
|------------------------------|-----|----|
| CLOMID TAB | INF | NC |
| CLOMIPHENE TAB | INF | NC |
| FOLLISTIM AQ INJ | INF | NC |
| GONAL-F RFF INJ | INF | NC |
| GONAL-F RFF INJ, GONAL-F INJ | INF | NC |
| MENOPUR INJ | INF | NC |
| OVIDREL INJ | INF | NC |
| PREGNYL INJ, NOVAREL INJ | INF | NC |

GNRH/LHRH ANTAGONISTS

| | | |
|-----------------------------------|-------|---|
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
|-----------------------------------|-------|---|

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

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Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| cetorelix acetate for inj kit (CETROTIDE equiv) | INF | NC |
| CETROTIDE KIT | INF | NC |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | 2 |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| GENOTROPIN INJ | LMSP-PA | 2 |
| OMNITROPE INJ | LMSP-PA | 2 |
| SKYTROFA INJ | LMSP-PA | 2 |
| SOGROYA INJ | LMSP-PA | 2 |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NGENLA INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC |
| ZOMACTON INJ | - | NC |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | ACA | \$0 |
| EVISTA TAB | - | NC |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | 2 |
| 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 (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007) | LD-PA | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD | 2 |
| cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist) | RS | 2 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | 2 |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD | 2 |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | LMSP-PA | 2 |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | LMSP-PA | 2 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 |

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| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | 2 |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL | 3 |
| BUPHENYL POWDER | - | NC |
| BUPHENYL TAB | - | NC |
| CALCITRIOL INJ | - | NC |
| CARBAGLU TAB | - | NC |
| CARNITOR SOLN | - | NC |
| CARNITOR TAB | - | NC |
| CITRULLINE EASY TAB | - | NC |
| CYSTADANE POWDER | - | NC |
| HECTOROL CAP | - | 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 |
| ROCALTROL CAP | - | NC |
| ROCALTROL SOLN | - | NC |
| SENSIPAR TAB | - | NC |
| XURIDEN POWDER | - | NC |
| YORVIPATH INJ | - | NC |
| ZEMPLAR CAP | - | NC |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| STIMATE NASAL SOLN | - | 2 |
| DDAVP NASAL SOLN | - | 3 |
| DDAVP NASAL SPRAY | - | NC |
| DDAVP TAB | - | NC |
| NOCDURNA SL TAB | - | NC |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| mifepristone tab 200mg (MIFIPREX equiv) | - | EXC |
| MIFIPREX TAB | - | EXC |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |

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| OTC | Affordable Care Act | PA | Prior Authorization | QL | Quantity Limit |
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| VAC | Restricted to Diagnosis | | | | |
| | Smoking Cessation | | | | |
| | Vaccine Program | | | | |

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|--|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 |
| OCTREOTIDE INJ 100MCG | LMSP | 1 |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | 2 |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |
| SANDOSTATIN LAR INJ KIT | - | NC |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| TOLVAPTAN TAB | - | NC |
| tolvaptan tab (SAMSCA equiv) | - | NC |

ESTROGENS

| ESTROGEN COMBINATIONS | | |
|---|-------|----|
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| 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 |
| ACTIVEVELLA TAB | - | NC |
| ANGELIQ TAB | - | NC |
| BIJUVA CAP | - | NC |
| CLIMARA PRO PATCH | - | NC |
| COMBIPATCH | - | NC |
| FEMHRT TAB | - | NC |

| ESTROGENS | | |
|---|----|----|
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| MENEST TAB | - | 3 |
| CLIMARA PATCH | - | NC |
| DIVIGEL GEL | - | NC |
| DIVIGEL GEL, ELESTRIN GEL | - | NC |
| ESTRACE TAB | - | NC |
| estradiol td gel (DIVIGEL equiv) | - | NC |
| EVAMIST SPRAY | - | NC |
| MENOSTAR PATCH | - | NC |
| VIVELLE-DOT PATCH | - | NC |

FLUOROQUINOLONES

| FLUOROQUINOLONES | | |
|---------------------------------|---|---|
| ciprofloxacin tab (CIPRO equiv) | - | 1 |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| FLUOROQUINOLONES Cont. | | |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ciprofloxacin susp (CIPRO equiv) | - | 2 |
| moxifloxacin tab (AVELOX equiv) | - | 2 |
| CIPRO SUSP | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| AVELOX TAB | - | NC |
| CIPRO TAB | - | NC |
| FACTIVE TAB | - | NC |
| LEVAQUIN TAB | - | NC |
| PROQUIN XR TAB | - | NC |

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

| | | |
|--------------------------------|-------|---|
| MOTTEGRITY 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 | 2 |
|--|-------|---|

FARNESOID X RECEPTOR (FXR) AGONISTS

| | | |
|--|----------------|---|
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF-TS | 2 |
|--|----------------|---|

GALLSTONE SOLUBILIZING AGENTS

| | | |
|-----------------------------------|---|----|
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| ACTIGALL CAP | - | NC |
| RELTONE CAP | - | NC |
| URSO FORTE TAB | - | NC |
| URSODIOL CAP | - | NC |

GASTROINTESTINAL ANTIALLERGY AGENTS

| | | |
|----------------------------------|---|----|
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROCROM CONC | - | NC |

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

| | | |
|---|-------|----|
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL | 2 |
| AMITIZA CAP | - | NC |

GASTROINTESTINAL STIMULANTS

| | | |
|------------------------------------|---|----|
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| GIMOTI NASAL SPRAY | - | NC |
| METZOZLV ODT | - | NC |
| REGLAN TAB | - | NC |

HEPATOTROPICS

| | | |
|---------------|---|----|
| REZDIFFRA TAB | - | NC |
|---------------|---|----|

ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS

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| | | | | | |
|-------------|--|-------------|---|------------|--|
| ACA | NC = Not Covered | EXC | generic = small letters | INF | BRANDS = CAPITAL LETTERS |
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| OTC | Affordable Care Act | PA | Limited Distribution | QL | Mandatory Specialty Pharmacy Program |
| RDX | Over-the-Counter | RS | Lumicera Mandatory Specialty Pharmacy Program | SF | Quantity Limit |
| SMKG | Restricted to Diagnosis | ST | Prior Authorization | TS | Limited to two 15 day fills per month for first 3 months |
| VAC | Smoking Cessation | | Restricted to Specialist | | Tablet Splitting |
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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | 2 |
| LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | 2 |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| DIPENTUM CAP | - | 2 |
| ENTYVIO SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | 2 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| mesalamine tab (ASACOL equiv) | - | 2 |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | LMSP-PA-QL | 2 |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | LMSP-PA-QL | 2 |
| APRISO CAP | - | NC |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| AZULFIDINE EN TAB | - | NC |
| AZULFIDINE TAB | - | NC |
| CANASA SUPP | - | NC |
| CIMZIA INJ | - | NC |
| COLAZAL CAP | - | NC |
| DELZICOL CAP | - | NC |
| mesalamine ER cap (PENTASA CR equiv) | - | NC |
| OMVOH INJ | - | NC |
| PENTASA CR CAP | - | NC |
| PENTASA CR CAP 250MG | - | NC |
| ROWASA KIT | - | NC |
| VELSIPITY TAB | - | NC |
| ZYMFENTRA INJ | - | NC |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTRONEX equiv) | - | 2 |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 |
| IBSRELA TAB | - | NC |
| LOTRONEX TAB | - | NC |
| VIBERZI TAB | - | NC |

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

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

GASTROINTESTINAL AGENTS - MISC. Cont.

| | | |
|-------------|---|----|
| ZELNORM TAB | - | NC |
|-------------|---|----|

LIVE FECAL MICROBIOTA

| | | |
|--|----------|---|
| VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 |
|--|----------|---|

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 | - | NC |
| LIVDELZI CAP | - | NC |

PHOSPHATE BINDER AGENTS

| | | |
|---|---|----|
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 |
| PHOSLYRA SOLN | - | 2 |
| sevelamer powder pak (REVELA equiv) | - | 2 |
| sevelamer tab (REVELA TAB equiv) | - | 2 |
| AURYXIA TAB | - | 3 |
| ELIPHOS TAB | - | NC |
| FOSRENOL CHEW TAB | - | NC |
| PHOSLO CAP | - | NC |
| RENAGEL TAB 800MG | - | NC |
| REVELA PAK | - | NC |
| REVELA TAB | - | NC |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC |
| VELPHORO CHEW TAB | - | NC |

SHORT BOWEL SYNDROME (SBS) AGENTS

| | | |
|------------|---|----|
| GATTEX KIT | - | NC |
|------------|---|----|

TRYPTOPHAN HYDROXYLASE INHIBITORS

| | | |
|-------------|---|----|
| XERMELO TAB | - | NC |
|-------------|---|----|

GENERAL ANESTHETICS

ANESTHETICS - MISC.

| | | |
|----------------------|---|----|
| KETAMINE HCL TROCHES | - | NC |
|----------------------|---|----|

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

| | | |
|---|---|---|
| CYTRA K CRYSTALS | - | 1 |
| CYTRA-3 SYRUP | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 |

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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
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| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 2 |
| UROCIT-K TAB | - | NC |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | 2 |
| PROCYSBI CAP | - | NC |
| PROCYSBI GRANULES PACKET | - | NC |
| HYPEROXALURIA AGENTS | | |
| RIFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 |
| RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 |
| RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | 2 |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | 2 |
| 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 |
| AVODART CAP | - | NC |
| CARDURA XL TAB | - | NC |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC |
| ENTADFI CAP | - | NC |
| FLOMAX CAP | - | NC |
| PROSCAR TAB | - | NC |
| UROXATRAL TAB | - | NC |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| phenazopyridine tab 95mg (AZO equiv) | OTC | 1 |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | 1 |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | 1 |
| PYRIDIUM TAB | - | NC |
| URINARY STONE AGENTS | | |
| tiopronin tab (THIOLA equiv) | LMSP-PA | 1 |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |
| tiopronin tab delayed release (THIOLA EC equiv) | - | NC |

GOUT AGENTS

GOUT AGENT COMBINATIONS

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| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
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Category/Class**

Last Updated* 11/1/2024

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|-----------------|---------------------|-------------|

GOUT AGENTS Cont.

| | | |
|---|---|----|
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| DUZALLO TAB | - | NC |

GOUT AGENTS

| | | |
|--|-------|----|
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| colchicine tab (COLCRYS equiv) | - | 2 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-TS | 2 |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| allopurinol tab 200mg | - | NC |
| colchicine cap (MITIGARE equiv) | - | NC |
| COLCRYS TAB | - | NC |
| ULORIC TAB | - | NC |
| ZURAMPIC TAB | - | NC |
| ZYLOPRIM TAB | - | NC |

URICOSURICS

| | | |
|--------------------------------|---|---|
| probenecid tab (BENEMID equiv) | - | 1 |
|--------------------------------|---|---|

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

| | | |
|--------------|---------|---|
| HEMLIBRA INJ | LMSP-PA | 2 |
|--------------|---------|---|

BRADYKININ B2 RECEPTOR ANTAGONISTS

| | | |
|-------------------------------|---------|----|
| icatibant inj (FIRAZYR equiv) | LMSP-PA | 2 |
| FIRAZYR INJ | - | NC |

COMPLEMENT INHIBITORS

| | | |
|---|----------|----|
| BERINERT INJ (Only available through Accredo 800-803-2523) | LD-PA | 2 |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 |
| HAEGARDA INJ (Only available through Accredo 800-803-2523) | LD-PA | 2 |
| RUCONEST INJ (Only available through Accredo 800-803-2523) | LD-PA | 2 |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 |
| ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 |
| ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 |
| ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 |
| FABHALTA CAP | - | NC |
| VOYDEYA TAB | - | NC |
| VOYDEYA TAB THERAPY PACK | - | NC |

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS

| | | |
|---------------|---|----|
| TAVALISSE TAB | - | NC |
|---------------|---|----|

HEMATORHEOLOGIC AGENTS

| | | |
|--------------------------------------|---|---|
| pentoxifylline ER tab (TRENAL equiv) | - | 1 |
|--------------------------------------|---|---|

PLASMA KALLIKREIN INHIBITORS

| | | |
|--|----------|----|
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| ORLADEYO CAP | - | NC |

PLATELET AGGREGATION INHIBITORS

| | | |
|--------------------------------|---|---|
| anagrelide cap (AGRYLIN equiv) | - | 1 |
|--------------------------------|---|---|

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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | 2 |
| BRILINTA TAB | - | 2 |
| AGRYLIN CAP | - | NC |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC |
| CABLIVI INJ KIT | - | NC |
| CLOPIDOGREL THERAPY PACK | - | NC |
| EFFIENT TAB | - | NC |
| PLAVIX TAB 75MG | - | NC |
| YOSPRALA TAB | - | NC |
| ZONTIVITY TAB | - | NC |

