

Search Tip:

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

**PeaceHealth Formulary
Alphabetical Index
Last Updated 11/15/2024**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| 5-HYDROXYTRYPTOPHAN TAB | - | EXC | ALTERNATIVE MEDICINES |
| 5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING | - | EXC | ALTERNATIVE MEDICINES |
| abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days) | QL | Select | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| ABECMA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABILIFY ASIM INJ 960MG | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MAINTENA INJ | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics) | QL-ST | Non-Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics) | QL-ST | Non-Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY TAB (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABRAXANE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABREVA RAPID PAIN RELIEF | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| ABRILADA INJ (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime) | QL-VAC | Preventive | VACCINES |
| ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| ABSORICA LD CAP (QL= 2 caps/day) | QL | Non-Preferred Brands | DERMATOLOGICALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
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| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ACACIA INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ACAM2000 INJ | - | Preventi ve | VACCINES |
| acamprostate calcium DR tab (CAMPRAL equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | Select | ANTIDIABETICS |
| ACCRUFER CAP | - | Preferre d Brands | HEMATOPOIETIC AGENTS |
| ACCU-CHEK AVIVA PLUS METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| acebutolol cap (SECTRAL equiv) | - | Select | BETA BLOCKERS |
| ACETAMINOPHEN SUPP | - | EXC | ANALGESICS - NONNARCOTIC |
| ACETAMINOPHEN W/ DM LIQUID | OTC | EXC | COUGH/COLD/ALLERGY |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | Select | ANALGESICS - OPIOID |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | Preferre d Brands | MIGRAINE PRODUCTS |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | Select | MIGRAINE PRODUCTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | Select | DIURETICS |
| acetazolamide tab | - | Select | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | Select | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | Select | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | Select | OTIC AGENTS |
| ACETYL L-CARNITINE HCL CAP | - | EXC | NUTRIENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | Select | COUGH/COLD/ALLERGY |
| ACIOXIA GEL | - | EXC | DERMATOLOGICALS |
| ACIPHEX SPRINKLE CAP | - | Preferre d Brands | ULCER DRUGS |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | Preferre d Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ACIPHEX TAB | - | Non-Pref erred Brands | ULCER DRUGS |
| acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin) | ST | High Cost Generics | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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|---|---------------------|-------------------------|--|
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHAR INJ GEL | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Non-Preferred Brands | TETRACYCLINES |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Preferred Specialty | ANTINEOPLASTICS |
| ACTINEL LIQUID (QL= 1200ml/30 days) | QL | Preferred Brands | COUGH/COLD/ALLERGY |
| ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days) | QL | Non-Preferred Brands | COUGH/COLD/ALLERGY |
| ACTIQ LOZENGE (QL= 120 lozenges/30 days) | PA-QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTONEL TAB 30MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTONEL TAB 35MG (QL= 4 tabs/28 days) | QL | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTONEL TAB 5MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTOPLUS MET TAB | - | Non-Preferred Brands | ANTIDIABETICS |
| ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Preferred Brands | ANTIDIABETICS |
| ACULAR (LS) OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| ACUVAIL OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| ACYCLONINE MUM AERO POWDER | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | Select | ANTIVIRALS |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|--|---------------------|--------------------------------|--------------------------------|
| acyclovir cream (ZOVIRAX equiv) | - | High Cost Generics | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | Select | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | Select | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | Select | ANTIVIRALS |
| ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ADACEL/BOOSTRIX INJ | VAC | Preventi ve | TOXOIDS |
| ADALIMU-ADBAM KIT (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMU-ADBAM KIT (QL= 4 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMU-ADBAM KIT (QL= 6 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMU-ADBAM KIT 40/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMU-FKJP KIT 20/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB KIT ADBAM (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY KIT 20MG/0.2ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADBAM KIT (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK INJ (QL = 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|---|---------------------|--------------------------------|--|
| ADALIMUMAB-RYVK INJ (QL= 2 syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| adapalene cream (DIFFERIN equiv) (QL= 360g/30 days) | QL | Select | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) | OTC | Select | DERMATOLOGICALS |
| ADAPALENE SOLN (QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | Select | DERMATOLOGICALS |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | Preferre d Brands | DERMATOLOGICALS |
| ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL | - | EXC | DERMATOLOGICALS |
| adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv) | - | Select | DERMATOLOGICALS |
| ADASUVE INHALER | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ADAZIN CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ADBRY INJ (QL= 4 syringes/28 days) | LMSP-PA-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| ADBRY INJ (QL= 4ml/28 days) | LMSP-PA-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| ADC/FLUORIDE DROP | - | Preventi ve | MULTIVITAMINS |
| ADDERALL TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP | - | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP 10MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP 15MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP 20MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP 30MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP 5MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDYI TAB | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty | ANTIVIRALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ADENOCAINE INJ | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADHANSIA XR CAP 35MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADLARITY PATCH (QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT) | QL-ST | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Pref erred Brands | ANTIDIABETICS |
| ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| ADRENACLICK INJ, EPINEPHRINE INJ | - | Non-Pref erred Brands | VASOPRESSORS |
| ADRENALIN INJ | - | Non-Pref erred Brands | VASOPRESSORS |
| ADRENALIN NASAL SOLN | - | Non-Pref erred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ADSTILADRIN SUSP | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ADUHELM INJ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ADULT BARRIER OINT | - | EXC | DERMATOLOGICALS |
| ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVICOR TAB 1000-20MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |

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| ADVICOR TAB 750-20MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| ADVIL COLD/SINUS CAP | - | EXC | COUGH/COLD/ALLERGY |
| ADVIL DUAL TAB ACTION | OTC | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADZENYS XR TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADZYNMA KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month) | QL | Non-Pref erred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| AEROCHAMBER (QL= 1 device/365 days) | QL | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| AFINITOR DISPERZ TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp) | AMSP-PA-QL-SF-ST | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab) | AMSP-PA-QL-SF-ST | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ (QL= 0.5ml/fill) | QL-VAC | Preventi ve | VACCINES |
| AFLURIA INJ, FLUZONE INJ | VAC | Preventi ve | VACCINES |
| AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| AFRIN CHILD NASAL SOLN | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AFSTYLA KIT | PA-PMSP | Preferre d Specialty | HEMATOLOGICAL AGENTS - MISC. |
| AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty | CORTICOSTEROIDS |
| age shield lotion (CERAVE equiv) | - | EXC | DERMATOLOGICALS |
| AGGRASTAT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | Preferre d Brands | MIGRAINE PRODUCTS |
| AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of BREQ ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| AIRDUO RESPICLICK (QL= 1 inhaler/30 days; Step Therapy requires trial of BREQ ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRSUPRA AER 90-80MCG (QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AJOVY INJ (QL= 1 inj/28 days) | PA-QL | Preferre d Brands | MIGRAINE PRODUCTS |
| AKEEGA TAB (QL= 60 tablets/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AKLIEF CREAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| AKTEN OPHTH GEL | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron) | QL-ST | Non-Pref erred Brands | ANTIEMETICS |
| ALAHIST DM LIQ | OTC | EXC | COUGH/COLD/ALLERGY |
| ALAHIST DM LIQUID | OTC | EXC | COUGH/COLD/ALLERGY |
| ALAMAX CR TAB | - | EXC | ALTERNATIVE MEDICINES |
| ALA-SCALP LOTION | - | Preferre d Brands | DERMATOLOGICALS |
| ALASKA WILD CAP FISH OIL | - | EXC | NUTRIENTS |
| ALBUKED INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL NEBULIZER SOLN | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | Select | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | Select | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC | DERMATOLOGICALS |
| ALDARA CREAM 5% (QL= 24gm/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| ALECENSA CAP (QL= 8 caps/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALEVICYN SOLN DERMAL | - | Non-Preferred Brands | DERMATOLOGICALS |
| ALFERON-N INJ | - | EXC | ANTINEOPLASTICS |
| alfuzosin SR tab (UROXATRAL equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALIMTA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALINIA SUSP (QL= 60ml/fill, 2 fills/month) | QL | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| ALINIA TAB (QL= 6 tabs/fill, 2 fills/month) | QL | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)) | ST | High Cost Generics | ANTIHYPERTENSIVES |
| ALIVE GUMMIE CHEW CHILDREN | - | EXC | MULTIVITAMINS |
| ALIVE PREMIU CHW PRENATAL | - | EXC | MULTIVITAMINS |
| ALKA-SELTZER PAK PLUS | - | EXC | COUGH/COLD/ALLERGY |
| ALKA-SELTZER TAB | - | EXC | ANALGESICS - NONNARCOTIC |
| ALKERAN TAB | PA-PMSP | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKINDI SPRINKLE CAP | PA | Non-Preferred Brands | CORTICOSTEROIDS |
| ALLEGRA-D 24-HOUR TAB | - | EXC | COUGH/COLD/ALLERGY |
| ALLEGRA-D TAB | - | EXC | COUGH/COLD/ALLERGY |
| ALLEGRA-D TAB 12 HOUR | - | EXC | COUGH/COLD/ALLERGY |
| ALLERGY CONGESTION TAB | - | EXC | COUGH/COLD/ALLERGY |
| ALLERGY TRAY | - | Non-Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| allopurinol tab (ZYLOPRIM equiv) | - | Select | GOUT AGENTS |
| allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs) | QL-ST | High Cost Generics | GOUT AGENTS |
| ALLZITAL TAB (QL= 12 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - NONNARCOTIC |
| ALMOND INJ | - | EXC | DIAGNOSTIC PRODUCTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|----------------------|---------------------------------|
| almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| ALOCANE SPRAY | - | EXC | DERMATOLOGICALS |
| ALOCRILOPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| ALOMIDE OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| ALOQUIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| ALORA PATCH (QL= 8 patches/28 days) | QL | Non-Preferred Brands | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP | - | EXC | ALTERNATIVE MEDICINES |
| ALPHA LIPOIC TAB | --OTC | EXC | ALTERNATIVE MEDICINES |
| ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| ALPHAGAN P SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | Select | ANTIANKXIETY AGENTS |
| ALPRAZOLAM INTENSOL CONC | - | Non-Preferred Brands | ANTIANKXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | High Cost Generics | ANTIANKXIETY AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| alprazolam tab (XANAX equiv) | - | Select | ANTIANKXIETY AGENTS |
| ALPROLIX INJ | PA-PMSP | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ALREX OPHTH SUSP 0.2% (QL= 5ml/30 days) | QL | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ALTABAX OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ALTERNAR ALT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| ALTERNARIA ALTERNATA INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ALTOPREV TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ALTRENO LOTION (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ALTUVIIIIO INJ | AMSP-PA | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | 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 | Preferre d Specialty | 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 | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVAIZ TAB | AMSP-PA | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ALYGLO INJ | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| ALYMSYS IV SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALZAIR NASAL SPRAY | - | Non-Pref erred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | Select | ANTIPARKINSON AGENTS |
| amantadine soln | - | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | Select | ANTIPARKINSON AGENTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
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|---|---------------------|--------------------------------|--|
| amantadine tab | - | Select | ANTIPARKINSON AGENTS |
| AMBIEN CR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| AMBIEN TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| AMBISOME INJ | - | EXC | ANTIFUNGALS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | Select | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | Preferre d Brands | DERMATOLOGICALS |
| amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)) | ST | High Cost Generics | DERMATOLOGICALS |
| AMCINONIDE OINTMENT (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| AMERGE TAB (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| AMERICAN ELM INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| AMERICAN LOBSTER INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| AMERICAN SYCAMORE INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| amethyst tab (LYBREL equiv) | - | Preventi ve | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | Select | DIURETICS |
| AMILORIDE/HCTZ TAB | - | Select | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | Select | DIURETICS |
| AMINO ACIDS/ SOLN DEXTROSE | - | EXC | NUTRIENTS |
| AMINO ACIDS-DEXTROSE-LIPIDS WITH ELECTROLYTES | - | EXC | NUTRIENTS |
| aminocaproic acid soln (AMICAR equiv) | AMSP | Generic Specialty | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | High Cost Generics | HEMOSTATICS |
| AMINOFEN TAB | - | EXC | ANALGESICS - NONNARCOTIC |
| AMIODARONE INJ | - | EXC | ANTIARRHYTHMICS |
| amiodarone tab (CORDARONE equiv) | - | Select | ANTIARRHYTHMICS |
| AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC) | QL-ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | Select | ANTIDEPRESSANTS |
| AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |

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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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|--|---------------------|--------------------------------|---|
| AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| AMLEXANOX (BULK) POWDER | - | EXC | CHEMICALS |
| amlodipine tab (NORVASC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)) | QL-ST | High Cost Generics | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | Select | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | Select | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | Select | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ) | QL-ST | High Cost Generics | ANTIHYPERTENSIVES |
| AMMONIA AROM INH | OTC | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | Select | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | Select | DERMATOLOGICALS |
| amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | Select | DERMATOLOGICALS |
| AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET | - | EXC | DERMATOLOGICALS |
| AMONDYS INJ | - | EXC | NEUROMUSCULAR AGENTS |
| amoxapine tab (QL= 4 tabs/day) | QL | Select | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | Select | PENICILLINS |
| amoxicillin chew tab (AMOXIL equiv) | - | Select | PENICILLINS |
| AMOXICILLIN CHEW TAB 250MG | - | Select | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | Select | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | Select | PENICILLINS |
| AMOXICILLIN/CLAVULANATE ER TAB | - | Non-Pref erred Brands | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | Select | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | Select | PENICILLINS |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphotericin b liposome iv for susp (AMBISOME equiv) | - | EXC | ANTIFUNGALS |
| ampicillin cap (AMPICILLIN equiv) | - | Select | PENICILLINS |
| AMPICILLIN INJ | - | EXC | PENICILLINS |
| AMPYRA TAB | PA-PMSP | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| AMTAGVI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AMVUTTRA SOLN | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ANACAINE OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ANACIN TAB | - | EXC | ANALGESICS - NONNARCOTIC |
| ANADROL TAB | - | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| anagrelide cap (AGRYLIN equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |

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|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|---|
| ANALPRAM ADVANCED KIT | - | Non-Pref erred Brands | ANORECTAL AGENTS |
| ANALPRAM-E KIT | - | Non-Pref erred Brands | ANORECTAL AGENTS |
| ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM) | ST | Non-Pref erred Brands | ANORECTAL AND RELATED PRODUCTS |
| ANASTIA LOTION | - | Non-Pref erred Brands | DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) | - | Preventi ve | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 25MG (QL= 150gm/30 days) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 300gm/30 days) | QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 50MG/5GM (QL= 300gm/30 days) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 1.25GM (QL= 2 packets/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 2.5GM (QL= 2 packets/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1.62% (QL= 150gm/30 days) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | Non-Pref erred Brands | ESTROGENS |
| ANKTIVA SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANNOVERA RING | - | Preventi ve | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANORO ELLIPTA INHALER (QL= 60gm/30 days) | --QL | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANTACID CHEW | - | EXC | ANTACIDS |
| ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)) | QL-ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/d; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ANTI-DIARRHEA LIQ | - | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | Select | OTIC AGENTS |
| ANTIVERT TAB, MECLIZINE TAB | OTC | Preferred Brands | ANTIEMETICS |
| ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Pref erred Brands | ANTIEMETICS |
| APADAZ TAB (QL= 12 tabs/day) | PA-QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| APAP/CODEINE SOLN | - | Select | ANALGESICS - OPIOID |
| APEXICON E CREAM (PSORCON E equiv) | - | Non-Pref erred Brands | DERMATOLOGICALS |
| APHEXDA INJ | - | EXC | HEMATOPOIETIC AGENTS |
| APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| APOKYN INJ (QL= 54ml/30 days; Only available through Accredo 800-803-2523) | LD-QL | Non-Pref erred Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767) | LD-QL | Generic Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| APONVIE INJ | - | EXC | ANTIEMETICS |
| apple cider vinegar tab | - | EXC | ALTERNATIVE MEDICINES |
| APPLE CIDER VINEGAR-GINGER CHEW TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| APPLE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| APRACLONIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| apraclonidine ophth soln 0.5% (IOPIDINE equiv) | - | High Cost Generics | OPHTHALMIC AGENTS |
| aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| APRETUDE SUSP | - | EXC | ANTIVIRALS |
| APRISO CAP (QL= 8 caps/day) | QL | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | Non-Preferred Brands | DERMATOLOGICALS |
| APTENSIO XR CAP 10MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTENSIO XR CAP 15MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTENSIO XR CAP 20MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTENSIO XR CAP 30MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTENSIO XR CAP 40MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTENSIO XR CAP 50MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTENSIO XR CAP 60MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| APTIOM TAB (QL= 60 tabs/30 days) | QL | Preferred Brands | ANTICONVULSANTS |
| APTIVUS CAP (QL= 4 caps/day) | QL | Preferred Brands | ANTIVIRALS |
| APTIVUS SOLN (QL= 380ml/30 days) | QL | Preferred Brands | ANTIVIRALS |
| AQNEURSA POWDER | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARAKODA TAB | - | Non-Preferred Brands | ANTIMALARIALS |
| ARANESP INJ (QL= 4 syringes/30 days) | PMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| ARANESP INJ (QL= 4 vials/30 days) | PMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| ARAZLO LOTION (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |

| | | | | | |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
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|--|---------------------|--------------------------------|---|
| ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ARCAPTA NEOHALER (Step Therapy requires trial of STRIVERDI RESPIMAT, ST ANORO ELLIPTA or STIOLTO INHALER) | ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older) | QL-VAC | Preventi ve | VACCINES |
| arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | High Cost Generics | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARGATROBAN INJ | - | EXC | ANTICOAGULANTS |
| argatroban iv soln | - | EXC | ANTICOAGULANTS |
| ARICEPT TAB 10MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 23MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 5MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | Non-Pref erred Specialty | AMINOGLYCOSIDES |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARISTADA 675MG/2.4ML INJ | AMSP | Preferre d Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARISTADA INJ | AMSP | Preferre d Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARIXTRA INJ 10MG/0.8ML | - | Non-Pref erred Specialty | ANTICOAGULANTS |
| ARIXTRA INJ 2.5MG/0.5ML | - | Non-Pref erred Specialty | ANTICOAGULANTS |
| ARIXTRA INJ 5MG/0.4ML | - | Non-Pref erred Specialty | ANTICOAGULANTS |
| ARIXTRA INJ 7.5MG/0.6ML | - | Non-Pref erred Specialty | ANTICOAGULANTS |
| armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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|------|--|------|--|------|--|
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|--|---------------------|-----------------------------|--|
| armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands | ASTHMA/ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands | ASTHMA/ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands | ASTHMA/ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | EXC | THYROID AGENTS |
| ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Select | ASTHMA/ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ARRANON INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ARTIFICIAL TEARS DROP | - | EXC | OPHTHALMIC AGENTS |
| ARYMO ER TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ARZERRA CON | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA) | ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA) | ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| ASCORBIC ACID INJ | - | EXC | VITAMINS |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT) | QL-ST | High Cost Generics | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | Preventi ve | CONTRACEPTIVES |
| ASHWAGANDHA (WITHANA SOMNFERA) CHEW TAB | - | EXC | ALTERNATIVE MEDICINES |
| ASHWAGANDHA CAP 35 | OTC | EXC | ALTERNATIVE MEDICINES |
| ASHWAGANDHA TAB | - | EXC | ALTERNATIVE MEDICINES |
| ASIAN GINSNG CAP | - | EXC | NUTRIENTS |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | Select | ASTHMA/ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | Select | ASTHMA/ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ASPEN POLLEN EXTRACT INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ASPERCREME LOTION | - | EXC | DERMATOLOGICALS |
| ASPERG FUMIG INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| aspirin chew tab 81mg (Covered for females only) | - | Preventi ve | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 325mg | OTC | EXC | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 325mg (Covered for females only) | OTC | Preventi ve | ANALGESICS - NONNARCOTIC |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| aspirin ec tab 81mg (Covered for females only) | OTC | Preventive | ANALGESICS - NONNARCOTIC |
| aspirin effer tab (ALKA-SELTZER equiv) | - | EXC | ANALGESICS - NONNARCOTIC |
| aspirin tab (Covered for females only) | OTC | Preventive | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg | OTC | EXC | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | Select | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENOLX equiv) | - | High Cost Generics | HEMATOLOGICAL AGENTS - MISC. |
| aspirin-caffeine powder packet (BC FAST PAIN RELIEF equiv) | - | EXC | ANALGESICS - NONNARCOTIC |
| ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab) | QL-ST | Preferred Brands | ANTIANGINAL AGENTS |
| ASPYRERX MIS | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTAGRAF XL CAP | - | Non-Preferred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | Non-Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select | ANTIVIRALS |
| atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select | ANTIVIRALS |
| atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day) | QL | Select | ANTIVIRALS |
| ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate) | QL-ST | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| atenolol tab (TENORMIN equiv) | - | Select | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| ATGAM INJ 250MG | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ATHLETE FOOT SPRAY | OTC | EXC | DERMATOLOGICALS |
| ATLANTIC COD INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| ATLANTIC SALMON INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| ATLANTIC/EASTERN OYSTER INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab) | QL-ST | Non-Pref erred Brands | ANTIHYPERSLIPIDEMICS |
| atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventi ve | ANTIHYPERSLIPIDEMICS |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventi ve | ANTIHYPERSLIPIDEMICS |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventi ve | ANTIHYPERSLIPIDEMICS |
| atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventi ve | ANTIHYPERSLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | Select | ANTIMALARIALS |
| ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| ATRIPLA TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| ATRIX SYSTEM KIT | - | EXC | DERMATOLOGICALS |
| atropine ophth oint | - | Select | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) | QL | Select | OPHTHALMIC AGENTS |
| ATROPINE SUL INJ | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ATROPINE SUL OPHTH OINT | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| ATROPINE SUL SOLN 1% OPHTH | QL | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| ATROPINE SULFATE INJ | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| atropine sulfate iv soln | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ATROVENT HFA INHALER (QL= 25.8gm/30 days) | QL | Preferre d Brands | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB (QL= 30 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUDENZ INJ | - | EXC | VACCINES |
| AUGTYRO CAP (QL= 240 caps/30 days) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AUGTYRO CAP 160MG (QL= 2 caps/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AURLUMYN INJ 100MCG/ML | - | EXC | CARDIOVASCULAR AGENTS - MISC. |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| AURYXIA TAB (QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC)) | QL-ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB 12MG (QL= 120 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TAB 6MG (QL= 30 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TAB 9MG (QL= 30 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB (QL= 30 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 18MG (QL= 2 tabs/day) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 6MG (QL= 60 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| AUVI-Q INJ | - | Non-Pref erred Brands | VASOPRESSORS |
| avanafil tab (STENDRA equiv) | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Pref erred Brands | ANTIDIABETICS |
| AVAR AEROSOL FOAM | - | EXC | DERMATOLOGICALS |
| AVAR GEL | - | EXC | DERMATOLOGICALS |
| AVAR PAD | - | EXC | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | Preferre d Brands | VAGINAL PRODUCTS |
| AVEIDA GEL | - | EXC | DERMATOLOGICALS |
| AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-PMSP-QL-ST | Preferre d Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASITE SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | Select | ASSORTED CLASSES |
| azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) | QL-ST | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSES |
| azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) | QL-ST | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSES |
| azelaic acid gel (FINACEA equiv) | - | Select | DERMATOLOGICALS |
| azelastine nasal spray (ASTELIN equiv) | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | Select | OPHTHALMIC AGENTS |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZELEX CREAM (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| AZENASE PAK | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZESCHEW TAB 13-1MG | - | Non-Pref erred Brands | MULTIVITAMINS |
| AZESCO TAB | - | Non-Pref erred Brands | MULTIVITAMINS |
| AZILECT TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | Select | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | Select | MACROLIDES |
| AZO UTI/VAGI KIT PH TEST | - | EXC | DIAGNOSTIC PRODUCTS |
| AZOPT OPHTH SUSP | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln) | --ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| AZSTARYS CAP (QL= 30 caps/30 days) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| B-12 TAB ODT | OTC | EXC | HEMATOPOIETIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| BABY CHEST CREAM RUB | - | EXC | DERMATOLOGICALS |
| BACITRACIN INJ | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| BACITRACIN OPHTH OINT | - | Preferred Brands | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | Select | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | Select | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | Select | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| baclofen intrathecal inj | - | EXC | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)) | QL-ST | Non-Preferred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN SUSP (QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)) | QL-ST | Non-Preferred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab (BACLOFEN equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | Preferred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| BACTROBAN CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB | - | Non-Preferred Brands | CONTRACEPTIVES |
| BALFAXAR INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| balsalazide cap (COLAZAL equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANANA INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BAND-AID SPRAY ANTISEPTIC | - | EXC | DERMATOLOGICALS |
| BANZEL SUSP (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | Non-Preferred Brands | ANTICONVULSANTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| BANZEL TAB (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month) | QL | Preferre d Brands | ANTIDIABETICS |
| BARACLUDE SOLN (QL= 630ml/30 days) | PA-PMSP-QL | Preferre d Specialty | ANTIVIRALS |
| BARACLUDE TAB (QL= 1 tab/day) | PMSP-QL | Non-Pref erred Specialty | ANTIVIRALS |
| BARRIGEL INJ | - | EXC | ANORECTAL AND RELATED PRODUCTS |
| BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| BASE D PEG GRANULES | - | EXC | PHARMACEUTICAL ADJUVANTS |
| BAXDELA TAB (QL= 2 tabs/day) | PA-QL | Non-Pref erred Brands | FLUOROQUINOLONES |
| BC FAST PAIN POW RLF MAX | OTC | EXC | ANALGESICS - NONNARCOTIC |
| BC FAST PAIN RELIEF POWDER | - | EXC | ANALGESICS - NONNARCOTIC |
| B-COMPLEX INJ | - | EXC | MULTIVITAMINS |
| B-COMPLEX VITAMIN DISINTEGRATING TAB | - | EXC | MULTIVITAMINS |
| b-complex w/ c and folic acid tab (NEPHRO-VITE equiv) | OTC | Select | MULTIVITAMINS |
| B-D INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| B-D INSULIN SYRINGE | OTC-- | Select | MEDICAL DEVICES AND SUPPLIES |
| BD NEEDLES | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| b-donna tab (DONNATAL equiv) (QL= 8 tabs/day) | QL | High Cost Generics | ULCER DRUGS |
| BEANO TAB | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| BEBTELOVIMAB IV SOLN | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| BECONASE AQ NASAL SPRAY | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BEEF INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BELBUCA FILM (Step therapy requires trial of buprenorphine patch) | ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| BELLADONNA ALKALOID/OPIUM SUPP | - | Preferre d Brands | ULCER DRUGS |
| BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate) | QL-ST | Non-Pref erred Brands | HYPNOTICS |
| BENADRYL SOLN CHILD | OTC | EXC | COUGH/COLD/ALLERGY |