PYRUVATE KINASE ACTIVATORS

| | | |
|--|----------|---|
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

| | | |
|---|-------|----|
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | 1 |
| CERDELGA CAP | - | NC |
| ZAVESCA CAP | - | NC |

AGENTS FOR SICKLE CELL ANEMIA

| | | |
|------------|---|----|
| DROXIA CAP | - | 2 |
| SIKLOS TAB | - | NC |

AGENTS FOR SICKLE CELL DISEASE

| | | |
|--|------------|----|
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | LMSP-PA-QL | 1 |
| ENDARI POWDER PACKET | - | NC |
| OXBRYTA TAB | - | NC |
| OXBRYTA TAB FOR ORAL SUSP | - | NC |

COBALAMINS

| | | |
|---|---|---|
| cyanocobalamin inj | - | 1 |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 2 |
| NASCOBAL SPRAY | - | 3 |

FOLIC ACID/FOLATES

| | | |
|--|---------|-----|
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | ACA | \$0 |
| folic acid tab 400mcg (Covered for females only) | ACA-OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | ACA-OTC | \$0 |

HEMATOPOIETIC GROWTH FACTORS

| | | |
|--|------------|---|
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| FULPHILA INJ | LMSP | 2 |
| NIVESTYM INJ | LMSP | 2 |
| NYVEPRIA INJ | LMSP | 2 |
| PROMACTA POWDER (QL= 1 packet/day) | LMSP-PA-QL | 2 |

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| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| PROMACTA TAB 50MG (QL= 2 tabs/day) | LMSP-PA-QL | 2 |
| PROMACTA TAB 75MG (QL= 2 tabs/day) | LMSP-PA-QL | 2 |
| RETACRIT INJ | MSP-PA | 2 |
| ZARXIO INJ | LMSP | 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 |
| PROCRIT INJ | - | NC |
| RELEUKO INJ | - | NC |
| RELEUKO PREFILLED SYRINGE INJ | - | NC |
| STIMUFEND INJ | - | NC |
| UDENYCA INJ | - | NC |
| VAFSEO TAB | - | NC |
| ZIEXTENZO INJ | - | NC |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| folbee tab | - | 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 |
| FERRO-PLEX TAB | - | NC |
| FOLITE TAB | - | NC |
| FOLVITE-FE TAB | - | NC |
| MULTIVITAMIN TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |
| IRON | | |
| ACCRUFER CAP | - | NC |
| ferrrous sulfate elixir | ACA-OTC | NC |
| FERROUS SULFATE LIQUID | OTC | NC |
| ferrrous sulfate soln | ACA-OTC | NC |

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| HEMATOPOIETIC AGENTS Cont. | | |
| STEM CELL MOBILIZERS | | |
| XOLREMDI CAP | - | NC |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| aminocaproic acid tab (AMICAR equiv) | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| AMICAR SOLN | - | NC |
| AMICAR TAB | - | NC |
| LYSTEDA TAB | - | NC |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| AMBIEN CR TAB | - | NC |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | NC |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| 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 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 |
| midazolam syrup | - | 2 |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 2 |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 2 |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 |
| AMBIEN TAB | - | NC |
| EDLUAR SL TAB | - | NC |
| FLURAZEPAM CAP | - | NC |
| HALCION TAB | - | NC |
| INTERMEZZO SL TAB | - | NC |
| LUNESTA TAB | - | NC |
| QUAZEPAM TAB | - | NC |

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

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| | | | | | |
|-------------|---|-------------|---|------------|--|
| ACA | NC = Not Covered 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| RESTORIL CAP 15MG | - | NC |
| RESTORIL CAP 22.5MG | - | NC |
| RESTORIL CAP 30MG | - | NC |
| RESTORIL CAP 7.5MG | - | 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 |

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 | 2 |
| HETLIOZ CAP | - | NC |
| HETLIOZ SUSP | - | NC |
| tasimelteon cap (HETLIOZ equiv) | - | NC |

LAXATIVES

LAXATIVE COMBINATIONS

| | | |
|--|--------|-----|
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | ACA-QL | \$0 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | ACA-QL | \$0 |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | ACA-QL | \$0 |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 |
| peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | ACA-QL | \$0 |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | ACA-QL | \$0 |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | 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 |
| GIALAX KIT | - | NC |
| KRISTALOSE PACK, LACTULOSE PACK | - | NC |
| KRISTALOSE PACKET | - | NC |

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| LAXATIVES Cont. | | |
| MIRALAX PACKET | - | NC |
| MIRALAX POWDER | - | NC |
| SALINE LAXATIVES | | |
| OSMOPREP TAB | - | NC |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| ZITHROMAX SUSP | - | NC |
| ZITHROMAX TAB | - | NC |
| CLARITHROMYCIN | | |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 2 |
| BIAXIN TAB | - | NC |
| ERYTHROMYCINS | | |
| ERYTHROMYCIN CAP DR | - | 2 |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| erythromycin tab (ERY-TAB equiv) | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| PCE TAB | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 |
| ERYPED SUSP | - | NC |
| FIDAXOMICIN | | |
| 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 | | |
| DIABETIC SUPPLIES | | |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CERVICAL CAP | ACA | \$0 |
| DIAPHRAGM | ACA | \$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 |

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

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Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| ACCU-CHEK GUIDE ME KIT | 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 |
| 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 G6 INTRO KIT (QL= 1 kit/year) | QL | 2 |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days) | 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 INTRO KIT (QL= 1 kit/year) | QL | 2 |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 |
| 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 |
| ACCU-CHEK AVIVA PLUS METER | OTC | NC |
| ACCU-CHEK NANO METER | OTC | NC |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| FREESTYLE FREEDOM LITE METER | OTC | NC |
| FREESTYLE METER | OTC | NC |
| OMNIPOD DASH PDM KIT | - | NC |
| ONETOUCH DELICA LANCETS | OTC | NC |
| ONETOUCH DELICA PLUS LANCETS | OTC | NC |

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| | Smoking Cessation | | Step Therapy | | Tablet Splitting |
| | Vaccine Program | | | | |

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Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| ONETOUCH DELICA ULTRASOFT LANCETS | OTC | NC |
| ONETOUCH METER | OTC | NC |
| ONETOUCH VERIO FLEX METER | OTC | NC |
| ONETOUCH VERIO IQ METER | OTC | NC |
| ONETOUCH VERIO METER | OTC | NC |
| ONETOUCH VERIO REFLECT METER | OTC | NC |
| PRECISION XTRA METER | OTC | NC |
| V-GO INJ KIT | - | NC |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | 1 |
| ORAL HYGIENE PRODUCTS | | |
| HURRISEAL MIS SNAP | - | NC |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D INSULIN SYRINGE | --OTC | 1 |
| B-D PEN NEEDLE | OTC | 1 |
| CARETOUCH MIS | OTC | 1 |
| NOVOFINE PEN NEEDLE | OTC | 1 |
| NOVOTWIST PEN NEEDLE | OTC | 1 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 |
| CEQR SIMPLICITY | - | NC |
| INPEN INSULIN INJECTION DEVICE | - | NC |
| INSULIN SYRINGE | OTC | NC |
| PEN NEEDLE | OTC | NC |
| RESPIRATORY THERAPY SUPPLIES | | |
| AEROCHAMBER | OTC | 2 |
| PEAK FLOW METER | - | NC |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| UBRELVY 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 | - | 2 |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 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 |
| TREXIMET TAB | - | NC |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| MIGRAINE PRODUCTS Cont. | | |
| MIGRAINE PRODUCTS | | |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| MIGRANAL SPRAY | - | NC |
| TRUDHESA NASAL SPRAY | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIJ 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 | | |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| 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 |
| AMERGE TAB | - | NC |
| AXERT TAB | - | NC |
| FROVA TAB | - | NC |
| frovatriptan tab (FROVA equiv) | - | NC |
| IMITREX INJ | - | NC |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY | - | NC |
| IMITREX TAB | - | NC |
| IMITREX VIAL INJ | - | NC |
| MAXALT MLT TAB | - | NC |
| MAXALT TAB | - | NC |
| ONZETRA XSAIL | - | NC |

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| RDX Restricted to Diagnosis | RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months |
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|---------------------------------|---------------------|-------------|
| MIGRAINE PRODUCTS Cont. | | |
| RELPAK TAB | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | - | NC |
| ZOMIG TAB | - | NC |
| ZOMIG ZMT | - | NC |

MINERALS & ELECTROLYTES

FLUORIDE

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

PHOSPHATE

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

POTASSIUM

| | | |
|---|---|----|
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| POTASSIUM CHLORIDE TAB ER | - | 1 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| POKONZA POWDER | - | NC |

ZINC

| | | |
|------------|---|---|
| GALZIN CAP | - | 2 |
|------------|---|---|

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

| | | |
|--|---------|----|
| trientine cap (SYPRINE equiv) | LMSP-PA | 1 |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| CUVRIOR TAB | - | NC |
| DEPEN TITRATAB | - | NC |
| penicillamine cap (CUPRIMINE equiv) | - | NC |
| TRIENTINE CAP | - | NC |

IMMUNOMODULATORS

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

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633) | LD-QL-RS | 1 |
| JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633) | LD-QL-RS | 2 |
| REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 2 |
| IMMUNOSUPPRESSIVE AGENTS | | |
| ENSPRYNG INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| everolimus tab (ZORTRESS equiv) | PA | 2 |
| sirolimus soln (RAPAMUNE equiv) | - | 2 |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 3 |
| ASTAGRAF XL CAP | - | NC |
| azathioprine tab 100mg (AZASAN equiv) | - | NC |
| azathioprine tab 75mg (AZASAN equiv) | - | NC |
| MYHIBBIN SUSP | - | NC |
| PROGRAF PACKET | - | NC |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE GRANULES PACKET (QL= 1 packet/day) | MSP-PA-QL | 3 |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | 3 |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | 3 |
| POTASSIUM REMOVING AGENTS | | |
| SPS | - | 1 |
| LOKELMA PAK | PA | 2 |
| LOKELMA PAK 10GM | - | NC |
| LOKELMA PAK 5GM | - | NC |
| PROGERIA TREATMENT AGENTS | | |
| ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | 2 |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | 2 |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln (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 |
| PERIDEX SOLN | - | NC |
| DENTAL PRODUCTS | | |

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | ACA | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | ACA | \$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. | | |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| cevimeline cap (EVOXAC equiv) | - | 2 |
| GELCLAIR GEL | - | 2 |
| SALAGEN TAB | - | 2 |
| EVOXAC CAP | - | 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 tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| FIBRIK CAP | - | NC |
| NEPHROCAP | - | NC |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| v-c forte cap (V-C FORTE equiv) | - | 2 |
| DEXATRAN CAP | - | NC |
| FOLAGENT DHA CAP | - | NC |
| FOLAMED DHA CAP | - | NC |
| REMEDIENT CAP | - | NC |
| STROVITE TAB | - | NC |
| VITRECYL IRON TAB | - | NC |
| VITRECYL TAB | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |

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

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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MULTIVITAMINS Cont. | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| POLY-VI-FLOR CHEW W/IRON | - | NC |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML | - | 1 |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| TRI-VITAMIN FLUORIDE DROPS | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| DAVIMET/FLUORIDE CHEW 0.75MG | - | NC |
| FLORAFOL CHEW TAB | - | NC |
| FLORAFOL PED CHEW TAB | - | NC |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | NC |
| MULTIVITAMIN/FLUORIDE CHEW 0.5MG | - | NC |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | NC |
| MULTI-VIT-FLOR CHEW 0.25MG | - | NC |
| MULTI-VIT-FLOR CHEW 0.5MG | - | NC |
| MULTI-VIT-FLOR CHEW 1MG | - | NC |
| POLY-VI-FLOR CHEW 0.25MG | - | NC |
| POLY-VI-FLOR CHEW 0.5MG | - | NC |
| POLY-VI-FLOR CHEW 1MG | - | NC |
| POLY-VI-FLOR SUSP | - | NC |
| QUFLORA PEDIATRIC CHEW 0.25MG | - | NC |
| QUFLORA PEDIATRIC CHEW 0.5MG | - | NC |
| QUFLORA PEDIATRIC CHEW 1MG | - | 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 |

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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit |
| 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 | TS Tablet Splitting |
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**Prevea360 3-Tier Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------------------------|---------------------|-------------|
| MULTIVITAMINS Cont. | | |
| MULTI-MAC TAB | - | NC |
| PREGEN DHA CAP | - | NC |
| PREGENNA TAB | - | NC |
| PRENARA CAP | - | NC |
| PRENATOL-M TAB 27-1.2MG | - | NC |
| PRENATRIX TAB | - | NC |
| PRENATRYL TAB | - | NC |