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| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| benazepril tab (LOTENSIN equiv) | - | Select | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| bendamustine hcl for iv soln (TREANDA equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BENEFIX INJ | PA-PMSP | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan) | ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | PA-PMSP-QL | Non-Preferred Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | PA-PMSP-QL | Non-Preferred Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENTIVITE TAB | - | Preferred Brands | HEMATOPOIETIC AGENTS |
| BENZAC WASH | - | Non-Preferred Brands | DERMATOLOGICALS |
| BENZACLIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| BENZAMYCIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| BENZAMYCIN GEL PACK | - | EXC | DERMATOLOGICALS |
| BENZEPRO LIQUID CREAMY | OTC | Preferred Brands | DERMATOLOGICALS |
| BENZIQLS GEL | - | Preferred Brands | DERMATOLOGICALS |
| BENZNIDAZOLE TAB | - | Preferred Brands | ANTHELMINTICS |
| benzocaine aerosol spray (AMERICAINE equiv) | - | EXC | DERMATOLOGICALS |
| BENZOCAINE DENTAL ADHERING DISK | OTC | EXC | MOUTH/THROAT/DENTAL AGENTS |
| benzocaine dental cream | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| benzocaine-docusate sodium rectal enema | OTC | EXC | LAXATIVES |
| BENZOCAINE-ISOPROPYL ALCOHOL PADS | - | EXC | DERMATOLOGICALS |
| BENZOCAINE-LIDOCAINE-TETRACAINE CREAM | OTC | EXC | DERMATOLOGICALS |
| BENZOCAINE-MENTHOL LIQUID | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| BENZOCAINE-MENTHOL-ZINC CL GEL | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| benzonatate cap (TESSALON equiv) | - | Select | COUGH/COLD/ALLERGY |
| BENZOYL PEROXIDE CLOTH | - | Preferred Brands | DERMATOLOGICALS |
| benzoyl peroxide cloth | - | Select | DERMATOLOGICALS |
| benzoyl peroxide foam (DAYLOGIC equiv) | OTC | Select | DERMATOLOGICALS |
| benzoyl peroxide gel | - | Select | DERMATOLOGICALS |
| benzoyl peroxide liquid | - | Select | DERMATOLOGICALS |
| benzoyl peroxide wash kit | - | EXC | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | Preferred Brands | DERMATOLOGICALS |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | Select | DERMATOLOGICALS |
| BENZPHETAMINE TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| benztropine tab | - | Select | ANTIPARKINSON AGENTS |
| BENZYL ALCOHOL-ZINC CHLORIDE LIQUID | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| BEOVU INJ | - | EXC | OPHTHALMIC AGENTS |
| bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |
| BEPREVE DROPS (QL= 5mL/25 days) | QL | Non-Preferred Brands | OPHTHALMIC AGENTS |
| BEQVEZ INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| BERBERINE CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| BERINERT INJ (QL= 20ml/30 days) | PA-PMSP-QL | Non-Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC | DERMATOLOGICALS |
| BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BETA CAROTENE CAP | - | EXC | VITAMINS |
| BETADINE SOLN | - | EXC | ANTISEPTICS & DISINFECTANTS |
| betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | Select | DERMATOLOGICALS |
| betamethasone augmented gel | - | Select | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | Select | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | Select | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | Select | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | Select | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | Select | DERMATOLOGICALS |
| betamethasone valerate cream | - | Select | DERMATOLOGICALS |
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | High Cost Generics | DERMATOLOGICALS |
| betamethasone valerate lotion | - | Select | DERMATOLOGICALS |
| betamethasone valerate oint | - | Select | DERMATOLOGICALS |
| BETASERON INJ (QL= 14 kits/28 days) | AMSP-PA-PMSP-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol) | QL-ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| betaxolol ophth soln (BETOPTIC-S equiv) | QL-ST | Select | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | Select | BETA BLOCKERS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| bethanechol tab (URECHOLINE equiv) | - | Select | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN (Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| BEVACIZUMAB INJ | - | EXC | OPHTHALMIC AGENTS |
| BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BEVYXXA CAP (QL= 43 caps/42 days) | PA-QL | Non-Pref erred Brands | ANTICOAGULANTS |
| BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| bexarotene cap (TARGRETIN equiv) | AMSP-PA-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days) | AMSP-PA-QL | Generic Specialty | DERMATOLOGICALS |
| BEXSERO INJ | VAC | Preventi ve | VACCINES |
| BEYAZ TAB | - | Non-Pref erred Brands | CONTRACEPTIVES |
| BEYFORTUS INJ | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| BIAFINE EMULSION | - | Non-Pref erred Brands | DERMATOLOGICALS |
| bicalutamide tab (CASODEX equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIDIL TAB (QL= 6 tabs/day) | QL | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| BIFERARX TAB | - | Non-Pref erred Brands | HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | Non-Pref erred Brands | ESTROGENS |
| BIKTARVY TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| bilberry (vaccinium myrtillus) cap | - | EXC | ALTERNATIVE MEDICINES |
| BILTRICIDE TAB | - | Non-Pref erred Brands | ANTHELMINTICS |
| bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select | OPHTHALMIC AGENTS |
| BIMATOPROST/TIMOLOL MALEATE OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| BIMZELX INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate) | QL-ST | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BIOFREEZE LIQUID | - | EXC | DERMATOLOGICALS |
| BIOSTEP SHEET, INNOVAMATRIX SHEET | - | EXC | DERMATOLOGICALS |
| BIOTHRAX INJ | - | Preventi ve | VACCINES |
| BIOTIN CHEW TAB | OTC | EXC | VITAMINS |
| biotin chew tab (YUMVS equiv) | OTC-- | EXC | VITAMINS |
| BIOTIN LIQUID | OTC | EXC | VITAMINS |
| BIOTIN TAB | - | EXC | VITAMINS |
| BIOTIN W/ LUTEIN TAB | - | EXC | MULTIVITAMINS |
| BIOTIN W/ VITAMIN C CHEW TAB | - | EXC | MULTIVITAMINS |
| BIOTIN-KERAT CAP ALPHA | - | EXC | ALTERNATIVE MEDICINES |
| BIPOL SOROKI INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| BISMUTH SUBSALICYLATE CAP | - | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| BISMUTH SUBSALICYLATE TAB | OTC | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline) | ST | High Cost | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF |
| bisoprolol tab (ZEBETA equiv) | - | Generics Select | CS BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | Select | ANTIHYPERTENSIVES |
| BITTER MELON TAB | - | EXC | ALTERNATIVE MEDICINES |
| BIVALIRUDIN INJ | - | EXC | ANTICOAGULANTS |
| BIVALIRUDIN SOLN RTU | - | EXC | ANTICOAGULANTS |
| BLACK COHOSH CAP | - | EXC | ALTERNATIVE MEDICINES |
| BLACK COHOSH TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| BLACK ELDERBERRY (SAMBUCUS NIGRA) CAP | - | EXC | ALTERNATIVE MEDICINES |
| BLACK ELDERBERRY SYRUP | - | EXC | ALTERNATIVE MEDICINES |
| BLACK WALNUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BLACK WILLOW INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| BLACK/SWEET BIRCH POLLEN INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| BLENREP INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BLEPHAMIDE OPHTH SOLN | - | Preferre d Brands | OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| BLT-25 KIT | - | EXC | CORTICOSTEROIDS |
| BLUDIGO INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BLUE CRAB INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BLUES AWAY LIQ | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| BORTEZOMIB INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| bortezomib inj (VELCADE equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BOSULIF TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BOSWELLIA TAB | - | EXC | ALTERNATIVE MEDICINES |
| BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| BOX ELDER INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAZIL NUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BREEZA ORAL SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| BREO ELLIPTA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREO ELLIPTA INHALER (QL= 1 inhaler/30 days) | --QL | Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREXAFEMME TAB (QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole) | QL-ST | Non-Preferred Brands | ANTIFUNGALS |
| BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | High Cost Generics | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% (ALPHAGAN equiv) | - | Select | OPHTHALMIC AGENTS |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC | DERMATOLOGICALS |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | High Cost Generics | OPHTHALMIC AGENTS |
| brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |
| BRIMONIDONE/DORZOLAMIDE SOLN | - | EXC | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln) | ST | High Cost Generics | OPHTHALMIC AGENTS |
| BRISDELLE CAP (QL= 1 cap/day) | QL | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIUMVI INJ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| BRIVIACT TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| BRIXADI SOLN | - | EXC | ANALGESICS - OPIOID |
| BROMFED DM SYRUP | - | Preferre d Brands | COUGH/COLD/ALLERGY |
| bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | High Cost Generics | OPHTHALMIC AGENTS |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | Select | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | Select | ANTIPARKINSON AGENTS |
| BROMSITE DROP | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| BRONCHITOL CAP (QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)) | AMSP-QL-RDX-ST | Non-Pref erred Specialty | RESPIRATORY AGENTS - MISC. |
| BROVANA NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BROWN SHRIMP INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| BRUKINSA CAP (QL= 4 caps/day) | LMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRUSELIX TAB | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| budesonide ER tab (UCERIS equiv) | - | High Cost Generics | CORTICOSTEROIDS |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide inh susp 1mg/2ml (QL= 60 units/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema) | QL-ST | High Cost Generics | ANORECTAL AND RELATED PRODUCTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | Select | CORTICOSTEROIDS |
| budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | High Cost Generics | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | | | | |
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| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| BUFFERED C POWDER | OTC | EXC | VITAMINS |
| bumetanide tab (BUMEX equiv) | - | Select | DIURETICS |
| BUMEX TAB | - | Non-Pref erred Brands | DIURETICS |
| BUNAVAIL FILM | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| BUPHENYL POWDER | PA-PMSP | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BUPHENYL TAB | PA-PMSP | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BUPIVAC/LIDO INJ | - | EXC | OPHTHALMIC AGENTS |
| buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch) | ST | High Cost Generics | ANALGESICS - OPIOID |
| buprenorphine patch (BUTRANS equiv) | - | Select | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | Select | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | Select | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventi ve | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | Select | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | Select | ANTIDEPRESSANTS |
| BURN RELIEF GEL | - | EXC | DERMATOLOGICALS |
| bupirone tab (BUSPAR equiv) | - | Select | ANTIANKXIETY AGENTS |
| butalbital/acetaminophen cap | - | High Cost Generics | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day) | QL | Select | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | Select | ANALGESICS - NONNARCOTIC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | Non-Pref erred Brands | ANALGESICS - NONNARCOTIC |
| butorphanol nasal spray (QL= 5ml/30 days) | QL | Select | ANALGESICS - OPIOID |
| BUTRANS PATCH | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Pref erred Brands | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Pref erred Brands | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Pref erred Brands | ANTIDIABETICS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|--------------------------------|--|
| BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Pref erred Brands | ANTIDIABETICS |
| BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479) | LD-PA | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| BYNFEZIA PEN INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYOOVIZ INJ | - | EXC | OPHTHALMIC AGENTS |
| BYSTOLIC TAB (QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol) | QL-ST | Non-Pref erred Brands | BETA BLOCKERS |
| BYSTOLIC TAB 20MG (QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap) | QL-ST | Non-Pref erred Brands | BETA BLOCKERS |
| BYVALSON TAB | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| CABENUVA IM SUSP cabergoline tab (DOSTINEX equiv) | - - | NC Select | ANTIVIRALS ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CABTREO GEL | - | EXC | DERMATOLOGICALS |
| CADUET TAB (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)) | QL-ST | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| CAFCIT INJ | - | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CAFERGOT TAB (QL= 40 tabs/28 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| caffeine citrate soln (CAFCIT equiv) | - | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CALC CIT+D3 TAB | OTC | EXC | MINERALS & ELECTROLYTES |
| calcipotriene cream (TRIONEX equiv) | - | EXC | DERMATOLOGICALS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | Select | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| calcipotriene oint | - | Select | DERMATOLOGICALS |
| CALCIPOTRIENE SOLN | - | Select | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | Select | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | High Cost Generics | DERMATOLOGICALS |
| calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| calcitonin inj (MIACALCIN equiv) | - | High Cost Generics | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitonin nasal spray (MIACALCIN equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| calcitriol soln (CALCITRIOL equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCIUM 1200 CHEW | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM 600 TAB +D | - | EXC | MINERALS & ELECTROLYTES |
| calcium acetate cap (PHOSLO equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| CALCIUM ALGINATE-SILVER ROPE 1/4"X12" | OTC | Preferre d Brands | DERMATOLOGICALS |
| CALCIUM AND PHOS W/ VIT D CHEW TAB | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM CARB SUSP | OTC | EXC | ANTACIDS |
| CALCIUM CARBONATE DISINTEGRATING TAB | - | EXC | ANTACIDS |
| calcium carbonate-vitamin d tab (CALCIUM/VITAMIN D equiv) | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM CHEW | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM D-CAP GLUCARAT | OTC | EXC | ALTERNATIVE MEDICINES |
| CALCIUM GLU/NACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM GLUCONATE CAP | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM GLUCONATE INJ | - | EXC | MINERALS & ELECTROLYTES |
| calcium gluconate inj (CALCIUM GLUCONATE equiv) | - | EXC | MINERALS & ELECTROLYTES |
| calcium gluconate-nacl iv soln (CALCIUM GLU/NACL equiv) | - | EXC | MINERALS & ELECTROLYTES |
| calcium phos-cholecalcif chew tab | - | EXC | MINERALS & ELECTROLYTES |
| CALCIUM W/ MAGNESIUM POWDER | OTC | EXC | MINERALS & ELECTROLYTES |
| CALCIUM/MAGNESIUM CARBONATES TAB | OTC | EXC | ANTACIDS |
| CALCIUM/MAGNESIUM/ZINC TAB | OTC | EXC | MINERALS & ELECTROLYTES |
| CALIBRATION LIQUID | OTC | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| CALCIUM GLUCONATE/NACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| CAL-MAG TAB | OTC | EXC | MINERALS & ELECTROLYTES |
| CALOMIST NASAL SPRAY | - | Non-Pref erred Brands | HEMATOPOIETIC AGENTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| CALQUENCE CAP (QL= 2 caps/day) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALQUENCE TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALSODORE PAK | - | EXC | DERMATOLOGICALS |
| CAMBIA POWDER (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)) | QL-ST | Non-Preferred Brands | MIGRAINE PRODUCTS |
| CAMCEVI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAMPATH INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| camphor-menthol-methyl salicylate gel (NEURACIN equiv) | - | EXC | DERMATOLOGICALS |
| CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH | - | EXC | DERMATOLOGICALS |
| CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555) | LD-PA-QL | Non-Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| CANASA SUPP (QL= 1 tab/day) | QL | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select | ANTIHYPERTENSIVES |
| CAPASTAT INJ | - | NC | ANTIMYCOBACTERIAL AGENTS |
| capecitabine tab (XELODA equiv) | PMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | Non-Preferred Brands | DERMATOLOGICALS |
| CAPHOSOL SOLN | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CAPMIST DM TAB (QL= 4 tabs/day) | QL | Preferred Brands | COUGH/COLD/ALLERGY |
| CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRON DM LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| capsaicin cream | - | EXC | DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors) | ST | High Cost Generics | ANTIHYPERTENSIVES |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug) | ST | Preferred Brands | ANTIHYPERTENSIVES |