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

| | | |
|--|----|----|
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | 2 |
| chlorzoxazone tab 500mg | - | 2 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 2 |
| tizanidine cap (ZANAFLEX equiv) | - | 2 |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 |
| BACLOFEN SUSP | - | NC |
| baclofen tab 15mg | - | NC |
| BACLOFEN TAB 5MG | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| metaxalone tab (SKELAXIN equiv) | - | NC |
| METAXALONE TAB 400MG | - | NC |
| METHOCARBAMOL TAB | - | NC |
| ROBAXIN TAB | - | NC |
| SKELAXIN TAB | - | NC |
| SOMA TAB | - | NC |
| TANLOR TAB | - | NC |
| ZANAFLEX TAB | - | NC |

DIRECT MUSCLE RELAXANTS

| | | |
|---------------------------------|---|----|
| dantrolene cap (DANTRIUM equiv) | - | 2 |
| DANTRIUM CAP | - | NC |

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 | 2 |
|--|----------|---|

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

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**Prevea360 3-Tier Formulary
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Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 |
| SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 |
| SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 |
| SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | 2 |
| MUSCLE RELAXANT COMBINATIONS | | |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| NORGESIC TAB FORTE | - | NC |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC |
| AZENASE PAK | - | NC |
| RYALTRIS SPRAY | - | NC |
| NASAL AGENTS - MISC. | | |
| ALCOHOL SWABS | OTC | 1 |
| ALZAIR NASAL SPRAY | - | NC |
| TICANASE PAK | - | NC |
| NASAL ANESTHETICS | | |
| COCAINE HCL SOLN | - | NC |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill) | QL | 2 |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | NC |
| olopatadine nasal spray (PATANASE equiv) | - | NC |
| PATANASE NASAL SPRAY | - | NC |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |
| NASAL STEROIDS | | |
| budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill) | OTC-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 |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 2 |
| BECONASE AQ NASAL SPRAY | - | NC |
| mometasone nasal spray (NASONEX equiv) | - | NC |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| RHINOCORT AQUA NASAL SPRAY | - | NC |

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|---|---------------------|-------------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| 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 | | |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| riluzole tab (RILUTEK equiv) | - | 2 |
| EXSERVAN FILM | - | NC |
| RILUTEK TAB | - | NC |
| TIGLUTIK SUSP | - | NC |
| FRIEDRICH'S ATAXIA AGENTS | | |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |
| 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 | 2 |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| NUTRIENTS | | |
| LIPIDS | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPHTH INSERT | - | NC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 |
| betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill) | QL | 1 |
| CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 |
| carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill) | QL | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days) | QL | 1 |
| LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 |
| levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill) | QL | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill) | QL | 1 |
| BETIMOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days) | QL | 2 |
| ISTALOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill) | QL | 2 |

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Category/Class
Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill) | QL | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill) | QL | 2 |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottle/fill) | QL | 2 |
| BETAGAN OPHTH SOLN | - | NC |
| COMBIGAN OPHTH SOLN | - | NC |
| COSOPT (PF) OPHTH SOLN | - | NC |
| ISTALOL OPHTH SOLN 0.5% | - | NC |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | NC |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | NC |
| TIMOPTIC OPHTH SOLN | - | NC |
| TIMOPTIC-XE OPHTH GEL | - | NC |
| CHOLINERGIC AGONISTS | | |
| TYRVAYA 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 (QL= 2 bottles/fill) | QL | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill) | QL | 1 |
| ATROPINE SUL SOLN 1% OPHTH (QL= 2 bottles/fill) | QL | 1 |
| ATROPINE SULFATE OPHTH OINT (QL= 2 tubes/fill) | QL | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill) | QL | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill) | QL | 1 |
| CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| CYCLOGYL OPHTH SOLN | - | 3 |
| CYCLOGYL OPHTH SOLN | - | NC |
| MYDCOMBI OPHTH SOLN | - | NC |
| MYDRIACYL OPHTH SOLN | - | NC |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill) | QL | 1 |
| ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| ISOPTO CARPINE OPHTH SOLN | - | NC |
| PHOSPHOLINE OPHTH SOLN | - | NC |
| VUITY OPHTH SOLN | - | NC |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% (QL= 2 bottles/fill) | QL | 1 |
| APRACLONIDINE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill) | QL | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill) | QL | 2 |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) (QL= 2 bottles/fill) | QL | 2 |
| IOPIDINE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill) | QL | 2 |
| ALPHAGAN P OPHTH SOLN 0.15% | - | NC |
| IOPIDINE OPHTH SOLN | - | NC |
| OPHTHALMIC ANTI-INFECTIVES | | |

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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
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**Prevea360 3-Tier Formulary
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|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill) | QL | 1 |
| erythromycin ophth oint (QL= 2 bottles/fill) | QL | 1 |
| GENTAK OPHTH OINT (QL= 2 tubes/fill) | QL | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 2 bottles/fill) | QL | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill) | QL | 1 |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill) | QL | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill) | QL | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill) | QL | 1 |
| tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill) | QL | 1 |
| AZASITE SOLN (QL= 2 bottles/fill) | QL | 2 |
| BACITRACIN OPHTH OINT (QL= 2 bottles/fill) | QL | 2 |
| gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill) | QL | 2 |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 |
| TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| 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) | LD-QL-RS | 2 |
| ZIRGAN OPHTH GEL (QL= 2 bottles/fill) | QL | 2 |
| CILOXAN OPHTH OINT (QL= 2 bottles/fill) | QL | 3 |
| TOBREX OPHTH OINT (QL= 2 bottles/fill) | QL | 3 |
| BESIVANCE OPHTH SUSP | - | NC |
| BLEPH-10 OPHTH SOLN | - | NC |
| CILOXAN OPHTH SOLN | - | NC |
| ERYTHROMYCIN OPHTH OINT | - | NC |
| LEVOFLOXACIN OPHTH SOLN | - | NC |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| NEOSPORIN OPHTH SOLN | - | NC |
| OCUFLOX OPHTH SOLN | - | NC |
| POLYTRIM OPHTH SOLN | - | NC |
| TOBREX OPHTH SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| VIGAMOX OPHTH SOLN | - | NC |
| ZYMAXID OPHTH SOLN | - | NC |

OPHTHALMIC IMMUNOMODULATORS

| | | |
|--|-------|----|
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 |
| CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN | - | NC |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC |
| RESTASIS MULTI-DOSE | - | NC |
| RESTASIS OPHTH EMULSION | - | NC |

OPHTHALMIC INTEGRIN ANTAGONISTS

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| OPHTHALMIC AGENTS Cont. | | |
| XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | PA | 3 |
| ROCKLATAN OPHTH SOLN | - | NC |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill) | QL | 1 |
| ALCAINE OPHTH SOLN | - | NC |
| IHEEZO GEL | - | NC |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN | - | NC |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill) | QL | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill) | QL | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill) | QL | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 |
| prednisolone acetate ophth susp (PRED FORTE equiv) (QL= 2 bottles/fill) | QL | 1 |
| PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill) | QL | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottle/ fill) | QL | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill) | QL | 1 |
| ALREX OPHTH SUSP (QL= 2 bottles/fill) | QL | 2 |
| BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill) | QL | 2 |
| LOTEMAX OPHTH OINT (QL= 2 tubes/fill) | QL | 2 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill) | QL | 2 |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) (QL= 2 bottles/fill) | QL | 2 |
| MAXIDEX OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| PRED MILD OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| PRED-G OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| TOBRADEX OPHTH OINT (QL= 2 bottles/fill) | QL | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| ALREX OPHTH SUSP 0.2% | - | 3 |
| BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill) | QL | 3 |
| FLAREX OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 |
| FML FORTE OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 |
| FML S.O.P. OPHTH OINT (QL= 2 bottles/fill) | QL | 3 |
| PRED FORTE OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 |
| TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill) | QL | 3 |
| CLOBETASOL OPHTH SUSP | - | NC |
| DEXTENZA OPHTH INSERT | - | NC |
| EYSUVIS OPHTH SUSP | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| FML LIQUIFLIM OPHTH SUSP | - | NC |
| INVELTYS OPHTH SUSP | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| LOTEMAX SM GEL 0.38% | - | NC |
| MAXITROL OPHTH OINT | - | NC |
| MAXITROL OPHTH SUSP | - | NC |
| PRED FORTE OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC |
| TOBRADEX OPHTH SOLN | - | NC |
| OPHTHALMIC SURGICAL AIDS | | |
| DUOVISC KIT | - | NC |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill) | QL | 1 |
| cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill) | QL | 1 |
| CROMOLYN SODIUM OPHTH SOLN (QL= 2 bottles/fill) | QL | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill) | QL | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill) | QL | 1 |
| epinastine ophth soln (ELESTAT equiv) | QL | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill) | QL | 1 |
| ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 |
| bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 2 |
| brinzolamide ophth susp (AZOPT equiv) (QL= 2 bottles/fil) | QL | 2 |
| bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill) | QL | 2 |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | 2 |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 2 |
| FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill) | QL | 2 |
| MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 |
| NEVANAC OPHTH SUSP (QL= 2 bottles/fill) | QL | 2 |
| PROLENSA OPHTH SOLN | - | 2 |
| ACUVAIL OPHTH SOLN (QL= 2 bottles/fill) | QL | 3 |
| ALOCRILOPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 |
| ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 |
| EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 |

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| LASTACFT OPHTH SOLN (QL= 3 ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln) | QL-ST | 3 |
| UPNEEQ SOLN | - | EXC |
| ACULAR (LS) | - | NC |
| AZOPT OPHTH SUSP | - | NC |
| BROMSITE DROP 0.075% | - | NC |
| ELESTAT OPHTH SOLN | - | NC |
| PATADAY OPHTH SOLN | - | NC |
| PATANOL OPHTH SOLN | - | NC |
| PAZEO OPHTH SOLN 0.7% | - | NC |
| TRUSOPT OPHTH SOLN | - | NC |
| ZADITOR OPHTH SOLN | OTC | NC |
| ZERVIATE OPHTH SOLN | - | NC |
| PROSTAGLANDINS - OPHTHALMIC | | |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |
| VYZULTA SOLN (QL= 2.5ml/30 days) | PA-QL | 3 |
| IYUZEH OPHTH DROPS | - | NC |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) | - | NC |
| TRAVATAN Z DROPS | - | NC |
| XALATAN OPHTH SOLN | - | NC |
| XELPROS OPHTH EMULSION | - | NC |
| ZIOPTAN OPHTH SOLN | - | NC |

OTIC AGENTS

| | | |
|--|----|----|
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill) | QL | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill) | QL | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill) | QL | 1 |
| neomycin/polymixin/hydrocortisone otic susp (QL= 2 bottles/fill) | QL | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill) | QL | 2 |
| COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill) | QL | 2 |
| CIPRO HC OTIC SUSP (QL= 2 bottles/fill) | QL | 3 |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CIPRODEX OTIC SUSP | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| CORTIC-ND DROPS | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC |
| OTIC STEROIDS | | |

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|--|---------------------|-------------|
| OTIC AGENTS Cont. | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill) | QL | 1 |
| fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill) | QL | 2 |
| DERMOTIC OIL | - | NC |
| OXYTOCICS | | |
| ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING | | |
| MPM PAK | - | EXC |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| HIZENTRA INJ | MSP-PA | 2 |
| CUVITRU INJ | - | NC |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ | MSP-PA | 2 |
| 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 | 2 |
| IMMUNE SERUMS | | |
| HIZENTRA INJ | MSP-PA | 2 |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| CUTAQUIG INJ | - | NC |
| MONOCLONAL ANTIBODIES | | |
| BEYFORTUS 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 ER TAB | - | 3 |
| AUGMENTIN ES-600 SUSP | - | NC |
| AUGMENTIN TAB | - | NC |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |

PHARMACEUTICAL ADJUVANTS

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| 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 | TS | Limited to two 15 day fills per month for first 3 months |
| VAC | Smoking Cessation | | Step Therapy | | Tablet Splitting |
| | Vaccine Program | | | | |

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Last Updated* 11/1/2024**

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PHARMACEUTICAL ADJUVANTS Cont.

LIQUID VEHICLES

| | | |
|----------------|---|----|
| TRICHOSOL SOLN | - | NC |
|----------------|---|----|

SEMI SOLID VEHICLES

| | | |
|-----------------------------------|---|----|
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |
| VERSAPENN AL GEL ANHYDROU | - | NC |

PROGESTINS

PROGESTINS

| | | |
|---|---|----|
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| megestrol ES susp (MEGACE ES equiv) | - | 2 |
| MEGESTROL SUSP | - | 2 |
| AYGESTIN TAB | - | NC |
| PROMETRIUM CAP | - | NC |
| PROVERA TAB | - | NC |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

| | | |
|--|-------|----|
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 2 |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 |
| ANTABUSE TAB | - | NC |

ANTI-CATAPLECTIC AGENTS

| | | |
|---|----------|----|
| LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523) | LD-PA-QL | 2 |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | 2 |
| XYWAV SOLN | - | NC |

ANTIDEMENTIA AGENTS

| | | |
|--|----|----|
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine soln (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| ADLARITY PATCH | - | NC |
| ARICEPT TAB | - | NC |
| ARICEPT TAB 23MG | - | NC |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| EXELON PATCH | - | NC |
| NAMENDA TAB | - | NC |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |
| RAZADYNE ER CAP | - | NC |
| RAZADYNE SOLN | - | NC |
| RAZADYNE TAB | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC |
| DULOXICAINE PACK | - | NC |
| LYBALVI TAB | - | NC |
| SYMBYAX CAP | - | 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 TAB (QL= 4 tabs/day) | LMSP-PA-QL | 2 |
| AUSTEDO XR TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days) | LMSP-PA-QL | 2 |
| AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | 2 |
| AUSTEDO TITRATION PACK | - | NC |
| XENAZINE TAB | - | NC |
| 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) | MSP | 1 |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | LMSP | 1 |
| glatiramer inj (COPAXONE equiv) | LMSP | 1 |
| teriflunomide tab (AUBAGIO equiv) | LMSP | 1 |
| AVONEX INJ | LMSP | 2 |
| BETASERON INJ | LMSP | 2 |
| GILENYA CAP 0.25MG | LMSP | 2 |
| KESIMPTA INJ | LMSP | 2 |
| MAVENCLAD THERAPY PAK (Only available through Walgreens 888-347-3416) | LD | 2 |
| MAYZENT TAB | LMSP | 2 |
| MAYZENT TAB STARTER PACK | LMSP | 2 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| PLEGRIDY INJ | LMSP | 2 |
| PLEGRIDY PEN INJ | LMSP | 2 |
| REBIF INJ | LMSP | 2 |
| ZEPOSIA CAP (QL= 1 cap/day) | LMSP-PA-QL | 2 |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | LMSP-PA-QL | 2 |
| 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 |
| 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 |
| AQNEURSA POWDER | - | NC |
| ERGOLOID MESYLATES TAB | - | NC |
| MIPLYFFA CAP | - | NC |
| ORAP TAB | - | NC |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| 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 |

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

| | | |
|---|---------|-----|
| 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 | 2 |
|--|----------|---|

VASOMOTOR SYMPTOM AGENTS

| | | |
|----------------------------------|---|----|
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

| | | |
|--|----------|----|
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| PULMOZYME INH SOLN | LMSP | 2 |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| BRONCHITOL CAP | - | NC |

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 |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF | 2 |
| ESBRIET TAB 267MG | - | NC |
| ESBRIET TAB 801MG | - | NC |
| PIRFENIDONE TAB | - | NC |

SULFONAMIDES

SULFONAMIDES

| | | |
|------------------|---|---|
| sulfadiazine tab | - | 2 |
|------------------|---|---|

TETRACYCLINES

AMINOMETHYLCYCLINES

| | | |
|------------|---|----|
| NUZYRA TAB | - | NC |
|------------|---|----|

TETRACYCLINES

| | | |
|---|---|---|
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| demeclocycline tab (DECLOMYCIN equiv) | - | 2 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 |
| minocycline tab (DYNACIN equiv) | - | 2 |
| tetracycline cap | - | 2 |

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| TETRACYCLINES Cont. | | |
| 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 |
| DYNACIN TAB | - | NC |
| MINOCIN CAP | - | NC |
| MINOCYCLINE ER CAP | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| MINOLIRA TAB | - | NC |
| MONODOX CAP | - | NC |
| SEYSARA TAB | - | NC |
| TETRACYCLINE TAB | - | NC |
| VIBRAMYCIN CAP | - | NC |
| VIBRAMYCIN SUSP | - | NC |

THYROID AGENTS

| ANTITHYROID AGENTS | | |
|---|-------|----|
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| SODIUM IODIDE I-131 SOLN | - | NC |
| 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=1 ml/day; Prior Authorization required for members age 9 or 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 PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 |
| PEDIARIX INJ | VAC | \$0 |

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| TOXOIDS Cont. | | |
| PENTACEL INJ | VAC | \$0 |
| TETANUS/DIPHThERIA TOXOID INJ | VAC | \$0 |
| VAXELIS INJ | VAC | \$0 |

ULCER DRUGS

ANTISPASMODICS

| | | |
|---|---|----|
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| methscopolamine tab (PAMINE equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| SYMAX DUOTAB | - | 3 |
| ANASPAZ ODT | - | NC |
| b-donna tab (DONNATAL equiv) | - | NC |
| BENTYL CAP | - | NC |
| BENTYL SYRUP | - | NC |
| DONNATAL TAB | - | NC |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC |
| LEVBIID TAB | - | NC |
| LEVSIN SL TAB | - | NC |
| LEVSIN TAB | - | NC |
| LIBRAX CAP | - | NC |
| pb-belladonna elixir (DONNATAL equiv) | - | NC |
| ROBINUL TAB | - | NC |

H-2 ANTAGONISTS

| | | |
|---|-----|----|
| cimetidine tab (TAGAMET equiv) | OTC | 1 |
| famotidine tab (PEPCID equiv) | OTC | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |
| AXID CAP | - | NC |
| cimetidine soln (CIMETIDINE equiv) | - | NC |
| PEPCID SUSP | - | NC |
| PEPCID TAB | - | NC |
| ranitidine cap (ZANTAC equiv) | - | NC |
| ranitidine syrup (ZANTAC equiv) | - | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC |
| TAGAMET TAB | - | NC |

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

Prevea360 3-Tier Formulary
Category/Class

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS Cont. | | |
| ZANTAC EFFER TAB | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| CARAFATE TAB | - | NC |
| 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 |
| FIRST OMEPRAZOLE SUSP | - | 2 |
| LANSOPRAZOLE SUSP | - | 2 |
| ACIPHEX SPRINKLE CAP | - | NC |
| ACIPHEX TAB | - | NC |
| NEXIUM CAP | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| PREVACID OTC CAP | OTC | NC |
| PRILOSEC CAP | - | NC |
| PRILOSEC OTC DR TAB | OTC | NC |
| PROTONIX EC TAB | - | NC |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| CYTOTEC TAB | - | NC |
| ULCER THERAPY COMBINATIONS | | |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC |
| ZEGERID CAP OTC | OTC | NC |
| ZEGERID POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 2 |
| DARTISLA ODT TAB | - | NC |
| GLYCATE TAB | - | NC |
| HYOSCYAMINE INJ | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| CIMETIDINE SOLN | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| CARAFATE SUSP | - | NC |
| PROTON PUMP INHIBITORS | | |
| omeprazole tab | OTC | 1 |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | 2 |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | 2 |

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

** OTC drugs are not a covered benefit.

| | | | | | |
|------|---|------|---|-----|--|
| ACA | NC = Not Covered Affordable Care Act | EXC | generic = small letters Plan Exclusion | INF | BRANDS = CAPITAL LETTERS Infertility |
| LD | NC/3P = Not Covered, Third Party Reviewer 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 | TS | Tablet Splitting |
| VAC | Vaccine Program | | | | |

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

**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC |
| DEXILANT DR CAP | - | NC |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC |
| FIRST PANTOPRAZOLE SUSP | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| NEXIUM 24HR TAB | OTC | NC |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC |
| PRILOSEC OTC DR TAB | - | 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 | | |
|--|---|----|
| URITACT DS TAB | - | 3 |
| URITACT EC TAB | - | 3 |
| PROSED DS TAB | - | NC |

URINARY ANTISPASMODICS

| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
|---|-----|----|
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| OXYTROL PATCH (OTC) | OTC | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| tropium tab (SANCTURA equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 2 |
| oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day) | QL | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| TOVIAZ TAB | - | 3 |
| DETROL LA CAP | - | NC |
| DETROL TAB | - | NC |
| DITROPAN XL TAB | - | NC |
| ENABLEX TAB | - | NC |
| GELNIQUE | - | NC |

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|--|--|---|
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| NC/3P = Not Covered, Third Party Reviewer | | |
| ACA Affordable Care Act | 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 | TS Tablet Splitting |
| VAC Vaccine Program | | |

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**Prevea360 3-Tier Formulary
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| DrugName | Special Code | Tier |
|---|--------------|------|
| URINARY ANTISPASMODICS Cont. | | |
| OXYBUTYNIN TAB | - | NC |
| VESICARE LS SUSP | - | NC |
| VESICARE TAB | - | NC |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| GEMTESA TAB | - | NC |
| mirabegron tab er (MYRBETRIQ equiv) | - | NC |
| MYRBETRIQ SUSP | - | NC |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| URECHOLINE TAB | - | NC |
| 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 |
| PNEUMOVAX INJ | VAC | \$0 |
| PREVNAR 13 INJ | VAC | \$0 |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 |
| TRUMENBA INJ | VAC | \$0 |
| VAXNEUVANCE INJ | VAC | \$0 |
| 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; Covered for members age 60 years or older) | 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 |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| 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 |

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

| 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 |
| M-M-R II INJ | VAC | \$0 |
| MRESVIA INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | 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 or 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 |

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 FILM | ACA-OTC | \$0 |
| CONTRACEPTIVE FOAM | ACA-OTC | \$0 |
| CONTRACEPTIVE GEL | ACA-OTC | \$0 |
| CONTRACEPTIVE SUPP | ACA-OTC | \$0 |
| TODAY SPONGE | ACA-OTC | \$0 |

VAGINAL ANTI-INFECTIVES

| | | |
|--|----|----|
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill) | QL | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 |
| CLEOCIN VAGINAL CREAM | - | NC |
| METROGEL VAGINAL GEL | - | NC |
| TERAZOL CREAM | - | NC |

VAGINAL ESTROGENS

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

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**Prevea360 3-Tier Formulary
Category/Class
Last Updated* 11/1/2024**

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

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

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**Prevea360 3-Tier Formulary
Prior Authorization Drug List
Last Updated* 11/1/2024**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| ABSTRAL SL TAB | 3 |
| ACTHAR GEL INJ | 2 |
| ACTIMMUNE INJ | 2 |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML | 2 |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT | 2 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT | 2 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT | 2 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT | 2 |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT | 2 |
| ADALIMUMAB-ADAZ INJ | 2 |
| ADALIMUMAB-ADAZ PFS INJ | 2 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | 2 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML | 2 |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | 2 |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | 2 |
| adapalene cream | 2 |
| adapalene gel | 2 |
| ADBRY INJ | 2 |
| ADEMPAS TAB | 2 |
| AIMOVIG INJ | 2 |
| AJOVY INJ | 2 |
| ALECENSA CAP | 2 |
| ALINIA SUSP | 2 |
| ALKINDI SPRINKLE CAP 0.5MG | 3 |
| ALKINDI SPRINKLE CAP 1MG | 3 |
| ALUNBRIG TAB 30MG | 2 |
| ALUNBRIG TAB 90MG, 180MG | 2 |
| ambrisentan tab | 1 |
| ANDRODERM PATCH | 2 |
| ARIKAYCE SUSP | 2 |
| ATORVALIQ SUSP | 3 |
| AUGTYRO CAP | 2 |
| AUSTEDO TAB | 2 |
| AUSTEDO XR TAB | 2 |
| AUSTEDO XR TAB TITRATION KIT | 2 |
| AUSTEDO XR TITRATION PACK | 2 |
| AYVAKIT TAB | 2 |
| BACLOFEN ORAL SOLN 10 MG/5ML | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML | 3 |
| baclofen susp | 2 |
| BALVERSA TAB 3MG | 2 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| BALVERSA TAB 4MG | 2 |
| BALVERSA TAB 5MG | 2 |
| BARACLUDE SOLN | 3 |
| BENLYSTA AUTO-INJECTOR | 2 |
| BENLYSTA INJ | 2 |
| BERINERT INJ | 2 |
| bexarotene cap | 1 |
| bexarotene gel | 1 |
| bosentan tab | 1 |
| BOSULIF CAP | 2 |
| BOSULIF TAB | 2 |
| BRAFTOVI CAP 75MG | 2 |
| BRUKINSA CAP | 2 |
| budesonide ER tab | 3 |
| budesonide rectal foam | 2 |
| BYLVAY CAP 1200MCG | 2 |
| BYLVAY CAP 400MCG | 2 |
| BYLVAY SPRINKLE CAP 200MCG | 2 |
| BYLVAY SPRINKLE CAP 600MCG | 2 |
| CABOMETYX TAB | 2 |
| CALQUENCE CAP | 2 |
| CALQUENCE TAB | 2 |
| CAMZYOS CAP | 2 |
| CAPRELSA TAB | 2 |
| CAPRELSA TAB 300MG | 2 |
| carglumic acid tab | 1 |
| CAROSPIR SUSP | 3 |
| CHOLBAM CAP | 2 |
| CIBINQO TAB | 2 |
| CIMZIA INJ | 2 |
| CINRYZE INJ | 2 |
| clobazam susp | 2 |
| COMETRIQ KIT | 2 |
| COPIKTRA CAP | 2 |
| CORLANOR SOLN | 3 |
| CORLANOR TAB | 3 |
| COTELLIC TAB | 2 |
| CRINONE GEL | 2 |
| dasatinib tab | 1 |
| DAYBUE SOLN | 2 |
| DAYVIGO TAB | 3 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