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|--|---------------------|-------------------------|--|
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | ST-- | Select | ANTIHYPERTENSIVES |
| CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older) | QL-VAC | Preventive | VACCINES |
| CARAC CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| CARAC CREAM 0.5% | - | Non-Preferred Brands | DERMATOLOGICALS |
| CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER | OTC | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| CARBAGLU TAB (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carbamazepine chew tab (TEGRETOL equiv) | - | Select | ANTICONVULSANTS |
| CARBAMAZEPINE CHEW TAB 200MG (Step therapy requires trial of carbamazepine 100mg chew tab) | ST | Non-Preferred Brands | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | Select | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | Select | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | Select | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | Select | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA ODT TAB | - | Non-Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | Select | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | Non-Preferred Brands | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN (QL= 40ml/day) | QL | Preferred Brands | ANTIHISTAMINES |
| CARBINOXAMINE SOLN (QL= 40ml/day) | QL | Select | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days) | QL | Select | ANTIHISTAMINES |
| CARBOPROST TROMETHAMINE IM SOLN PREF SYR | - | EXC | OXYTOCICS |
| CARDIOCHEK MIS PLUS | - | EXC | MEDICAL DEVICES AND SUPPLIES |

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| CARDURA XL TAB | - | Non-Pref erred Brands | GENITOURINARY AGENTS - MISCELLANEOUS |
| carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | EXC | DERMATOLOGICALS |
| CARMUSTINE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CARNITEX CAP | OTC | EXC | NUTRIENTS |
| CARNITOR INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CAROSPIR SUSP (QL= 600ml/30 days; ST req trial of furosemide oral soln) | QL-ST | Non-Pref erred Brands | DIURETICS |
| CARTEOLOL OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | Select | OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | High Cost Generics | BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | Select | BETA BLOCKERS |
| CARVYKTI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CASGEVY INJ | - | EXC | HEMATOPOIETIC AGENTS |
| CASHEW NUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| CASTOR OIL POLY 40 | - | EXC | CHEMICALS |
| CATAPRES-TTS PATCH | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD | Preferre d Specialty | ANTI-INFECTIVE AGENTS - MISC. |
| CEFACLOR CAP | - | Non-Pref erred Brands | CEPHALOSPORINS |
| CEFACLOR ER TAB | - | Non-Pref erred Brands | CEPHALOSPORINS |
| CEFACLOR SUSP | - | Non-Pref erred Brands | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | Select | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | Select | CEPHALOSPORINS |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|--------------------------------|
| CEFADROXIL TAB | - | Non-Pref erred Brands | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | Select | CEPHALOSPORINS |
| CEFAZOLIN INJ | - | EXC | CEPHALOSPORINS |
| CEFAZOLIN INJ DEXTROSE | - | EXC | CEPHALOSPORINS |
| CEFAZOLIN SODIUM IV SOLN PREF SYRINGE | - | EXC | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | Select | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | Select | CEPHALOSPORINS |
| CEFDITOREN TAB | - | Non-Pref erred Brands | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | Select | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | Select | CEPHALOSPORINS |
| cefotetan disodium for inj (CEFOTETAN equiv) | - | EXC | CEPHALOSPORINS |
| CEFOTETAN INJ | - | EXC | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | Select | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | Select | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | Select | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | Select | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | Select | CEPHALOSPORINS |
| celecoxib cap (CELEBREX equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| CELERY INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| CELONTIN CAP (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| CENTANY OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| cephalexin cap (KEFLEX equiv) | - | Select | CEPHALOSPORINS |
| cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap) | QL-ST | High Cost Generics | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | Select | CEPHALOSPORINS |
| cephalexin tab | - | Select | CEPHALOSPORINS |
| CEQUA (PF) OPHTH SOLN (Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| CEQR SIMPLICITY 2U (QL= 10 patches/30 days) | QL | Non-Pref erred Brands | MEDICAL DEVICES AND SUPPLIES |
| CEQR SIMPLICITY INSERTER (QL= 1 inserter/lifetime) | QL | Non-Pref erred Brands | MEDICAL DEVICES AND SUPPLIES |
| CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Preferre d Specialty | HEMATOPOIETIC AGENTS |
| CERVARIX INJ | VAC | Preventi ve | VACCINES |
| CERVICAL CAP | - | Preventi ve | MEDICAL DEVICES AND SUPPLIES |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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|--|---------------------|--------------------------------|---|
| CERVIDIL INSERTS | - | Non-Pref erred Brands | OXYTOCICS |
| CESAMET CAP (Step Therapy requires trial of ondansetron) | ST | Non-Pref erred Brands | ANTIEMETICS |
| cetirizine hcl orally disintegrating tab (ZYRTEC equiv) | OTC | EXC | ANTIHISTAMINES |
| cetirizine/pseudoephedrine tab 5-120mg | - | EXC | COUGH/COLD/ALLERGY |
| cetrorelix acetate kit (CETROTIDE equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETROTIDE KIT | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETYLEV TAB | - | Non-Pref erred Brands | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | Non-Pref erred Brands | ANTIDOTES |
| CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs) | ST | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| CHICKEN MEAT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| chlordiazepoxide cap (LIBRIUM equiv) | - | Select | ANTI-ANXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | Select | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | Select | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | Select | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | Select | DIURETICS |
| CHLORPROMAZINE CONC (QL= 800ml/30 days) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CHLORPROMAZINE CONC 100MG/ML (QL= 2000ml/30 days) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CHLORPROMAZINE CONC 30MG/ML (QL= 600ml/30 days) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpromazine hcl inj | - | EXC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpromazine tab (THORAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorthalidone tab | - | Select | DIURETICS |
| chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab (QL= 4 tabs/day) | QL-ST | Select | MUSCULOSKELETAL THERAPY AGENTS |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------|---|
| chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| CHOLECALCIFEROL CHEW TAB | OTC | EXC | VITAMINS |
| cholecalciferol tab (VITAMIN D3 equiv) | - | EXC | VITAMINS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| CHOLINE-SILICON LIQUID | - | EXC | ALTERNATIVE MEDICINES |
| CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET | - | EXC | DERMATOLOGICALS |
| CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH) | PA-QL | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| CIBINQO TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| cicatrace kit (REXASIL equiv) | - | High Cost Generics | DERMATOLOGICALS |
| CICLODAN KIT | - | NC | DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC SOLN equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | Select | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | Preferred Brands | ANTIVIRALS |
| CIMERLI INJ | - | EXC | OPHTHALMIC AGENTS |
| CIMETIDINE SOLN | - | Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| cimetidine soln (CIMETIDINE equiv) | - | Select | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | - | Select | ULCER DRUGS |
| CIMZIA INJ | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA INJ (QL= 2 inj/28 days) | --PA-PMSP-QL | Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINNAMON-CHROMIUM-BIOTIN TAB | - | EXC | ALTERNATIVE MEDICINES |
| CINQAIR INJ (QL= 4 vials/28 days) | M-PA-PMSP-QL | Non-Pref erred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| CINRYZE INJ (QL= 16 vials/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | Select | OTIC AGENTS |
| CIPRO HC OTIC SUSP | - | Non-Pref erred Brands | OTIC AGENTS |
| CIPRO SUSP | - | Select | FLUOROQUINOLONES |
| CIPRODEX | - | Non-Pref erred Brands | OTIC AGENTS |
| CIPROFLOXACIN 100MG TAB | - | Non-Pref erred Brands | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | Select | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | Preferre d Brands | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | Select | FLUOROQUINOLONES |
| ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv) | - | Select | FLUOROQUINOLONES |
| CIRCATA CREAM | - | EXC | DERMATOLOGICALS |
| CISPLATIN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| citalopram soln (CELEXA equiv) | - | Select | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | Select | ANTIDEPRESSANTS |
| CITRULLINE EASY TAB | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLADO SPHAER INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| CLARIFOAM EF FOAM | - | EXC | DERMATOLOGICALS |
| CLARINEX SYRUP | - | EXC | ANTIHISTAMINES |
| CLARINEX TAB | - | Non-Pref erred Brands | ANTIHISTAMINES |
| CLARINEX-D TAB | - | EXC | COUGH/COLD/ALLERGY |
| CLARINEX-D TAB | - | Preferre d Brands | COUGH/COLD/ALLERGY |
| CLARINEX-D TAB 12 HOUR | - | Preferre d Brands | COUGH/COLD/ALLERGY |
| CLARISCAN INJ, DOTAREM INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| CLARITHROMYC SUSP | - | Preferre d Brands | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | Select | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | Select | MACROLIDES |

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|---|---------------------|-----------------------------|----------------------------------|
| CLARITIN CAP | OTC | EXC | ANTIHISTAMINES |
| CLARITIN CHEW TAB | - | EXC | ANTIHISTAMINES |
| CLARITIN CHEW TAB | --OTC | Non-Pref erred Brands | ANTIHISTAMINES |
| CLARITIN-D TAB 10-240MG | - | EXC | COUGH/COLD/ALLERGY |
| CLARITIN-D TAB 5-120MG | - | EXC | COUGH/COLD/ALLERGY |
| CLARITY GEL SUPPORT | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| CLEAR EYES SOLN | - | EXC | OPHTHALMIC AGENTS |
| clemastine fumarate syrup (CLEMASTINE equiv) | OTC | Select | ANTIHISTAMINES |
| CLEMASTINE SYRUP | - | EXC | ANTIHISTAMINES |
| CLEMASTINE TAB | - | Preferre d Brands | ANTIHISTAMINES |
| clemastine tab | - | Select | ANTIHISTAMINES |
| CLENIA PLUS SUSP | - | EXC | DERMATOLOGICALS |
| CLENPIQ SOLN | - | Non-Pref erred Brands | LAXATIVES |
| CLEOCIN PHOSPHATE INJ | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | Non-Pref erred Brands | VAGINAL PRODUCTS |
| CLEOCIN-T GEL (QL= 360g/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| CLEVER CHOIC MIS HEAR AID | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| CLIMARA PATCH (QL= 4 patches/28 days) | QL | Non-Pref erred Brands | ESTROGENS |
| CLIMARA PRO PATCH | - | Non-Pref erred Brands | ESTROGENS |
| CLINDACIN KIT | - | Preferre d Brands | DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | Select | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | Select | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | Select | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | Select | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill) | QL | Select | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZAACLIN equiv) | - | Select | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | --OTC | Select | DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| CLINDAVIX KIT | - | EXC | DERMATOLOGICALS |