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|---------------------------------|--|
| deferiprone tab | 1 |
| DESCOVY TAB | \$0 |
| DIACOMIT CAP | 2 |
| DIACOMIT POWDER PACK | 2 |
| diclofenac gel | 2 |
| DOPTELET TAB | 2 |
| dronabinol cap | 2 |
| DUPIXENT INJ | 2 |
| DUPIXENT PEN INJ | 2 |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| EMPAVELI INJ | 2 |
| enalapril maleate oral soln | 2 |
| ENBREL INJ 25MG | 2 |
| ENBREL INJ 50MG | 2 |
| ENBREL MINI INJ | 2 |
| ENBREL SURECLICK INJ 50MG | 2 |
| ENDOMETRIN INSERT | 2 |
| ENSPRYNG INJ | 2 |
| ENTYVIO SC INJ | 2 |
| EPIDIOLEX SOLN | 2 |
| EPRONTIA SOLN | 3 |
| ERIVEDGE CAP | 2 |
| ERLEADA TAB | 2 |
| ERLEADA TAB 240MG | 2 |
| erlotinib tab | 1 |
| erlotinib tab 25mg | 1 |
| everolimus tab | 1 |
| everolimus tab (ZORTRESS equiv) | 2 |
| everolimus tab for oral susp | 1 |
| EVRYSDI SOLN | 2 |
| EZALLOR SPRINKLE CAP | 3 |
| FANAPT TAB | 3 |
| FANAPT TITRATION PACK | 3 |
| FASENRA PEN INJ | 2 |
| FENTANYL BUCCAL TAB | 3 |
| FENTANYL CITRATE LOLLIPOP | 2 |
| FENTORA TAB | 3 |
| FERRIPROX SOLN | 2 |
| FILSPARI TAB | 2 |
| FINTEPLA SOLN | 2 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

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) |
|-----------------------------|--|
| FIRDAPSE TAB | 2 |
| FLEQSUVY SUSP | 3 |
| FLOLIPID SUSP | 3 |
| FOTIVDA CAP | 3 |
| FRUZAQLA CAP 1MG | 2 |
| FRUZAQLA CAP 5MG | 2 |
| GALAFOLD CAP | 2 |
| GAVRETO CAP | 2 |
| gefitinib tab | 1 |
| GENOTROPIN INJ | 2 |
| GILOTRIF TAB | 2 |
| GLOPERBA SOLN | 3 |
| HADLIMA INJ | 2 |
| HADLIMA INJ 40MG/0.8ML | 2 |
| HADLIMA PUSH INJ | 2 |
| HADLIMA PUSH INJ 40MG/0.8ML | 2 |
| HAEGARDA INJ | 2 |
| HEMLIBRA INJ | 2 |
| HIZENTRA INJ | 2 |
| HYCAMTIN CAP | 2 |
| HYFTOR GEL | 2 |
| HYQVIA INJ | 2 |
| icatibant inj | 2 |
| ICLUSIG TAB | 2 |
| IDHIFA TAB | 2 |
| IMBRUVICA CAP 140MG | 2 |
| IMBRUVICA CAP 70MG | 2 |
| IMBRUVICA SUSP | 2 |
| IMBRUVICA TAB 420MG, 560MG | 2 |
| IMCIVREE INJ | 2 |
| INBRIJA INH POWDER | 3 |
| INGREZZA CAP | 2 |
| INGREZZA PACK 40-80MG | 2 |
| INGREZZA SPRINKLE CAP | 2 |
| INLYTA TAB | 2 |
| INQOVI TAB | 2 |
| ISTURISA TAB 10MG | 2 |
| ISTURISA TAB 1MG | 2 |
| ISTURISA TAB 5MG | 2 |
| itraconazole soln | 2 |
| ivabradine hcl tab | 1 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

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|---------------------------|--|
| IWILFIN TAB | 2 |
| JAKAFI TAB | 2 |
| JAYPIRCA TAB | 2 |
| JOENJA TAB | 2 |
| JYLAMVO SOLN, XATMEP SOLN | 3 |
| JYNARQUE PAK | 2 |
| JYNARQUE TAB | 2 |
| KALYDECO PAK | 2 |
| KALYDECO TAB | 2 |
| KATERZIA SUSP | 3 |
| KERENDIA TAB | 3 |
| KEVZARA INJ | 2 |
| KINERET INJ | 2 |
| KISQALI PAK | 2 |
| KISQALI TAB | 2 |
| KOSELUGO CAP | 2 |
| KOSELUGO CAP 10MG | 2 |
| KRAZATI TAB | 2 |
| lapatinib ditosylate tab | 1 |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | 2 |
| LENVIMA CAP | 2 |
| l-glutamine powder packet | 1 |
| LIKMEZ SUSP | 3 |
| LINZESS CAP | 3 |
| LITFULO CAP | 2 |
| lithium oral solution | 1 |
| LIVMARLI SOLN | 2 |
| LIVMARLI SOLN 19MG/ML | 2 |
| LIVTENCITY TAB | 2 |
| lofexidine hcl tab | 2 |
| LOKELMA PAK | 2 |
| LONSURF TAB | 2 |
| LORBRENA TAB 100MG | 2 |
| LORBRENA TAB 25MG | 2 |
| lubiprostone cap | 2 |
| LUCEMYRA TAB | 3 |
| LUMAKRAS TAB | 2 |
| LUMAKRAS TAB 320MG | 2 |
| LUMRYZ PACK | 2 |
| LUMRYZ STARTER PACK | 2 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

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) |
|-----------------------------|--|
| LUPKYNIS CAP | 3 |
| LYNPARZA TAB | 2 |
| LYTGOBI THERAPY PACK | 2 |
| LYVISPAH GRANULE PACKET | 3 |
| MAVYRET PAK | 2 |
| MAVYRET TAB | 2 |
| MEKINIST SOLN | 2 |
| MEKINIST TAB 0.5MG | 2 |
| MEKINIST TAB 2MG | 2 |
| MEKTOVI TAB | 2 |
| METHITEST TAB | 3 |
| mifepristone tab | 1 |
| miglustat cap | 1 |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| MYFEMBREE TAB | 2 |
| NATPARA INJ | 2 |
| NERLYNX TAB | 2 |
| NINLARO CAP | 2 |
| NITAZOXANIDE TAB | 2 |
| nitrofurantoin susp | 2 |
| NORLIQVA ORAL SOLN | 3 |
| NUBEQA TAB | 2 |
| NUCALA INJ | 2 |
| NUEDEXTA CAP | 2 |
| OCALIVA TAB | 2 |
| ODOMZO CAP | 2 |
| OFEV CAP | 2 |
| OGSIVEO TAB | 2 |
| OGSIVEO TAB 50MG | 2 |
| OJJAARA TAB | 2 |
| OLUMIANT TAB | 2 |
| OMNITROPE INJ | 2 |
| ONFI SUSP | 3 |
| ONGENTYS CAP | 3 |
| OPSUMIT TAB | 2 |
| OPZELURA CREAM | 3 |
| ORENCIA CLICK INJ | 2 |
| ORENCIA SC INJ 125MG/ML | 2 |
| ORENCIA SC INJ 50MG/0.4ML | 2 |
| ORENCIA SC INJ 87.5MG/0.7ML | 2 |

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**Prevea360 3-Tier Formulary cont.
 Prior Authorization Drug List
 Last Updated* 11/1/2024**

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) |
|---------------------------|--|
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | 2 |
| ORKAMBI TAB | 2 |
| ORSERDU TAB | 2 |
| ORSERDU TAB 345MG | 2 |
| OTEZLA STARTER PACK | 2 |
| OTEZLA TAB | 2 |
| PALYNZIQ INJ | 2 |
| pazopanib tab | 1 |
| PEMAZYRE TAB | 2 |
| PIQRAY TAB | 2 |
| pirfenidone cap | 1 |
| pirfenidone tab 267mg | 1 |
| pirfenidone tab 801mg | 1 |
| POMALYST CAP | 2 |
| PREVYMIS TAB | 2 |
| PROGESTERONE SUPP | 3 |
| PROMACTA POWDER | 2 |
| PROMACTA TAB 12.5MG, 25MG | 2 |
| PROMACTA TAB 50MG | 2 |
| PROMACTA TAB 75MG | 2 |
| PURIXAN SUSP | 3 |
| pyrimethamine tab | 1 |
| PYRUKYND TAB | 2 |
| PYRUKYND TAPER PACK | 2 |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | 2 |
| RADICAVA ORS STARTER KIT | 2 |
| RADICAVA ORS SUSP | 2 |
| RETACRIT INJ | 2 |
| RETEVMO CAP | 2 |
| RETEVMO CAP 40MG | 2 |
| RETEVMO TAB | 2 |
| RETEVMO TAB 40MG | 2 |
| REYVOW TAB | 2 |
| REZLIDHIA CAP | 2 |
| REZUROCK TAB | 2 |
| RHOPRESSA OPHTH SOLN | 3 |
| RIFLOZA INJ 160MG | 2 |

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**Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| RINVOQ ER TAB | 2 |
| RINVOQ ORAL SOLN | 2 |
| RIVFLOZA INJ | 2 |
| RIVFLOZA VIAL | 2 |
| ROZLYTREK CAP | 2 |
| ROZLYTREK PAK | 2 |
| RUBRACA TAB | 2 |
| RUCONEST INJ | 2 |
| rufinamide susp | 2 |
| rufinamide tab | 2 |
| RYDAPT CAP | 2 |
| sapropterin dihydrochloride powder packet | 2 |
| sapropterin dihydrochloride soluble tab | 2 |
| SCEMBLIX TAB | 2 |
| SCEMBLIX TAB 100 MG | 2 |
| SIGNIFOR INJ | 2 |
| sildenafil susp | 2 |
| sildenafil tab 20mg | 1 |
| SIMLANDI INJ (adalimumab-ryvk) | 2 |
| SIMPONI AUTO-INJECTOR 100MG | 2 |
| SIMPONI INJ 100MG | 2 |
| SKYCLARYS CAP | 2 |
| SKYRIZI INJ 150MG/ML | 2 |
| SKYRIZI INJ 180 MG/1.2ML | 2 |
| SKYRIZI INJ 360MG/2.4ML | 2 |
| SKYTROFA INJ | 2 |
| SODIUM OXYBATE SOLN | 2 |
| SOFOSBUVIR/VELPATASVIR TAB | 2 |
| SOGROYA INJ | 2 |
| SOHONOS CAP 1.5MG | 2 |
| SOHONOS CAP 10MG | 2 |
| SOHONOS CAP 1MG | 2 |
| SOHONOS CAP 2.5MG | 2 |
| SOHONOS CAP 5MG | 2 |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | 2 |
| sorafenib tosylate tab | 1 |
| SOTYLIZE SOLN 5MG/ML | 3 |
| SPEVIGO INJ | 2 |
| spironolactone susp | 2 |
| SPRAVATO NASAL SOLN | 2 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------------|--|
| STELARA INJ | 2 |
| STIVARGA TAB | 2 |
| STRENSIQ INJ | 2 |
| sunitinib malate cap | 1 |
| SUNOSI TAB | 2 |
| SYMDEKO TAB | 2 |
| SYMPROIC TAB | 2 |
| TABRECTA TAB | 2 |
| tadalafil tab (PAH) | 1 |
| TADLIQ SUSP | 3 |
| TAFINLAR CAP | 2 |
| TAFINLAR TAB | 2 |
| TAGRISSO TAB | 2 |
| TAKHZYRO INJ | 2 |
| TAKHZYRO INJ 150MG/ML | 2 |
| TALTZ INJ | 2 |
| TALTZ INJ 20MG/0.25ML | 2 |
| TALTZ INJ 40 MG/0.5ML | 2 |
| TALZENNA CAP 0.25MG | 2 |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | 2 |
| TASIGNA CAP | 2 |
| TAVNEOS CAP | 2 |
| TAZVERIK TAB | 2 |
| TEPMETKO TAB | 3 |
| testosterone gel 1% 25mg | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| testosterone gel 1.62% 1.25gm | 2 |
| testosterone gel 1.62% 2.5gm | 2 |
| TESTOSTERONE GEL PUMP 1% | 2 |
| testosterone gel pump 1.62% | 2 |
| testosterone soln | 2 |
| TEZSPIRE INJ | 2 |
| TIBSOVO TAB | 2 |
| tiopronin tab | 1 |
| TIROSINT-SOL | 3 |
| TOBI PODHALER | 3 |
| TRACLEER TAB 32MG | 2 |
| TREMFYA INJ | 2 |
| tretinoin cream | 2 |
| tretinoin gel | 2 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| tretinoin gel 0.08% | 2 |
| trientine cap | 1 |
| TRIKAFTA TAB | 2 |
| TRIKAFTA THERAPY PACK | 2 |
| TRINTELLIX TAB | 3 |
| TRULANCE TAB | 2 |
| TRUQAP TAB | 2 |
| TRUQAP THERAPY PACK | 2 |
| TUKYSA TAB | 2 |
| TURALIO CAP | 2 |
| TYENNE INJ | 2 |
| TYVASO DPI POWDER | 2 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | 2 |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | 2 |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | 2 |
| TYVASO INH SOLN 0.6 MG/ML | 2 |
| UBRELVY TAB | 2 |
| UCERIS RECTAL FOAM | 3 |
| UPTRAVI TAB | 2 |
| VALCHLOR GEL | 2 |
| VANFLYTA TAB | 2 |
| VANFLYTA TAB 26.5MG | 2 |
| VELTASSA POWDER | 2 |
| VENCLEXTA STARTER PACK | 2 |
| VENCLEXTA TAB | 2 |
| VENTAVIS INH SOLN | 2 |
| VEOZAH TAB | 3 |
| VERZENIO TAB | 2 |
| vigabatrin powder pack | 1 |
| vigabatrin tab | 1 |
| vigadrone powder pack | 1 |
| VIJOICE GRANULES PACKET | 3 |
| VIJOICE TAB | 3 |
| VIJOICE TAB 250MG | 3 |
| VITRAKVI CAP 100MG | 2 |
| VITRAKVI CAP 25MG | 2 |
| VITRAKVI SOLN | 2 |
| VIZIMPRO TAB | 2 |
| VONJO CAP | 2 |
| VOSEVI TAB | 2 |
| VOWST CAP | 2 |