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|---|---------------------|-----------------------------|---|
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | Non-Pref erred Brands | VAGINAL PRODUCTS |
| CLINISTIX TES KIDNEY | - | EXC | DIAGNOSTIC PRODUCTS |
| CLINISTIX TEST STRIP | OTC | EXC | DIAGNOSTIC PRODUCTS |
| clobazam susp (ONFI equiv) (QL= 480ml/30 days) | QL | Select | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | Select | ANTICONVULSANTS |
| clobetasol E foam (OLUX E equiv) | - | High Cost Generics | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | Select | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | Select | DERMATOLOGICALS |
| CLOBETASOL OPHTH SUSP (QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| clobetasol propionate cream (TEMOVATE equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | Select | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | Select | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | Select | DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC | DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| CLODERM CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| CLOMID TAB | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | Select | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | Select | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | Select | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | High Cost Generics | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | Select | ANTIHYPERTENSIVES |
| clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days) | QL | Select | HEMATOLOGICAL AGENTS - MISC. |
| clopidogrel tab 75mg (PLAVIX equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | Select | ANTIANKXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | Select | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | Select | DERMATOLOGICALS |
| CLOTRIMAZOLE/BETAMETHASONE LOTION | - | Select | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | Select | DERMATOLOGICALS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| CLOZAPINE ODT (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZARIL TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CNJ-016 INJ | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CO Q-10 CAP | - | EXC | ALTERNATIVE MEDICINES |
| COAGADEX INJ (Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| coal tar shampoo (IONIL-T equiv) | - | EXC | DERMATOLOGICALS |
| COARTEM TAB | - | Non-Pref erred Brands | ANTIMALARIALS |
| COBENFY CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COBENFY CAP STARTER PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COCAINE HCL SOLN | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| COCKROACH INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| COCONUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| COCONUT OIL | - | EXC | ALTERNATIVE MEDICINES |
| CODEINE SULFATE SOLN | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| CODEINE SULFATE TAB | - | High Cost Generics | ANALGESICS - OPIOID |
| CODEINE SULFATE TAB | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| codeine sulfate tab | - | Select | ANALGESICS - OPIOID |
| CODITUSSIN LIQUID DAC (QL= 1200ml/30 days) | QL | Preferre d Brands | COUGH/COLD/ALLERGY |
| COFFEE BEAN CAP | - | EXC | ALTERNATIVE MEDICINES |
| COGNIUM COMPLETE GUMMIES | - | EXC | MULTIVITAMINS |
| colchicine cap (MITIGARE equiv) (QL= 4 caps/day) | QL | High Cost Generics | GOUT AGENTS |
| colchicine tab (COLCRYS equiv) (QL= 4 tabs/day) | QL | Select | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | Select | GOUT AGENTS |
| COLCRYS TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands | GOUT AGENTS |
| cold/allergy elx children (QL= 2400ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol) | ST | High Cost Generics | ANTIHYPERLIPIDEMICS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|---|---------------------|-----------------------------|---|
| colesevelam tab (WELCHOL equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colistimethate inj (COLY-MYCIN M equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| COLLAGEN MATRIX LIQUID | - | EXC | DERMATOLOGICALS |
| COLLAGEN-VITAMIN C TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| COLUMVI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COLY-MYCIN S OTIC SUSP | - | Non-Pref erred Brands | OTIC AGENTS |
| COLY-MYCIN-S SUSP OTIC | - | Non-Pref erred Brands | OTIC AGENTS |
| COMBIGAN OPHTH SOLN (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| COMBIPATCH | - | Non-Pref erred Brands | ESTROGENS |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days) | QL | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVIR TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| COMBOGESIC INJ | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| COMETRIQ KIT (Only available through Optum 877-445-6874) | LD-PA | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMIRNATY INJ | VAC | Preventi ve | VACCINES |
| COMIRNATY INJ 30MCG/0.3ML | VAC | Preventi ve | VACCINES |
| COMPLERA TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| COMPLEX B-100 TAB | - | EXC | MULTIVITAMINS |
| COMPOUND W AER NITROFRE | - | EXC | DERMATOLOGICALS |
| CONCEPT DHA CAP | - | Preferre d Brands | MULTIVITAMINS |
| CONCERTA TAB 18MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CONCERTA TAB 27MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CONCERTA TAB 36MG (QL= 1 tabs/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CONCERTA TAB 54MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| CONDYLOX GEL (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine) | QL-ST | Non-Pref erred Brands | CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib) | QL-ST | Non-Pref erred Brands | CALCIUM CHANNEL BLOCKERS |
| CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days) | QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| CONTOUR METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| CONTOUR NEXT EZ KIT | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| CONTOUR TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| CONTRACEPTIVE FILM | OTC | Preventi ve | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | Preventi ve | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | Preventi ve | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | Preventi ve | VAGINAL PRODUCTS |
| COPAXONE INJ 20MG/ML (QL= 30 syringes/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| COPAXONE INJ 40MG/ML (QL= 12 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| copper gluconate tab | - | EXC | MINERALS & ELECTROLYTES |
| COPPER TAB | - | EXC | MINERALS & ELECTROLYTES |
| COQ10/BLACK PEPPER CAP | - | EXC | ALTERNATIVE MEDICINES |
| COQMAX OMEGA CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| CORDRAN OINTMENT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| CORDRAN TAPE | - | Non-Pref erred Brands | DERMATOLOGICALS |
| CORLANOR SOLN | PA | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB (QL= 60 tabs/30 days) | PA-QL | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| CORN INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| CORTANE-B OTIC SOLN | - | Non-Pref erred Brands | OTIC AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| CORTIC-ND DROPS | - | EXC | OTIC AGENTS |
| CORTIFOAM | - | Non-Preferred Brands | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | Preferred Brands | CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| CORTISPORIN OINT | - | Non-Preferred Brands | DERMATOLOGICALS |
| CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CORVITE TAB | - | EXC | HEMATOPOIETIC AGENTS |
| COSENTYX INJ | - | EXC | DERMATOLOGICALS |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) (QL= 2 inj/56 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| COSOPT OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| COTELLIC TAB (QL= 3 tabs/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COTEMPLA XR ODT 17.3MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| COTEMPLA XR ODT 8.6MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| COVID-19 TEST | OTC | EXC | DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | Preventive | VACCINES |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|--|
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | Preventive | VACCINES |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | Preventive | VACCINES |
| COVID-19 VACCINE INJ (PFIZER) | - | EXC | VACCINES |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | - | EXC | VACCINES |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | --VAC | Preventive | VACCINES |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) | - | EXC | VACCINES |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | VAC | Preventive | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | - | EXC | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | --VAC | Preventive | VACCINES |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) | - | EXC | VACCINES |
| COW MILK INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)) | QL-ST | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| CPB WC LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| CRANBERRY CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| CRANBERRY CAP URIN COM | - | EXC | MULTIVITAMINS |
| CRANBERRY TAB DISINTEGRATING | - | EXC | ALTERNATIVE MEDICINES |
| CRANRX CHW | - | EXC | ALTERNATIVE MEDICINES |
| CREATINE MONOHYDRATE LIQUID | - | EXC | NUTRIENTS |
| CREON CAP | - | Preferred Brands | DIGESTIVE AIDS |
| CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole) | QL-ST | Non-Preferred Brands | ANTIFUNGALS |
| CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole) | QL-ST | Non-Preferred Brands | ANTIFUNGALS |
| CRESEMBA INJ | - | EXC | ANTIFUNGALS |
| CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab) | QL-ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |

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|------|---|------|--|------|-------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|---|---------------------|-------------------------|--|
| CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CRINONE GEL | - | Non-Preferred Brands | VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | Preferred Brands | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | Select | OPHTHALMIC AGENTS |
| CROMOLYN SODIUM OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| CROTAN LOTION (Step therapy requires trial of permethrin cream and lindane) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| cryselle tab | - | Preventive | CONTRACEPTIVES |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC | DIAGNOSTIC PRODUCTS |
| CUE HEALTH MIS MONITOR (QL= 1 kit/year) | QL | Preventive | DIAGNOSTIC PRODUCTS |
| CUPRIMINE CAP | - | Non-Preferred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUVITRU INJ | PA-PMSP | Preferred Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555) | PA-PMSP-LD | Preferred Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUVPOSA SOLN (QL= 9ml/day) | QL | Non-Preferred Brands | ULCER DRUGS |
| CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap) | QL-ST | Non-Preferred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| CVS B12 CHEW | - | EXC | HEMATOPOIETIC AGENTS |
| CVS BALANCED TAB B100 | OTC | EXC | MULTIVITAMINS |
| cyanocobalamin chew tab | - | EXC | HEMATOPOIETIC AGENTS |
| cyanocobalamin inj | - | Select | HEMATOPOIETIC AGENTS |
| cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection) | ST | High Cost Generics | HEMATOPOIETIC AGENTS |
| cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab (FLEXERIL equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------|--|
| cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine) | ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOGYL OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | Select | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | Non-Pref erred Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Pref erred Brands | ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | High Cost Generics | ASSORTED CLASSES |
| CYCLOSPORINE EMULSION 0.1% OPHTH | - | EXC | OPHTHALMIC AGENTS |
| cyclosporine modified cap (NEORAL equiv) | - | Select | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | Select | ASSORTED CLASSES |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days) | QL | Select | OPHTHALMIC AGENTS |
| CYLTEZO AUTO-INJECTOR (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ 10MG/0.2ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ 20MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ CROHNS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ PSORIASIS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO KIT (QL= 2 inj/28 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO KIT CROHNS (QL= 6 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| CYLTEZO PSORIASIS KIT (QL= 4 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| CYMBALTA CAP 20MG (QL= 6 caps/day) | QL | Non-Pref erred Brands | ANTIDEPRESSANTS |
| CYMBALTA CAP 30MG (QL= 4 caps/day) | QL | Non-Pref erred Brands | ANTIDEPRESSANTS |
| CYMBALTA CAP 60MG (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANTIDEPRESSANTS |
| cyproheptadine syrup | - | Select | ANTIHISTAMINES |
| cyproheptadine tab | - | Select | ANTIHISTAMINES |
| CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007) | LD-QL-ST | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007) | LD-QL-ST | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTADROPS SOLN (QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RDX | Non-Pref erred Specialty | OPHTHALMIC AGENTS |
| CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)) | LD-RDX | Preferre d Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)) | LD-QL-RDX | Preferre d Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416) | LD-QL-RDX | Preferre d Specialty | OPHTHALMIC AGENTS |
| CYTARABINE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYTOGAM INJ | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CYTRA K CRYSTALS | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| D.H.E. INJ (QL= 24ml/28 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| D2.5W/NAACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| D5W/NAACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day) | QL | Select | ANTICOAGULANTS |
| DAKLINZA TAB (Only available through Lumicera 855-847-3553) | LMSP-PA | Non-Pref erred Specialty | ANTIVIRALS |
| dalfampridine ER tab (AMPYRA equiv) | AMSP-PA | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|------|--|------|--|------|--|
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|--|---------------------|--------------------------------|--|
| DALIRESP TAB (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| danazol cap (DANOCRINE equiv) (QL= 4 caps/day) | QL | Select | ANDROGENS-ANABOLIC |
| DANDELION (TARAXACUM OFFICINALE) CAP | - | EXC | ALTERNATIVE MEDICINES |
| DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| DAPAGLIF PRO TAB 10MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| DAPAGLIF PRO TAB 5MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| DAPAGLIF-MET TAB 10-1000 (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| DAPAGLIF-MET TAB 5-1000MG (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| dapsone tab | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| DAPTOMY/NACL INJ | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIMALARIALS |
| darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin) | ST | High Cost Generics | URINARY ANTISPASMODICS |
| DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution) | QL-ST | Non-Pref erred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| DARZALEX FASPRO SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| dasatinib tab (SPRYCEL equiv) | AMSP-PA-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| daunorubicin hcl iv soln | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAUNORUBICIN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|---|---------------------|--------------------------------|--|
| DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAVIMET/IRON CHEW | - | EXC | MULTIVITAMINS |
| DAXXIFY INJ | - | EXC | DERMATOLOGICALS |
| DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty | NEUROMUSCULAR AGENTS |
| DAYTRANA PATCH (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate) | QL-ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DAZAVEIDAOXI GEL | - | EXC | DERMATOLOGICALS |
| DAZOMON GEL | - | EXC | DERMATOLOGICALS |
| DDAVP NASAL SOLN | - | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DECON-A LIQUID | OTC | EXC | COUGH/COLD/ALLERGY |
| DEFENCATH SOLN | - | EXC | ANTICOAGULANTS |
| deferasirox granules packet (JADENU equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376) | LD-PA | Preferre d Specialty | CORTICOSTEROIDS |
| deflazacort tab (EMFLAZA equiv) | AMSP-PA | Preferre d Specialty | CORTICOSTEROIDS |
| DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferre d Brands | ANTIDIABETICS |
| DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferre d Brands | ANTIDIABETICS |
| DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferre d Brands | ANTIDIABETICS |
| DELESTROGEN INJ | - | Non-Pref erred Brands | ESTROGENS |
| DELSTRIGO TAB | - | Preferre d Brands | ANTIVIRALS |
| DELZICOL CAP (QL= 6 caps/day) | QL | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| demeclocycline tab (DECLOMYCIN equiv) | - | Select | TETRACYCLINES |