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Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| VOXZOGO INJ | 2 |
| VYNDAMAX CAP | 2 |
| VYNDAQEL CAP | 2 |
| VYZULTA SOLN | 3 |
| WAINUA INJ | 2 |
| WAKIX TAB | 2 |
| WELIREG TAB | 2 |
| XADAGO TAB | 3 |
| XALKORI CAP | 2 |
| XALKORI SPRINKLE CAP | 2 |
| XELJANZ SOLN | 2 |
| XELJANZ TAB | 2 |
| XELJANZ XR TAB | 2 |
| XEMBIFY INJ | 2 |
| XOLAIR INJ | 2 |
| XOLAIR INJ 150MG/ML | 2 |
| XOLAIR INJ 300MG/2ML | 2 |
| XOLAIR SYRINGE | 2 |
| XOLAIR SYRINGE 150MG/ML | 2 |
| XOLAIR SYRINGE 300MG/2ML | 2 |
| XOSPATA TAB | 2 |
| XPHOZAH TAB | 3 |
| XPOVIO PAK | 2 |
| ZAVZPRET NASAL SPRAY | 2 |
| ZEJULA CAP | 2 |
| ZEJULA TAB | 2 |
| ZELBORAF TAB | 2 |
| ZEPOSIA CAP | 2 |
| ZEPOSIA STARTER PACK | 2 |
| ZILBRYSQ INJ | 2 |
| ZILBRYSQ INJ 23MG | 2 |
| ZILBRYSQ INJ 32.4MG | 2 |
| ZOKINVY CAP | 2 |
| ZOLINZA CAP | 2 |
| ZONISADE SUSP | 3 |
| ZORYVE CREAM | 2 |
| ZTALMY SUSP | 2 |
| ZURZUVAE CAP 20MG, 25MG | 2 |
| ZURZUVAE CAP 30MG | 2 |
| ZYDELIG TAB | 2 |
| ZYKADIA CAP | 2 |

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**Prevea360 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------|--|
| ZYKADIA TAB | 2 |

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Prevea360 3-Tier Formulary
Last Updated* 11/1/2024
Tablet Splitting Program

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

Tablet Splitting Program Medications

febuxostat tab
rasagiline tab

JANUVIA TAB
TRINTELLIX TAB

nebivolol hcl tab

OCALIVA TAB

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Prevea360 3-Tier Formulary
Last Updated* 11/1/2024
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------------|----------------------------------|-------------------------------|-----------------------------|
| ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT | ACCU-CHEK GUIDE TEST STRIP |
| ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP | AEROCHAMBER | ALCOHOL SWABS |
| 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 |
| CARETOUCH MIS | cimetidine tab | CLINISTIX TEST STRIP | clotrimazole cream |
| CONTRACEPTIVE FILM | CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | CONTRACEPTIVE SUPP |
| esomeprazole cap | esomeprazole magnesium DR tab | famotidine tab | FEMALE CONDOMS |
| FLONASE SENSIMIST NASAL SPRAY | folic acid tab 400mcg | folic acid tab 800mcg | GUAIFENESIN/CODEINE SYRUP |
| HUMULIN MIX INJ | KETO-DIASTIX TEST STRIF | KETOSTIX | ketotifen ophth soln |
| LANCET KIT | LANCETS | lansoprazole cap | levonorgestrel tab |
| MALE CONDOMS | meclizine chew tab | meclizine tab | naloxone hcl nasal spray |
| NARCAN NASAL SPRAY | NASACORT OTC NASAL SPRAY | niacin tab | nicotine gum |
| NICOTINE KIT | nicotine lozenge | nicotine patch | NIZORAL A-D SHAMPOO |
| NOVOFINE PEN NEEDLE | NOVOLIN 70/30 FLEXPEN INJ | NOVOLIN N FLEXPEN INJ | NOVOLIN N INJ |
| NOVOLIN R FLEXPEN | 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 |
| OXYTROL PATCH (OTC) | phenazopyridine tab 95mg | phenazopyridine tab 97.5mg | phenazopyridine tab 99.5mg |
| PLAN B TAB | polyethylene glycol 3350 powder | RIVIVE, REXTOVY SPRAY | selenium sulfide lotion |
| TODAY SPONGE | triamcinolone OTC nasal spray | | |

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Prevea360 3-Tier Formulary
Last Updated* 11/1/2024
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-ADAZ INJ | 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 | ALECENSA CAP | ALFERON-N INJ | ALUNBRIG TAB 30MG |
| ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | ARIKAYCE SUSP | AUGTYRO CAP |
| AUSTEDO TAB | AUSTEDO XR TAB | AUSTEDO XR TAB TITRATION KIT | AUSTEDO XR TITRATION PACK |
| AVONEX INJ | AYVAKIT TAB | BALVERSA TAB 3MG | BALVERSA TAB 4MG |
| BALVERSA TAB 5MG | BENLYSTA AUTO-INJECTOI | BENLYSTA INJ | BERINERT INJ |
| betaine powder for oral solution | BETASERON INJ | bexarotene cap | bexarotene gel |
| bosentan tab | BOSULIF CAP | BOSULIF TAB | BRAFTOVI CAP 75MG |
| BRIXADI SOLN 128MG/0.36ML | BRIXADI SOLN 16MG/0.32ML | BRIXADI SOLN 24MG/0.48ML | BRIXADI SOLN 32MG/0.64ML |
| BRIXADI SOLN 64MG/0.18ML | BRIXADI SOLN 8MG/0.18ML | BRIXADI SOLN 96MG/0.27ML | BRUKINSA CAP |
| BYLVAY CAP 1200MCG | BYLVAY CAP 400MCG | BYLVAY SPRINKLE CAP 200MCG | BYLVAY SPRINKLE CAP 600MCG |
| CABOMETYX TAB | CALQUENCE CAP | CALQUENCE TAB | CAMZYOS CAP |
| capecitabine tab | CAPRELSA TAB | CAPRELSA TAB 300MG | carglumic acid tab |
| CAYSTON INH SOLN | CHOLBAM CAP | CIBINQO TAB | CIMZIA INJ |
| CINRYZE INJ | COMETRIQ KIT | COPIKTRA CAP | COTELLIC TAB |
| CYSTADROPS SOLN | CYSTAGON CAP | CYSTARAN OPHTH SOLN | dalfampridine ER tab |
| dasatinib tab | DAYBUE SOLN | deferasirox granules packet | deferasirox tab |
| deferasirox tab for oral susp | deferiprone tab | DIACOMIT CAP | DIACOMIT POWDER PACK |
| dimethyl fumarate DR cap | dimethyl fumarate DR starter pack | DOPTELET TAB | DUPIXENT INJ |
| DUPIXENT PEN INJ | EMPAVELI INJ | ENBREL INJ 25MG | ENBREL INJ 50MG |
| ENBREL MINI INJ | | | |

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| | | | |
|---|--|--|---|
| ENBREL SURECLICK INJ 50MG EPIDIOLEX SOLN erlotinib tab everolimus tab for oral susp FILSPARI TAB FOTIVDA CAP FUROSCIX KIT GENOTROPIN INJ HADLIMA INJ | ENSPRYNG INJ ERIVEDGE CAP erlotinib tab 25mg EVRYSDI SOLN fingolimod hcl cap 0.5mg FRUZAQLA CAP 1MG GALAFOLD CAP GILENYA CAP 0.25MG HADLIMA INJ 40MG/0.8ML | entecavir tab ERLEADA TAB ETOPOSIDE CAP FASENRA PEN INJ FINTEPLA SOLN FRUZAQLA CAP 5MG GAVRETO CAP GILOTRIF TAB HADLIMA PUSH INJ | ENTYVIO SC INJ ERLEADA TAB 240MG everolimus tab FERRIPROX SOLN FIRDAPSE TAB FULPHILA INJ gefitinib tab glatiramer inj HADLIMA PUSH INJ 40MG/0.8ML HYCANTIN CAP ICLUSIG TAB IMBRUVICA CAP 70MG INCRELEX INJ |
| HAEGARDA INJ HYFTOR GEL IDHIFA TAB IMBRUVICA SUSP | HEMLIBRA INJ HYQVIA INJ imatinib tab IMBRUVICA TAB 420MG, 560MG | HIZENTRA INJ icatibant inj IMBRUVICA CAP 140MG IMCIVREE INJ | INLYTA TAB ISTURISA TAB 1MG JAYPIRCA TAB KALYDECO PAK KINERET INJ KOSELUGO CAP 10MG lenalidomide cap |
| INGREZZA CAP INQOVI TAB ISTURISA TAB 5MG JOENJA TAB KALYDECO TAB KISQALI PAK KRAZATI TAB | INGREZZA PACK 40-80MG INTRON-A INJ IWILFIN TAB JYNARQUE PAK KESIMPTA INJ KISQALI TAB lapatinib ditosylate tab | INGREZZA SPRINKLE CAP ISTURISA TAB 10MG JAKAFI TAB JYNARQUE TAB KEVZARA INJ KOSELUGO CAP LEDIPASVIR/SOFOSBUVIR TAB | LIVMARLI SOLN LORBRENA TAB 100MG LUMRYZ PACK LYSODREN TAB MAVYRET TAB |
| LENVIMA CAP LIVMARLI SOLN 19MG/ML LORBRENA TAB 25MG LUMRYZ STARTER PACK LYTGOBI THERAPY PACK | l-glutamine powder packet LIVTENCITY TAB LUMAKRAS TAB LUPKYNIS CAP MAVENCLAD THERAPY PAK | LITFULO CAP LONSURF TAB LUMAKRAS TAB 320MG LYNPARZA TAB MAVYRET PAK | LIVMARLI SOLN LORBRENA TAB 100MG LUMRYZ PACK LYSODREN TAB MAVYRET TAB |
| MAYZENT TAB | MAYZENT TAB STARTER PACK | MEKINIST SOLN | MEKINIST TAB 0.5MG |
| MEKINIST TAB 2MG miglustat cap nilutamide tab NUCALA INJ OCTREOTIDE INJ 100MCG OGSIVEO TAB 50MG OPSUMIT TAB | MEKTOVI TAB MYLERAN TAB NINLARO CAP NYVEPRIA INJ ODOMZO CAP OJJAARA TAB ORENCIA CLICK INJ | MESNEX TAB NATPARA INJ NIVESTYM INJ OCALIVA TAB OFEV CAP OLUMIANT TAB ORENCIA SC INJ 125MG/ML | mifepristone tab NERLYNX TAB NUBEQA TAB octreotide inj OGSIVEO TAB OMNITROPE INJ ORENCIA SC INJ 50MG/0.4ML ORKAMBI TAB |
| ORENCIA SC INJ 87.5MG/0.7ML ORSERDU TAB PALYNZIQ INJ PEMAZYRE TAB | ORGOVYX TAB ORSERDU TAB 345MG pazopanib tab PHEBURANE ORAL PELLETS | ORKAMBI GRANULES PACKET OTEZLA STARTER PACK PEGASYS INJ PIQRAY TAB | OTEZLA TAB PEG-INTRON INJ pirfenidone cap |
| pirfenidone tab 267mg POMALYST CAP | pirfenidone tab 801mg PREVYMIS TAB | PLEGRIDY INJ PROMACTA POWDER | PLEGRIDY PEN INJ PROMACTA TAB 12.5MG, 25MG pyrimethamine tab |
| PROMACTA TAB 50MG | PROMACTA TAB 75MG | PULMOZYME INH SOLN | |