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|--|---------------------|-----------------------------|---|
| DEMEROL TAB (QL= 6 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| DEMSEER CAP (QL= 448 caps/28 days) | PA-QL | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| DENAVIR CREAM (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| DENGVAIXIA SUSP | - | EXC | VACCINES |
| DENOVO PLUS CAP B12 | OTC | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEOXIATAR SOLN | - | EXC | DERMATOLOGICALS |
| DEPAICON INJ | - | NC | ANTICONSULSANTS |
| DEPEN TITRATAB (QL= 16 tabs/day) | QL | Non-Pref erred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| DEPLIN FC CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-ESTRADIOL INJ | - | Non-Pref erred Brands | ESTROGENS |
| DEPO-PROVERA INJ (QL= 1 inj/84 days) | QL | Non-Pref erred Brands | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days) | QL | Preventi ve | CONTRACEPTIVES |
| DEPO-TESTOSTERONE INJ (QL= 1 vial/28 days) | QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| DEPO-TESTOSTERONE INJ (QL= 4 vials/28 days) | QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| DERMACINRX CREAM | - | NC | DERMATOLOGICALS |
| DERMACINRX KIT | - | EXC | DERMATOLOGICALS |
| DERMACINRX KIT (QL= 1 kit/30 days) | --QL | Non-Pref erred Brands | DERMATOLOGICALS |
| DERMAFIX SPRAY | - | EXC | DERMATOLOGICALS |
| DERMALID PAK | - | NC | DERMATOLOGICALS |
| dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days) | QL | Select | DERMATOLOGICALS |
| DERMAZINC BAR SOAP | - | EXC | DERMATOLOGICALS |
| DERMETAZOLE PAK | - | EXC | DERMATOLOGICALS |
| DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | PA-QL-RDX | Preferre d Brands | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | Select | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | Preferre d Brands | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | Select | ANTIHISTAMINES |
| desmopressin acetate inj (DDAVP equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| desmopressin acetate nasal spray (DDAVP equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desonate gel | - | High Cost Generics | DERMATOLOGICALS |
| DESONATE GEL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| desonide cream | - | Select | DERMATOLOGICALS |
| DESONIDE GEL | - | High Cost Generics | DERMATOLOGICALS |
| desonide lotion | - | Select | DERMATOLOGICALS |
| desonide oint | - | Select | DERMATOLOGICALS |
| DESOWEN CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| DESOWEN LOTION | - | Non-Pref erred Brands | DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| DESOWEN OINT KIT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | Select | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | Select | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | Select | DERMATOLOGICALS |
| desoximetasone spray 0.25% (TOPICORT equiv) | - | High Cost Generics | DERMATOLOGICALS |
| DESOXYN TAB (QL= 5 tabs/day; Step therapy requires trial dexamethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day) | QL-ST | Select | ANTIDEPRESSANTS |
| DEX24 INJ | - | EXC | OTIC AGENTS |
| DEXAMETHASONE CONC | - | Preferred Brands | CORTICOSTEROIDS |
| dexamethasone elixir | - | Select | CORTICOSTEROIDS |
| dexamethasone pak (DEXPAK equiv) | - | Select | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | Preferred Brands | CORTICOSTEROIDS |
| dexamethasone tab (DEXAMETHASONE equiv) | - | Select | CORTICOSTEROIDS |

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|---|---------------------|----------------------|---|
| DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days) | QL | Preferred Brands | CORTICOSTEROIDS |
| DEXCHLORPHENIRAMINE SYRUP | - | NC | ANTIHISTAMINES |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| DEXEDRINE CAP 10MG (QL= 120 caps/30 days) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXEDRINE CAP 15MG (QL= 4 caps/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXEDRINE CAP 5MG (QL= 2 caps/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXILANT DR CAP (QL= 1 cap/day) | QL | Non-Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| dexlansoprazole DR cap (DEXILANT equiv) (QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab) | QL-ST | High Cost Generics | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| dexmedetomidine hcl iv soln | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DEXMEDETOMIDINE INJ | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXPAK TAB (Step Therapy requires trial of dexamethasone) | ST | Preferred Brands | CORTICOSTEROIDS |
| DEXTENZA OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| dextroamphetamine 5mg tab (QL= 180 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| dextroamphetamine ER cap 15mg (QL= 4 caps/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab 10mg (QL= 6 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXTROMETHORPHAN HBR CHEW TAB | - | EXC | COUGH/COLD/ALLERGY |
| dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv) | - | EXC | COUGH/COLD/ALLERGY |
| dextromethorphan-pyrimilamine liquid (CAPRON equiv) | - | EXC | COUGH/COLD/ALLERGY |
| dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NAACL equiv) | - | EXC | MINERALS & ELECTROLYTES |
| dextrose w/ sodium chloride inj 5%-0.225% (DW5-NAACL equiv) | - | EXC | MINERALS & ELECTROLYTES |
| dextrose w/ sodium chloride inj 5%-0.3% (D5W/NAACL equiv) | - | EXC | MINERALS & ELECTROLYTES |
| DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab) | QL-ST | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| DIABETIC METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | Non-Pref erred Specialty | ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | Non-Pref erred Specialty | ANTICONVULSANTS |
| DIADIMAXIA, DIASDIMAXIA CREAM | - | EXC | DERMATOLOGICALS |
| DIALYVITE TAB | - | Select | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | Select | MULTIVITAMINS |
| DIAOXIA, DIASOXIA CREAM | - | EXC | DERMATOLOGICALS |
| DIAPHRAGM | - | Preventi ve | MEDICAL DEVICES AND SUPPLIES |
| DIASAXIATAR CREAM | - | EXC | DERMATOLOGICALS |
| DIASAXIATAR GEL | - | EXC | DERMATOLOGICALS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|---|---------------------|-----------------------------|--------------------------------|
| DIASTAT ACDL GEL (QL= 4 doses/fill) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| diatrizoate meglumine/sodium oral soln (GASTROGRAFIN equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| diazepam conc (VALIUM equiv) | - | Select | ANTIAXIETY AGENTS |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | Preferre d Brands | ANTICONVULSANTS |
| diazepam oral soln (QL= 360ml/30 days) | QL | Select | ANTIAXIETY AGENTS |
| diazepam rectal gel (QL= 4 doses/fill) | QL | Select | ANTICONVULSANTS |
| diazepam tab (VALIUM equiv) | - | Select | ANTIAXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | Select | ANTIDIABETICS |
| dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty | DIURETICS |
| DICLEGIS TAB (QL= 120 tabs/30 days) | QL | Non-Pref erred Brands | ANTIEMETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month) | QL | Select | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) | - | Select | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets) | QL-ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day) | QL | Select | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets) | QL-ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK | - | EXC | DERMATOLOGICALS |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium gel kit (VENNGEL equiv) | - | Select | DERMATOLOGICALS |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | Select | OPHTHALMIC AGENTS |
| diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln) | ST | High Cost Generics | DERMATOLOGICALS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH | - | EXC | DERMATOLOGICALS |
| diclofenac soln 1.5% (PENNSAID equiv) | - | Select | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| DICLONA GEL | - | EXC | DERMATOLOGICALS |
| DICLONA+ PAD | - | EXC | DERMATOLOGICALS |
| DICLOTREX PAK | - | NC | DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | Select | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | Select | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | Select | ULCER DRUGS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| dicyclomine tab (BENTYL equiv) | - | Select | ULCER DRUGS |
| DIDANOSINE DR CAP (QL= 2 caps/day) | QL | Preferred Brands | ANTIVIRALS |
| didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day) | QL | Select | ANTIVIRALS |
| DIETHYLPROPION ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| diethylpropion tab | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIFFERIN CREAM (QL= 360g/30 days) | QL | Non-Preferred Brands | DERMATOLOGICALS |
| DIFFERIN GEL (QL= 360g/30 days) | QL | Non-Preferred Brands | DERMATOLOGICALS |
| DIFFERIN GEL 0.1% | OTC | EXC | DERMATOLOGICALS |
| DIFFERIN LOTION (QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/30 days) | QL | Preferred Brands | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/30 days) | QL | Preferred Brands | MACROLIDES |
| DIFLORASONE CREAM, PSORCON CREAM (Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| diflorasone oint | - | High Cost Generics | DERMATOLOGICALS |
| diflunisal tab (DOLOBID equiv) | - | Select | ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |
| DIGESTIVE ENZYME CAP DELAYED RELEASE | OTC | EXC | DIGESTIVE AIDS |
| DIGITAL THERAPY APPLICATION | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| DIGITAL THERAPY APPLICATION - WOMENS HEALTH | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| digoxin soln (LANOXIN equiv) | - | High Cost Generics | CARDIOTONICS |
| DIGOXIN SOLN | - | Non-Preferred Brands | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | Select | CARDIOTONICS |
| digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day) | QL | Select | CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| DIHYDROBERBERINE CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| DILANTIN CAP 30MG | - | Preferred Brands | ANTICONVULSANTS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|--|
| DILAUDID INJ | - | EXC | ANALGESICS - OPIOID |
| DILAUDID LIQUID | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| diltiazem ER cap (CARDIZEM CD equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| DIMETAPP LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| dimethicone cream (DERMACINRX equiv) | - | EXC | DERMATOLOGICALS |
| dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIOOXIA CREAM | - | EXC | DERMATOLOGICALS |
| DIPENTUM CAP | - | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Select | ANTIHISTAMINES |
| DIPHENHYDRAMINE ELIXIR | - | Preferre d Brands | ANTIHISTAMINES |
| diphenhydramine inj | - | Select | ANTIHISTAMINES |
| diphenhydramine-phenylephrine tab | - | EXC | COUGH/COLD/ALLERGY |
| diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv) | - | EXC | COUGH/COLD/ALLERGY |
| DIPHENOXYLATE/ATROPINE LIQUID | - | Preferre d Brands | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | Select | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | Select | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIUREX ULTRA TAB | OTC | EXC | DIURETICS |
| DIURIL SUSP | - | Preferre d Brands | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | Select | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | Select | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | Select | ANTICONVULSANTS |
| DIVIGEL GEL (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | Non-Pref erred Brands | ESTROGENS |
| DIVIGEL GEL 1.25MG/1.25GM (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | Non-Pref erred Brands | ESTROGENS |
| DIVIGEL GEL, ELESTRIN GEL | - | Non-Pref erred Brands | ESTROGENS |
| DOBUTAMINE INJ | - | EXC | CARDIOTONICS |
| docetaxel inj | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier | Category |
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| DOCIVYX INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DOCK-SORREL INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| DOCUSATE SYRUP | - | EXC | LAXATIVES |
| dofetilide cap (TIKOSYN equiv) | - | High Cost Generics | ANTIARRHYTHMICS |
| DOG EPITHELI INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523) | LD-PA | Non-Preferred Specialty | NUTRIENTS |
| DOLOBID TAB (QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone) | QL-ST | Non-Preferred Brands | ANALGESICS - NONNARCOTIC |
| DOLOPHINE TAB 10MG (QL= 4 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| DOLOPHINE TAB 5MG (QL= 8 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| donepezil ODT (ARICEPT equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONG QUAI CAP | - | EXC | ALTERNATIVE MEDICINES |
| DONNATAL ELIXIR (QL= 1200ml/30 days) | QL | Non-Preferred Brands | ULCER DRUGS |
| DONNATAL TAB (QL= 8 tabs/day) | QL | Non-Preferred Brands | ULCER DRUGS |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR) | QL-ST | Non-Preferred Brands | TETRACYCLINES |
| DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Non-Preferred Brands | TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) | - | Select | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Select | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | Select | OPHTHALMIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|---|
| DOVATO TAB | - | Non-Pref erred Brands | ANTIVIRALS |
| doxazosin tab (CARDURA equiv) | - | Select | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day) | QL | Select | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | Select | ANTIDEPRESSANTS |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus) | ST | High Cost Generics | DERMATOLOGICALS |
| DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | High Cost Generics | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| doxercalciferol cap (HECTOROL equiv) | - | High Cost Generics | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DOXIL INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| doxorubicin hcl inj (ADRIAMYCIN equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DOXORUBICIN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| doxycycline hyclate cap (QL= 2 caps/day) | QL | Select | TETRACYCLINES |
| doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day) | QL | Select | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics | TETRACYCLINES |
| doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Select | TETRACYCLINES |
| doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics | TETRACYCLINES |
| doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics | TETRACYCLINES |
| doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day) | QL | Select | TETRACYCLINES |
| doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets) | QL-ST | High Cost Generics | TETRACYCLINES |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate) | ST | High Cost Generics | TETRACYCLINES |
| doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets) | QL-ST | High Cost Generics | TETRACYCLINES |
| doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day) | QL | High Cost Generics | TETRACYCLINES |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | Select | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | Select | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day) | QL | Select | TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate 50mg or 100mg tablets) | QL-ST | High Cost Generics | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | Select | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days) | QL | Select | ANTIEMETICS |
| DOXYLAMINE-DM CHEW TAB | - | EXC | COUGH/COLD/ALLERGY |
| doxylamine-dm liquid (ROBITUSSIN equiv) | - | EXC | COUGH/COLD/ALLERGY |
| D-PENAMINE TAB | - | Preferred Brands | ASSORTED CLASSES |
| DRIZALMA DR CAP | - | Non-Preferred Brands | ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) (QL= 2 caps/day) | QL | Select | ANTIEMETICS |
| drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | Preventive | CONTRACEPTIVES |
| DROXIA CAP | - | Preferred Brands | HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | AMSP | Generic Specialty | VASOPRESSORS |
| DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT | - | EXC | DIAGNOSTIC PRODUCTS |
| DRYSOL SOLN | - | Preferred Brands | DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC | ANALGESICS - OPIOID |
| DUAC GEL | OTC | Non-Preferred Brands | DERMATOLOGICALS |
| DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DUETACT TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Preferred Brands | ANTIDIABETICS |
| DUEXIS TAB | - | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| DULERA AER 100-5MCG | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DULERA AER 200-5MCG | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|---|---------------------|-------------------------|---|
| DULERA INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day) | QL | High Cost Generics | ANTIDEPRESSANTS |
| duloxetine EC cap 20mg (QL= 6 caps/day) | QL | Select | ANTIDEPRESSANTS |
| duloxetine EC cap 30mg (QL= 4 caps/day) | QL | Select | ANTIDEPRESSANTS |
| duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day) | QL | Select | ANTIDEPRESSANTS |
| DULOXICAINE PACK | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| DUOVISC KIT | - | EXC | OPHTHALMIC AGENTS |
| DUPIXENT INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 syringes/28 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| DURAGESIC PATCH (QL=15 patches/30 days) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| DUREZOL OPHTH EMULSION (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp) | QL-ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| DURLAZA CAP | - | Non-Preferred Brands | HEMATOLOGICAL AGENTS - MISC. |
| dutasteride cap (AVODART equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap) | ST | High Cost Generics | GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers) | QL-ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| DUVYZAT ORAL SUSP (QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Preferred Specialty | NEUROMUSCULAR AGENTS |
| DUZALLO TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands | GOUT AGENTS |
| DW5-NACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln) | ST | Non-Preferred Brands | CORTICOSTEROIDS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DYCLOPRO SOLN | - | EXC | DERMATOLOGICALS |
| DYMISTA SPRAY | - | Non-Pref erred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone) | ST | Non-Pref erred Brands | DIURETICS |
| E-400 SELENIUM CAP | - | EXC | MULTIVITAMINS |
| EASTERN COTTONWOOD INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| EASY TOUCH PEN NEEDLE | - | NC | MEDICAL DEVICES AND SUPPLIES |
| EBGLYSS INJ (QL= 2ml/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| EB-N3 DR CAP | - | EXC | MULTIVITAMINS |
| ECHINACEA-VITAMIN C CHEW TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| ECONASIL KIT | - | NC | DERMATOLOGICALS |
| econazole cream (SPECTAZOLE equiv) | - | Select | DERMATOLOGICALS |
| ECOZA FOAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| edaravone inj (RADICAVA equiv) | - | EXC | NEUROMUSCULAR AGENTS |
| EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| EDURANT TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| EFAVIRENZ CAP | - | Select | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | Select | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | Select | ANTIVIRALS |
| EFFIENT TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | HEMATOLOGICAL AGENTS - MISC. |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|---|
| EFLORNITHINE POWDER | - | EXC | CHEMICALS |
| EGATEN TAB | - | Non-Pref erred Brands | ANTHELMINTICS |
| EGRIFTA INJ | - | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELAHERE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ELDERBERRY-VITAMIN C-ZINC CHEW TAB | - | EXC | ALTERNATIVE MEDICINES |
| electrolyte-a solution (PLASMA-LYTE equiv) | - | EXC | MINERALS & ELECTROLYTES |
| ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| ELEVIDYS KIT | - | EXC | NEUROMUSCULAR AGENTS |
| ELFABRIO SOLN | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days) | QL | Preferre d Brands | ANTICOAGULANTS |
| ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferre d Brands | ANTICOAGULANTS |
| ELIQUIS TAB 5MG (QL= 74 tabs/30 days) | QL | Preferre d Brands | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | Preventi ve | CONTRACEPTIVES |
| ELLENCEN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ELMIRON CAP | - | Preferre d Brands | GENITOURINARY AGENTS - MISCELLANEOUS |
| ELREXFIO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| eluryng vaginal ring (NUVARING equiv) | - | Preventi ve | CONTRACEPTIVES |
| ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| EMADINE OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| EMBOLIZATION MICROSPHERES PREFILLED SYRINGE | - | EXC | MEDICAL DEVICES AND SUPPLIES |