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| | | | |
|---|-----------------------------|-------------------------|---|
| PYRUKYND TAB | PYRUKYND TAPER PACK | QINLOCK TAB | RADICAVA ORS STARTER KIT |
| RADICAVA ORS SUSP | REBETOL SOLN | REBIF INJ | RETACRIT INJ |
| RETEVMO CAP | RETEVMO CAP 40MG | RETEVMO TAB | RETEVMO TAB 40MG |
| REVLIMID CAP | REZLIDHIA CAP | REZUROCK TAB | RIBAVIRIN CAP |
| RIBAVIRIN TAB | RIFLOZA INJ 160MG | RINVOQ ER TAB | RINVOQ ORAL SOLN |
| RIVFLOZA INJ | RIVFLOZA VIAL | ROZLYTREK CAP | ROZLYTREK PAK |
| RUBRACA TAB | RUCONEST INJ | RYDAPT CAP | sapropterin dihydrochloride powder packet |
| sapropterin dihydrochloride soluble tab | SCSEMBLIX TAB | SCSEMBLIX TAB 100 MG | SIGNIFOR INJ |
| SIMLANDI INJ | SIMPONI AUTO-INJECTOR 100MG | SIMPONI INJ 100MG | SKYCLARYS CAP |
| (adalimumab-ryvk) | SKYRIZI INJ 180 MG/1.2ML | SKYRIZI INJ 360MG/2.4ML | SKYTROFA INJ |
| SKYRIZI INJ 150MG/ML | SOFOSBUVIR/VELPATASVIR TAB | SOGROYA INJ | SOHONOS CAP 1.5MG |
| SODIUM OXYBATE SOLN | SOHONOS CAP 1MG | SOHONOS CAP 2.5MG | SOHONOS CAP 5MG |
| SOHONOS CAP 10MG | sorafenib tosylate tab | SPEVIGO INJ | STELARA INJ |
| SOMAVERT INJ | STRENSIQ INJ | SUBLOCADE INJ | SUBLOCADE INJ |
| STIVARGA TAB | | 100MG/0.5ML | 300MG/1.5ML |
| sunitinib malate cap | SYMDEKO TAB | TABRECTA TAB | TAFINLAR CAP |
| TAFINLAR TAB | TAGRISSO TAB | TAKHZYRO INJ | TAKHZYRO INJ 150MG/ML |
| TALTZ INJ | TALTZ INJ 20MG/0.25ML | TALTZ INJ 40 MG/0.5ML | TALZENNA CAP 0.25MG |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | TASIGNA CAP | TAVNEOS CAP | TAZVERIK TAB |
| temozolomide cap | TEPMETKO TAB | teriflunomide tab | TERIPARATIDE INJ |
| tetrabenazine tab | TEZSPIRE INJ | THALOMID CAP | 620MCG/2.48ML |
| tiopronin tab | TOBI PODHALER | tobramycin neb soln | TIBSOVO TAB |
| TREMFYA INJ | tretinoin cap | trientine cap | TRACLEER TAB 32MG |
| TRIKAFTA THERAPY PACK | TRUQAP TAB | TRUQAP THERAPY PACK | TRIKAFTA TAB |
| TURALIO CAP | TYENNE INJ | TYMLOS INJ | TUKYSA TAB |
| TYVASO DPI POWDER MAINTENANCE KIT | TYVASO DPI POWDER | TYVASO DPI POWDER | TYVASO DPI POWDER |
| 32-48MCG | TITRATION KIT 16-32-48MC | TITRATION KIT 16-32MCG | TYVASO INH SOLN 0.6 MG/ML |
| UPTRAVI TAB | VALCHLOR GEL | VANFLYTA TAB | VANFLYTA TAB 26.5MG |
| VENCLEXTA STARTER PACK | VENCLEXTA TAB | VENTAVIS INH SOLN | VERZENIO TAB |
| vigabatrin powder pack | vigabatrin tab | vigadrone powder pack | VIJOICE GRANULES PACKET |
| VIJOICE TAB | VIJOICE TAB 250MG | VITRAKVI CAP 100MG | VITRAKVI CAP 25MG |
| VITRAKVI SOLN | VIVITROL INJ | VIZIMPRO TAB | VONJO CAP |
| VOSEVI TAB | VOWST CAP | VOXZOGO INJ | VYNDAMAX CAP |
| VYNDAQEL CAP | WAINUA INJ | WAKIX TAB | WELIREG TAB |
| XALKORI CAP | XALKORI SPRINKLE CAP | XDEMVY DROP | XELJANZ SOLN |
| XELJANZ TAB | XELJANZ XR TAB | XEMBIFY INJ | XOLAIR INJ |
| XOLAIR INJ 150MG/ML | XOLAIR INJ 300MG/2ML | XOLAIR SYRINGE | XOLAIR SYRINGE |
| | | | 150MG/ML |
| XOLAIR SYRINGE | XOSPATA TAB | XPOVIO PAK | ZARXIO INJ |
| 300MG/2ML | | | |

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ZEJULA CAP
ZEPOSIA STARTER PACK
ZOKINVY CAP

ZEJULA TAB
ZILBRYSQ INJ
ZOLINZA CAP

ZELBORAF TAB
ZILBRYSQ INJ 23MG
ZTALMY SUSP

ZEPOSIA CAP
ZILBRYSQ INJ 32.4MG
ZURZUVAE CAP 20MG,
25MG
ZYKADIA TAB

ZURZUVAE CAP 30MG

ZYDELIG TAB

ZYKADIA CAP

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Prevea360 3-Tier Formulary
Last Updated* 11/1/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------------|--|
| ALOCRILOPHTH SOLN | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| ALOMIDOPHTH SOLN | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| bepotastine ophth soln | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ | QL= 1 pen/30 days; Step Therapy requires trial of metformin (IR/ER/soln); Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 |
| EMADINE OPHTH SOLN | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| 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 |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Step Therapy (ST)**

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|--|
| 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 |
| LASTACAFT OPHTH SOLN | QL= 3 ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadin ophth soln |
| 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 |
| LONHALA MAGNAIR SOLN | Step Therapy requires trial of INCRUSE ELLIPTA INHALER |
| MOUNJARO INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln, Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 |
| OZEMPIC INJ | QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 |
| RYBELSUS TAB | QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metform soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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) |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| TRULICITY INJ | QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER, metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR | QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |

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Prevea360 3-Tier Formulary
Smoking Cessation Agents
Last Updated* 11/1/2024

| 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 |

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Prevea360 3-Tier Formulary
Infertility Drug List
Last Updated* 11/1/2024

| Drug Name | Tier # for Drug Copay |
|-------------------------------|------------------------------|
| cetorelix acetate for inj kit | NC |
| CETROTIDE KIT | NC |
| CLOMID TAB | NC |
| CLOMIPHENE TAB | NC |
| FOLLISTIM AQ INJ | NC |
| GONAL-F RFF INJ | NC |
| GONAL-F RFF INJ, GONAL-F INJ | NC |
| leuprolide inj | NC |
| MENOPUR INJ | NC |
| OVIDREL INJ | NC |
| PREGNYL INJ, NOVAREL INJ | NC |