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|------|--|------|--|------|--|
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|--|---------------------|-------------------------|--|
| EMCYT CAP | - | Non-Preferred Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Preferred Brands | ANTIEMETICS |
| EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Preferred Brands | ANTIEMETICS |
| EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Preferred Brands | ANTIEMETICS |
| EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Non-Preferred Brands | ANTIEMETICS |
| EMEND SUSP (QL= 3 doses/fill, 2 fills/month) | QL | Non-Preferred Brands | ANTIEMETICS |
| EMETROL CHEW TAB | - | EXC | ANTACIDS |
| EMFLAZA SUSP (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty | CORTICOSTEROIDS |
| EMFLAZA TAB (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty | CORTICOSTEROIDS |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | Preferred Brands | MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | Non-Preferred Brands | MIGRAINE PRODUCTS |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| EMSAM PATCH | - | Non-Preferred Brands | ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preventive | ANTIVIRALS |
| EMTRIVA CAP (QL= 1 cap/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands | ANTIVIRALS |
| EMVERM TAB | - | Non-Preferred Brands | ANTHELMINTICS |

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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|--------------------------------|---|
| ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER) | ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab) | QL-ST | High Cost Generics | ANTIHYPERTENSIVES |
| enalapril tab (VASOTEC equiv) | - | Select | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| enalaprilat inj | - | EXC | ANTIHYPERTENSIVES |
| ENBREL INJ (QL= 8 inj/28 days) | PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | AMSP-PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | AMSP-PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACKET (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps) | LMSP-QL-ST | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| ENDEAVORRX | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| ENDOMETRIN INSERT | PA | Preferre d Brands | VAGINAL PRODUCTS |
| ENDUR-AMIDE TAB | - | EXC | VITAMINS |
| ENERGY B-12 TAB | - | EXC | HEMATOPOIETIC AGENTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | Preventi ve | VACCINES |
| ENGLISH PLAN INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ENGLISH WALNUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| ENJAYMO SOLN | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| enoxaparin inj (LOVENOX equiv) | - | Select | ANTICOAGULANTS |
| enoxaparin inj 300mg (LOVENOX equiv) | - | Select | ANTICOAGULANTS |
| ENOXILUV KIT INJ | OTC | EXC | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | Preventi ve | CONTRACEPTIVES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSE |
| ENSTILAR FOAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | Select | ANTIPARKINSON AGENTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil) | QL-ST | Non-Pref erred Brands | GENITOURINARY AGENTS - MISCELLANEOUS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | Generic Specialty | ANTIVIRALS |
| ENTEREG CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ENTRESTO CAP (QL= 8 caps/day) | QL | Preferre d Brands | CARDIOVASCULAR AGENTS - MISC. |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | Preferre d Brands | CARDIOVASCULAR AGENTS - MISC. |
| ENTYVIO INJ (QL= 1.36ml/28 days) | PA-PMSP-QL | Preferre d Specialty | GASTROINTESTINAL AGENTS - MISC. |
| ENVARUSUS XR TAB | - | Non-Pref erred Brands | ASSORTED CLASSES |
| EOHILIA SUS 2MG/10ML (Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)) | RDX-ST | Preferre d Brands | CORTICOSTEROIDS |
| EPANED SOLN (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab) | QL-ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| EPCLUSA PAK (QL= 1 packet/day) | AMSP-PA-QL | Non-Pref erred Specialty | ANTIVIRALS |
| EPCLUSA TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANTIVIRALS |
| ephedrine hcl tab (PRIMATENE equiv) | OTC | EXC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| EPHEDRINE SULF-NACL SOLN PREF SYR | - | EXC | VASOPRESSORS |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | Preferre d Specialty | ANTICONVULSANTS |
| EPIDUO FORTE GEL 0.3-2.5% | - | Non-Pref erred Brands | DERMATOLOGICALS |
| EPIDUO GEL 0.1-2.5% | - | Non-Pref erred Brands | DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | High Cost Generics | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| epinephrine inj | - | High Cost Generics | VASOPRESSORS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---------------------|-------------------------|---|
| EPINEPHRINE INJ | - | Preferred Brands | VASOPRESSORS |
| epinephrine inj (ADRENALIN equiv) | - | Select | VASOPRESSORS |
| EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill) | QL | Select | VASOPRESSORS |
| EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill) | QL | Select | VASOPRESSORS |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | Select | VASOPRESSORS |
| EPINEPHRINE PF INJ 1 MG/ML | - | Non-Preferred Brands | VASOPRESSORS |
| EPINEPHRINE SOLN | - | EXC | VASOPRESSORS |
| EPIPEN (JR) INJ | - | Non-Preferred Brands | VASOPRESSORS |
| EPIVIR HBV SOLN (QL= 720ml/30 days) | PMSP-QL | Preferred Specialty | ANTIVIRALS |
| EPIVIR HBV TAB (QL= 1 tab/day) | PMSP-QL | Non-Preferred Specialty | ANTIVIRALS |
| EPIVIR SOLN (QL= 960ml/30 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| EPIVIR TAB 150MG (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| EPIVIR TAB 300MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| EPKINLY INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| eplerenone tab (INSPRA equiv) | - | Select | ANTIHYPERTENSIVES |
| EPOGEN/PROCRIT (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp) | AMSP-QL-ST | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| EPOGEN/PROCRIT (QL= 4 vials/30 days; Step therapy requires trial of Retacrit or Aranesp) | AMSP-QL-ST-PMSP | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| EPRONTIA SOLN (QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps) | QL-ST | Non-Preferred Brands | ANTICONVULSANTS |
| EPSOLAY CREAM | - | Preferred Brands | DERMATOLOGICALS |
| EPZICOM TAB (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| EQL REDNESS RELIEF DROP | OTC | EXC | OPHTHALMIC AGENTS |
| EQUETRO CAP | - | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERGOLOID MESYLATES TAB | - | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|-----------------------------|---|
| ERGOMAR SL TAB | - | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| ERGOTHIONEINE CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| eribulin mesylate inj (HALAVEN equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERIVEDGE CAP (QL= 1 cap/day) | AMSP-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | AMSP-PA-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB 240MG (QL= 1 tab/day) | PA-PMSP-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLOTINIB HCL (BULK) POWDER | - | EXC | CHEMICALS |
| erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab) | QL-ST | Non-Pref erred Brands | THYROID AGENTS |
| ERTACZO CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ERY PAD | - | Select | DERMATOLOGICALS |
| ERYGEL GEL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ERYTHROCIN INJ | - | EXC | MACROLIDES |
| ERYTHROCIN TAB | - | Non-Pref erred Brands | MACROLIDES |
| ERYTHROMYCIN CAP DR | - | Preferre d Brands | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | Select | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | Preferre d Brands | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | Select | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | Non-Pref erred Brands | MACROLIDES |
| erythromycin gel | - | Select | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|--------------------------------|--|
| erythromycin lactobionate for inj (ERYTHROCIN equiv) | - | EXC | MACROLIDES |
| erythromycin ophth oint | - | Select | OPHTHALMIC AGENTS |
| erythromycin pad | - | Select | DERMATOLOGICALS |
| erythromycin soln | - | Select | DERMATOLOGICALS |
| erythromycin tab (ERY-TAB equiv) | - | Select | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | Select | MACROLIDES |
| erythromycin/benzoyl peroxide gel | - | Select | DERMATOLOGICALS |
| ERZOFRI INJ 117MG/0.75ML | - | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERZOFRI INJ 156MG/ML | - | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERZOFRI INJ 234MG/1.5ML | - | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERZOFRI INJ 351MG/2.25ML | - | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERZOFRI INJ 39MG/0.25ML | - | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERZOFRI INJ 78MG/0.5ML | - | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ESBRIET CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | RESPIRATORY AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) | - | Select | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | Select | ANTIDEPRESSANTS |
| ESGIC TAB | - | Non-Pref erred Brands | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | EXC | DERMATOLOGICALS |
| esomeprazole cap (NEXIUM equiv) | - | Select | ULCER DRUGS |
| esomeprazole DR granule pack (NEXIUM equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| esomeprazole magnesium DR tab (NEXIUM equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ESOMEPRAZOLE STRONTIUM CAP | - | Preferre d Brands | ULCER DRUGS |
| ESOMEPRAZOLE-EZS KIT | - | EXC | ULCER DRUGS |
| estazolam tab (PROSOM equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | Select | ESTROGENS |
| ESTRACE VAGINAL CREAM | - | Non-Pref erred Brands | VAGINAL PRODUCTS |
| estradiol cream (ESTRACE equiv) | - | Select | VAGINAL PRODUCTS |
| estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | High Cost Generics | ESTROGENS |
| estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days) | QL | Select | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days) | QL | Select | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | Select | ESTROGENS |
| estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | High Cost Generics | ESTROGENS |
| estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | High Cost Generics | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) | - | Select | VAGINAL PRODUCTS |
| estradiol valerate inj (ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring) | ST | High Cost Generics | ESTROGENS |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | Select | ESTROGENS |
| ESTRING (QL= 1 ring/90 days; 3 copays per Rx) | QL | Preferre d Brands | VAGINAL PRODUCTS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ethacrynic tab (EDECIN equiv) | - | High Cost Generics | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | Select | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | Select | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | - | Preferre d Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etoposide cap (VEPESID equiv) | - | Select | ANTINEOPLASTICS |
| etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| EULEXIN CAP (QL= 6 caps/day) | QL | Non-Pref erred Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EURAX CREAM | OTC | EXC | DERMATOLOGICALS |
| EVAMIST SPRAY | - | Non-Pref erred Brands | ESTROGENS |