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Prevea360 3-Tier Formulary
Last Updated* 11/1/2024
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 |
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| acetic acid otic soln | QL= 2 bottles/fill |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | QL= 2 bottles/fill |
| acetic acid/hydrocortisone otic soln | QL= 2 bottles/fill |
| ACTHAR GEL INJ | QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| ACUVAIL OPHTH SOLN | QL= 2 bottles/fill |
| 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 (2 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 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 (2 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ INJ | 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 |
| ALINIA SUSP | QL= 60ml/3 days |
| ALKINDI SPRINKLE CAP 0.5MG | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| ALKINDI SPRINKLE CAP 1MG | QL= 3 caps/day; Members age 9 or older require Prior Authorization |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| ALOCRILOPHTH SOLN | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| ALOMIDOPHTH SOLN | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| ALREXOPHTH SUSP | QL= 2 bottles/fill |
| 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 |
| ambrisentan tab | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANNOVERA RING | QL= 1 ring/year |
| ANZEMET TAB | QL= 9 tabs/fill |
| APRACLONIDINE OPHTH SOLN | QL= 2 bottles/fill |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| AREXVY INJ | QL= 1 dose/lifetime; Covered for members age 60 years or older |
| 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 |
| atropine ophth oint | QL= 2 bottles/fill |
| atropine ophth soln | QL= 2 bottles/fill |
| ATROPINE SUL SOLN 1% OPHTH | QL= 2 bottles/fill |
| ATROPINE SULFATE OPHTH OINT | QL= 2 tubes/fill |
| ATROVENT HFA INHALER | QL= 2 inhalers/fill |
| AUGTYRO CAP | QL= 8 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 |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| AZASITE SOLN | QL= 2 bottles/fill |
| azelastine nasal spray 0.1% | QL= 2 bottles/fill |
| azelastine nasal spray 0.15% | QL= 2 bottles/fill |
| azelastine ophth soln | QL= 2 bottles/fill |
| BACITRACIN OPHTH OINT | QL= 2 bottles/fill |
| bacitracin/neomycin/polymyxin b ophth oint | QL= 2 bottles/fill |
| bacitracin/polymyxin b ophth oint | QL= 2 bottles/fill |
| bacitracin/polymyxin/neomycin/hydrocortiso ne ophth oint | QL= 2 bottles/fill |
| 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 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|--|
| 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 |
| bepotastine ophth soln | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| betaxolol ophth soln | QL= 2 bottles/fill |
| BETIMOL OPHTH SOLN | QL= 2 bottles/fill |
| BETOPTIC-S OPHTH SOLN | QL= 2 bottles/fill |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| BLEPHAMIDE OPHTH SOLN | QL= 2 bottles/fill |
| BLEPHAMIDE S.O.P. OPHTH OINT | QL= 2 bottles/fill |
| 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 |
| brimonidine ophth soln 0.15% | QL= 2 bottles/fill |
| brimonidine ophth soln 0.2% | QL= 2 bottles/fill |
| brimonidine tartrate ophth soln 0.1% | QL= 2 bottles/fill |
| brinzolamide ophth susp | QL= 2 bottles/fil |
| bromfenac ophth soln | QL= 2 bottles/fill |
| 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 |
| bupropion SR tab | Limited to 180 days/plan year |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ | QL= 1 pen/30 days; Step Therapy requires trial of metformin (IR/ER/soln); Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 |
| 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 |
| CABOMETYX TAB | QL= 1 tab/day |
| CALQUENCE CAP | QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|--|
| 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 |
| CARTEOLOL OPHTH SOLN | QL= 2 bottles/fill |
| CIBINQO TAB | QL= 1 tab/day |
| CILOXAN OPHTH OINT | QL= 2 bottles/fill |
| CIMZIA INJ | QL= 2 inj/28 days |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through Accredo 800-803-2523 |
| CIPRO HC OTIC SUSP | QL= 2 bottles/fill |
| ciprofloxacin ophth soln | QL= 2 bottles/fill |
| ciprofloxacin/dexamethasone otic susp | QL= 2 bottles/fill |
| CLEOCIN VAGINAL SUPP | QL= 3 suppositories/fill |
| clindamycin vaginal cream | QL=1 tube/fill |
| CLINDESSE VAGINAL CREAM | QL= 1 applicator/fill |
| COLY-MYCIN S OTIC SUSP | QL= 2 bottles/fill |
| COMBIVENT RESPIMAT INHALER | QL= 2 inhalers/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 |
| cromolyn ophth soln | QL= 2 bottles/fill |
| CROMOLYN SODIUM OPHTH SOLN | QL= 2 bottles/fill |
| CYCLOMYDRIL OPHTH SOLN | QL= 2 bottles/fill |
| cyclopentolate ophth soln | QL= 2 bottles/fill |
| 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 OPHTH 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 | QL= 1 inj/90 days |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
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 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 |
| 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 sodium ophth soln | QL= 2 bottles/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 |
| difluprednate ophth emulsion | QL= 2 bottles/fill |
| 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 |
| dorzolamide ophth soln | QL= 2 bottles/fill |
| dorzolamide/timolol (pf) ophth soln | QL= 60 units/30 days |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | QL= 60 units/30 days |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| EMADINE OPHTH SOLN | QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| 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 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ENTRESTO TAB | QL= 2 tabs/day |
| ENTYVIO SC INJ | QL= 2 inj/28 days |
| epinastine ophth soln | |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| 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 |
| erythromycin ophth oint | QL= 2 bottles/fill |
| 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 |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FANAPT TAB | QL= 2 tabs/day |
| FANAPT TITRATION PACK | QL= 1 pack/plan year |
| FARXIGA TAB | QL= 1 tab/day |
| FASENRA PEN INJ | QL= 1 inj/56 days |
| FEMALE CONDOMS | QL= 12 condoms/fill |
| FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| FENTANYL CITRATE LOLLIPOPOP | QL= 120 lozenges/30 days |
| FENTORA TAB | QL= 120 tabs/30 days |
| 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 |
| FLAREX OPHTH SUSP | QL= 2 bottles/fill |
| 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 |
| fluocinolone otic oil | QL= 2 bottles/fill |
| fluorometholone ophth soln | QL= 2 bottles/fill |
| FLURBIPROFEN OPHTH SOLN | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FLUZONE HIGH DOSE PF INJ | QL= 1 inj/28 days |
| FML FORTE OPHTH SUSP | QL= 2 bottles/fill |
| FML S.O.P. OPHTH OINT | QL= 2 bottles/fill |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|---|
| 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 |
| 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 |
| gatifloxacin ophth soln | QL= 2 bottles/fill |
| GAVILYTE-C SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GAVRETO CAP | QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| gefitinib tab | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| GENTAK OPTH OINT | QL= 2 tubes/fill |
| gentamicin ophth soln | QL= 2 bottles/fill |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLUCAGON KIT | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| GOLYTELY SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| granisetron tab | QL= 14 tabs/fill |
| GRANISOL SOLN | QL= 60ml/fill |
| GRASTEK SL TAB | QL= 1 tab/day |
| 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 | QL= 2 inj/28 days |
| HADLIMA INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HADLIMA PUSH INJ | QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HOMATROPINE OPHTH SOLN | QL= 2 bottles/fill |
| HYD POL/CPM SUSP | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone bitartrate ER cap | QL= 2 caps/day |
| hydrocodone bitartrate er tab | QL= 1 tab/day |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 4 oz/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 SUSP | QL= 6ml/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 PantheRx Pharmacy 855-726-8479 |
| INGREZZA SPRINKLE CAP | QL= 1 cap/day; Only available through PantheRx 855-726-8479 |
| INLYTA TAB | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days |
| IOPIDINE OPHTH SOLN | QL= 2 bottles/fill |
| ISOPTO CARBACHOL OPHTH SOLN | QL= 2 bottles/fill |
| ISTALOL OPHTH SOLN | QL= 2 bottles/fill |
| ISTURISA TAB 10MG | QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 1MG | QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 5MG | QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| IWILFIN TAB | QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679 |
| 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 |
| JOENJA TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KERENDIA TAB | QL= 1 tab/day |
| 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 ophth soln | QL= 10ml/fill |
| ketorolac tab | QL= 20 tabs/5 days |
| ketotifen ophth soln | QL= 2 bottles/fill |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day; Only available through Biologics 800-850-4306 |
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| 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 |
| LASTACAFT OPHTH SOLN | QL= 3 ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/day |
| lenalidomide cap | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633 |
| 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 |
| levobunolol ophth soln | QL= 2 bottles/fill |
| levofloxacin ophth soln | QL= 2 bottles/fill |
| LEVOFLOXACIN OPHTH SOLN 0.5% | QL= 2 bottles/fill |
| l-glutamine powder packet | QL= 6 packets/day |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|--|
| 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 |
| LITFULO CAP | QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695 |
| 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 |
| LIVTENCITY TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| lofexidine hcl tab | QL= 96 tabs/7 days |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| LOTEMAX OPHTH OINT | QL= 2 tubes/fill |
| loteprednol etabonate ophth gel | QL= 2 bottles/fill |
| loteprednol ophth susp | QL= 2 bottles/fill |
| lubiprostone cap | QL= 2 caps/day |
| LUCEMYRA TAB | QL= 96 tabs/7 days |
| LUMAKRAS TAB | QL= 8 tabs/day; Only available through Biologics 800-850-4306 |
| LUMAKRAS TAB 320MG | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| LUMIGAN OPHTH 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 |
| MAXIDEX OPHTH SOLN | QL= 2 bottles/fill |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| METIPRANOLOL OPHTH SOLN | QL= 2 bottles/fill |
| MIEBO OPHTH SOLN | QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist |
| mifepristone tab | QL= 4 tabs/day |
| modafinil tab | QL= 2 tabs/day |
| MOTEGRITY TAB | QL= 1 tab/day |
| MOUNJARO INJ | QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln, Diagnosis Restricted – Type 2 Diabetes (E11) |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| moxifloxacin ophth soln | QL= 2 bottles/fill |
| MRESVIA INJ | QL= 1 dose/lifetime; Covered for members age 60 years or older |
| MYFEMBREE TAB | QL= 1 tab/day |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NASACORT OTC NASAL SPRAY | QL= 2 bottles/fill |
| NATACYN OPHTH SUSP | QL= 15ml/fill |
| NATROBA SUSP | QL= 1 bottle/fill |
| NAYZILAM SPRAY | QL= 4 doses/fill |
| NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN | QL= 2 bottles/fill |
| neomycin/polymixin/hydrocortisone otic soln | QL= 2 bottles/fill |
| neomycin/polymixin/hydrocortisone otic susp | QL= 2 bottles/fill |
| neomycin/polymyxin/dexamethasone ophth oint | QL= 2 bottles/fill |
| neomycin/polymyxin/dexamethasone ophth soln | QL= 2 bottles/fill |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | QL= 2 bottles/fill |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| NEVANAC OPHTH SUSP | QL= 2 bottles/fill |
| 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 |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | Limited to 180 days/plan year |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| 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 |
| NUDEXTA CAP | QL= 2 caps/day |
| NULYTELY SOLN | Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |
| OCALIVA TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| ODACTRA SL TAB | QL= 1 tab/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 |
| ofloxacin ophth soln | QL= 2 bottles/fill |
| ofloxacin otic soln | QL= 2 bottles/fill |
| 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 |
| OJJAARA TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| olopatadine ophth soln 0.1% | QL= 2 bottles/fill |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 G6 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 PODS MISC | QL= 10 pods/30 days |
| OMNIPOD 5 G7 KIT INTRO | QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS | QL= 10 pods/30 days |
| OMNIPOD 5 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH INTRO KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD 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 |
| ORALAIR SL TAB | QL= 1 tab/day |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORGOVYX TAB | QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| 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 |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| 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 |
| oxybutynin ER tab | QL= 2 tabs/day |
| OXYCODONE ER TAB | QL= 2 tabs/day |
| OZEMPIC INJ | QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| PALYNZIQ INJ | QL= 1 inj/day; Only available through Accredo 800-803-2523 |
| PAXLOVID TAB 150-100MG | QL= 20 tabs/fill |
| PAXLOVID TAB 300-100MG | QL= 30 tabs/fill |
| pazopanib tab | QL= 4 tabs/day |
| peg 3350 soln (100 gram Moviprep equiv) | QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay |
| peg 3350/electrolytes soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| phenylephrine ophth soln | QL= 2 bottles/fill |
| PHEXXI GEL | QL= 1 box/fill |
| PICATO GEL | QL= 1 box/fill |
| pilocarpine ophth soln | QL= 2 bottles/fill |
| pirfenidone cap | QL= 9 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| polymyxin b/trimethoprim ophth soln | QL= 2 bottles/fill |
| POMALYST CAP | QL= 21 caps/28 days |
| POTIGA TAB | QL= 3 tabs/day |
| PRED FORTE OPHTH SUSP | QL= 2 bottles/fill |
| PRED MILD OPHTH SOLN | QL= 2 bottles/fill |
| PRED-G OPHTH SOLN | QL= 2 bottles/fill |
| prednisolone acetate ophth susp | QL= 2 bottles/fill |
| PREDNISOLONE OPHTH SUSP | QL= 2 bottles/fill |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | QL= 2 bottle/ fill |
| 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 |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------|---|
| PREVYMIS TAB | QL= 1 tab/day; Limit 200 tabs/365 days |
| PROMACTA POWDER | QL= 1 packet/day |
| PROMACTA TAB 12.5MG, 25MG | QL= 1 tab/day |
| PROMACTA TAB 50MG | QL= 2 tabs/day |
| PROMACTA TAB 75MG | QL= 2 tabs/day |
| proparacaine ophth soln | QL= 2 bottles/fill |
| 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 |
| RAGWITEK SL TAB | QL= 1 tab/day |
| ramelteon tab | QL= 1 tab/day |
| REGANEX 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; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633 |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| 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 |
| RIFLOZA INJ 160MG | QL= 1 inj/30 days; Only available through Orsini 800-410-8575 |
| 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 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; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| RYDAPT CAP | QL= 56 caps/28 days |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|--|
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| SCSEMBLIX TAB | QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| SCSEMBLIX 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 |
| SIMBRINZA OPHTH SUSP | QL= 2 bottles/fill |
| SIMLANDI INJ (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 | QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay |
| 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 |
| SOLIQUA 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= 2 inj/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) |
| SPRAVATO NASAL SOLN | QL= 4 kits/28 days |
| STELARA INJ | 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 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| sulfacetamide sodium ophth soln | QL= 2 bottles/fill |
| sulfacetamide sodium/prednisolone ophth soln | QL= 2 bottles/fill |
| SUMATRIPTAN INJ | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| 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 2.5mg, 5mg | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| 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 |
| 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 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 |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| timolol maleate (pf) ophth soln 0.5% | QL= 2 bottles/fill |
| timolol maleate ophth gel | QL= 2 bottles/fill |
| timolol maleate ophth soln | QL= 2 bottles/fill |
| timolol maleate ophth soln 0.5% | QL= 2 bottles/fill |
| timolol maleate preservative free ophth soln 0.25% | QL= 2 bottle/fill |
| TIROSINT-SOL | QL=1 ml/day; Prior Authorization required for members age 9 or older |
| TOBRADEX OPHTH OINT | QL= 2 bottles/fill |
| TOBRADEX ST OPHTH SUSP | QL= 2 bottles/fill |
| tobramycin ophth soln | QL= 2 bottles/fill |
| tobramycin/dexamethasone ophth soln | QL= 2 bottles/fill |
| TOBEX OPHTH OINT | QL= 2 bottles/fill |
| TRACLEER TAB 32MG | QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| travoprost ophth soln | QL= 2.5ml/30 days |
| TREMFYA INJ | QL= 1 inj/56 days |
| triamcinolone OTC nasal spray | QL= 2 bottles/fill |
| TRIFLURIDINE OPHTH SOLN | 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 |
| tropicamide ophth soln | QL= 2 bottles/fill |
| TRULANCE TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER, metformin soln; 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 |

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| 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 |
| 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 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874 |
| VALTOCO NASAL SPRAY | QL= 4 doses/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 |
| 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 |
| 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 |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR | QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 |
| VONJO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| VOSEVI TAB | QL= 1 tab/day |
| 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 |
| 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 |
| VYZULTA SOLN | QL= 2.5ml/30 days |

** OTC drugs are not a covered benefit.

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Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| 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 Optometr Specialist |
| XELJANZ SOLN | QL= 10ml/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 |
| XOLAIR INJ 150MG/ML | QL= 2 inj/28 days |
| XOLAIR INJ 300MG/2ML | QL= 1 inj/28 days |
| XOLAIR SYRINGE | QL= 2 inj/21 days OR 6 inj/63 days |
| XOLAIR SYRINGE 150MG/ML | QL= 4 inj/21 days OR 12 inj/63 days |
| XOLAIR SYRINGE 300MG/2ML | QL= 1 inj/28 days |
| 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 |

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**Prevea360 3-Tier Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XULTOPHY INJ | QL= 15ml/30 days |
| 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 |
| ZIRGAN OPHTH GEL | QL= 2 bottles/fill |
| 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 |
| 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) |

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