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|---|---------------------|--------------------------------|---|
| EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| EVEKEO TAB | - | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| EVENING PRIMROSE OIL CAP | - | EXC | NUTRIENTS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSE |
| everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVISTA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EVIVO LIQUID | - | NC | ANTIDIARRHEALS |
| EVOCLIN FOAM (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| EVOTAZ TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | NEUROMUSCULAR AGENTS |
| EVUSHELD SOLN | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY) | ST | Non-Pref erred Brands | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY) | ST | Non-Pref erred Brands | ANTIDOTES |
| EXALGO TAB 12MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| EXALGO TAB 16MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| EXALGO TAB 32MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| EXALGO TAB 8MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | Non-Pref erred Brands | DERMATOLOGICALS |

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|---|---------------------|--------------------------------|--|
| EXELON PATCH (QL= 1 patch/day) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) | - | Preventi ve | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXFORGE HCT TAB (QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab) | QL-ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferre d Specialty | NEUROMUSCULAR AGENTS |
| EXTAVIA INJ (QL= 14 kits/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EXTENCILLINE INJ | - | EXC | PENICILLINS |
| EXTINA FOAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| EYLEA HD INJ | - | EXC | OPHTHALMIC AGENTS |
| EYLEA INJ | - | EXC | OPHTHALMIC AGENTS |
| EYSUVIS OPHTH SUSP | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) | QL | Select | ANTIHYPERLIPIDEMICS |
| EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day) | QL | Select | ANTIHYPERLIPIDEMICS |
| FABHALTA CAP (QL= 60 caps/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| FABIOR AEROSOL FOAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| FACTIVE TAB | - | Non-Pref erred Brands | FLUOROQUINOLONES |
| FALESSA KIT | - | Non-Pref erred Brands | CONTRACEPTIVES |
| famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month) | QL | Select | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | Select | ULCER DRUGS |
| famotidine tab (PEPCID equiv) | - | Select | ULCER DRUGS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| FANAPT TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen) | LD-ST | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FARXIGA TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIDIABETICS |
| FASENRA INJ (QL= 1 syringe/56 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FASENRA INJ 10MG/0.5ML (QL= 1 syringe/56 days) | M-PA-PMSP-QL | Non-Pref erred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FASENRA PEN INJ (QL= 1 pen/56 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| febuxostat tab (ULORIC equiv) (QL= 1 tab/day) | QL | Select | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) (QL= 30ml/day) | QL | Select | ANTICONVULSANTS |
| felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day) | QL | Select | ANTICONVULSANTS |
| felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| FELBATOL SUSP (QL= 30ml/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| FELBATOL TAB 400MG (QL= 9 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| FELBATOL TAB 600MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | Non-Pref erred Brands | VAGINAL PRODUCTS |
| FEMALE CONDOMS | OTC | Preventi ve | MEDICAL DEVICES AND SUPPLIES |
| FEMLYV TAB (QL= 28 tabs/24 days) | QL | Non-Pref erred Brands | CONTRACEPTIVES |
| FEMRING (3 copays per Rx) | - | Non-Pref erred Brands | VAGINAL PRODUCTS |
| FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | Select | ANTIHYPERLIPIDEMICS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|----------------------|--|
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | Preferred Brands | ANTIHYPERLIPIDEMICS |
| FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)) | QL-ST | Non-Preferred Brands | ANTIHYPERLIPIDEMICS |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | High Cost Generics | ANTIHYPERLIPIDEMICS |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| fenofibric acid DR cap (TRILIPIX equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| FENOFIBRIC TAB, FIBRICOR TAB | - | Non-Preferred Brands | ANTIHYPERLIPIDEMICS |
| fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | QL-ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN CAP, NAFLON CAP (QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | QL-ST | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| FENSOLVI INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| FENTANYL CIT INJ | - | EXC | ANALGESICS - OPIOID |
| fenentanyl citrate inj | - | EXC | ANALGESICS - OPIOID |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days) | PA-QL | High Cost Generics | ANALGESICS - OPIOID |
| fenentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | High Cost Generics | ANALGESICS - OPIOID |
| fenentanyl citrate pf soln prefilled syringe (FENTANYL equiv) | - | EXC | ANALGESICS - OPIOID |
| FENTANYL CITRATE-BUPIVACAINE EPIDURAL INJ | - | EXC | ANALGESICS - OPIOID |
| FENTANYL CITRATE-NAACL IV SOLN | - | EXC | ANALGESICS - OPIOID |
| FENTANYL CIT-ROPIV-NAACL SOL PREF SYR | - | EXC | ANALGESICS - OPIOID |
| FENTANYL FE KIT | - | EXC | DIAGNOSTIC PRODUCTS |
| fenentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days) | QL | High Cost Generics | ANALGESICS - OPIOID |
| FENTANYL/BUPIVACAINE/NAACL INJ | - | EXC | ANALGESICS - OPIOID |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| fenugreek (trigonella foenum-graecum) cap | - | EXC | ALTERNATIVE MEDICINES |
| FEONYX TAB | - | NC | HEMATOPOIETIC AGENTS |
| FERAHEME INJ | - | EXC | HEMATOPOIETIC AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Pref erred Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Pref erred Specialty | ANTIDOTES |
| FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Pref erred Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Pref erred Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRO-PLEX TAB | - | EXC | HEMATOPOIETIC AGENTS |
| FERROUS SULF TAB EC | - | EXC | HEMATOPOIETIC AGENTS |
| ferrous sulfate ec tab | - | EXC | HEMATOPOIETIC AGENTS |
| ferrous sulfate elixir | OTC | EXC | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID | OTC | EXC | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln | OTC | EXC | HEMATOPOIETIC AGENTS |
| ferumoxytol inj (FERAHEME equiv) | - | EXC | HEMATOPOIETIC AGENTS |
| fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin) | QL-ST | High Cost Generics | URINARY ANTISPASMODICS |
| FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | - | EXC | COUGH/COLD/ALLERGY |
| fexofenadine/pseudoephedrine tab 60-120mg | - | EXC | COUGH/COLD/ALLERGY |
| FIASP FLEXTOUCH INJ (QL= 60 units/30 days) | QL | Preferre d Brands | ANTIDIABETICS |
| FIASP INJ (QL= 60 units/30 days) | QL | Preferre d Brands | ANTIDIABETICS |
| FIASP PENFILL INJ (QL= 60 units/30 days) | QL | Preferre d Brands | ANTIDIABETICS |
| FIASP PUMP CARTRIDGE | - | NC | ANTIDIABETICS |
| FIASP PUMP CARTRIDGE (QL= 60 units/30 days) | --QL | Preferre d Brands | ANTIDIABETICS |
| FIBER LIQUID | OTC | EXC | LAXATIVES |
| FIBER PACKET | - | EXC | LAXATIVES |
| FIBER/VITAMIN D3 CHEW TAB | - | EXC | LAXATIVES |
| FILSPARI TAB (QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | Non-Pref erred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| FILSUVEZ GEL (QL= 702g/30days; Only available through PantherRx 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| FINACEA FOAM | - | Non-Pref erred Brands | DERMATOLOGICALS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------|---|
| FINAPID SOLN | - | EXC | DERMATOLOGICALS |
| FINAPODTAR SOLN | - | EXC | DERMATOLOGICALS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| FINAZOL TAB | - | EXC | MULTIVITAMINS |
| fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty | ANTICONVULSANTS |
| FIORICET CAP | - | Non-Pref erred Brands | ANALGESICS - NONNARCOTIC |
| FIORINAL CAP | - | Non-Pref erred Brands | ANALGESICS - NONNARCOTIC |
| FIORINAL/CODEINE CAP | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| FIRAZYR INJ (QL= 36ml/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| FIRMAGON INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FIRST AID OINTMENT | - | EXC | ANTISEPTICS & DISINFECTANTS |
| FIRST METRONIDAZOLE SUSP | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| FIRST MOUTHWASH BLM | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | EXC | ULCER DRUGS |
| FIRST PANTOPRAZOLE SUSP | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS |
| FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | Non-Pref erred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | Non-Pref erred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | Preferre d Brands | OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin) | QL-ST | High Cost Generics | URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | Select | ANTIARRHYTHMICS |
| FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|--|
| FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Non-Preferred Brands | ANTHYPERLIPIDEMICS |
| FLONASE NIGHT TIME ALLERGY RELIEF TAB | - | EXC | ANTIHISTAMINES |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLO-PRED SUSP | - | Non-Preferred Brands | CORTICOSTEROIDS |
| FLORAFOL CHEW TAB | - | Preferred Brands | MULTIVITAMINS |
| FLORIVA CHEW TAB | - | Non-Preferred Brands | MULTIVITAMINS |
| FLORIVA DROPS | - | Preferred Brands | MINERALS & ELECTROLYTES |
| FLORIVA PLUS DROPS | - | Preventive | MULTIVITAMINS |
| FLORTAUCIPIR F 18 IV SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| FLOXURIDINE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUAD INJ | VAC | Preventive | VACCINES |
| FLUAD QUAD INJ | VAC | Preventive | VACCINES |
| FLUBLOK INJ | VAC | Preventive | VACCINES |
| FLUBLOK INJ (QL= 0.5ml/fill) | VAC-QL | Preventive | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | Preventive | VACCINES |
| FLUCELVAX INJ (QL= 0.5ml/fill) | QL-VAC | Preventive | VACCINES |
| FLUCELVAX QUAD INJ | VAC | Preventive | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | Select | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | Select | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | Select | ANTIFUNGALS |
| FLUDARABINE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUDEOXYGLUCOSE F 18 IV INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| fludrocortisone tab (FLORINEF equiv) | - | Select | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | Preventive | VACCINES |
| FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old) | QL-VAC | Preventive | VACCINES |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | Preventive | VACCINES |
| flunisolide nasal soln | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | Select | DERMATOLOGICALS |
| fluocinolone acetonide oil | - | Select | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | Select | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | Select | DERMATOLOGICALS |

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|---|---------------------|--------------------------|--|
| fluocinolone otic oil (DERMOTIC equiv) | - | Select | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | Select | DERMATOLOGICALS |
| fluocinonide cream 0.1% | - | High Cost Generics | DERMATOLOGICALS |
| fluocinonide emollient cream | - | Select | DERMATOLOGICALS |
| FLUOCINONIDE GEL | - | Select | DERMATOLOGICALS |
| fluocinonide oint | - | Select | DERMATOLOGICALS |
| fluocinonide soln | - | Select | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |
| FLURABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| fluorescein sodium iv soln (FLUORESCITE equiv) | - | EXC | OPHTHALMIC AGENTS |
| FLUORESCITE INJ OP | - | EXC | OPHTHALMIC AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | Select | OPHTHALMIC AGENTS |
| FLUOROPLEX CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | Select | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | Non-Preferred Brands | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | Preferred Brands | DERMATOLOGICALS |
| fluorouracil soln (FLUOROURACIL equiv) | - | Select | DERMATOLOGICALS |
| FLUOVIX PAK | - | NC | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | Select | ANTIDEPRESSANTS |
| FLUOXETINE CAP (PMDD) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine cap 90mg (QL= 4 caps/28 days) | QL | Select | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | Select | ANTIDEPRESSANTS |
| FLUOXETINE TAB | - | Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | Select | ANTIDEPRESSANTS |
| FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap) | ST | High Cost Generics | ANTIDEPRESSANTS |
| FLUOXIA CREAM | - | EXC | DERMATOLOGICALS |
| fluphenazine tab (PROLIXIN equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| flurandrenolide cream (CORDRAN equiv) | - | High Cost Generics | DERMATOLOGICALS |
| FLURANDRENOLIDE CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| FLURANDRENOLIDE LOTION | - | Non-Preferred Brands | DERMATOLOGICALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| flurandrenolide oint (CORDRAN equiv) | - | High Cost Generics | DERMATOLOGICALS |
| FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam) | QL-ST | Non-Preferred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | Preferred Brands | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP (QL= 6 caps/day) | QL | Non-Preferred Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| flutamide cap (EULEXIN equiv) | QL-- | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%)) | ST | High Cost Generics | DERMATOLOGICALS |
| fluticasone nasal spray (FLONASE equiv) | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | Select | DERMATOLOGICALS |
| fluticasone propionate lotion (CUTIVATE equiv) | - | High Cost Generics | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | Select | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREQ ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventive | ANTHYPERLIPIDEMICS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventive | ANTIHYPERLIPIDEMICS |
| FLUVIRIN INJ | VAC | Preventive | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day) | QL | High Cost Generics | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | Select | ANTIDEPRESSANTS |
| FLUZONE HD PF INJ | VAC | Preventive | VACCINES |
| FLUZONE HIGH DOSE PF INJ | VAC | Preventive | VACCINES |
| FLUZONE QUAD INJ | VAC | Preventive | VACCINES |
| FLUZONE/FLUARIX QUAD INJ | VAC | Preventive | VACCINES |
| FLYPROGPIDTA SOLN | - | EXC | DERMATOLOGICALS |
| FML FORTE OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| FOAM ANTACID CHEW | - | EXC | ANTACIDS |
| FOCALIN TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| FOCALIN XR CAP (QL= 1 cap/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| FOCINVEZ INJ | - | EXC | ANTIEMETICS |
| FOLAFY ER TAB | OTC | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| FOLBEE PLUS CZ TAB | - | Select | MULTIVITAMINS |
| FOLDITAM TAB | - | EXC | HEMATOPOIETIC AGENTS |
| folic acid cap (Covered at \$0 for females only; All other members covered at generic copay) | - | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| FOLIC ACID-CHOLECALCIFEROL CAP | - | Preferred Brands | HEMATOPOIETIC AGENTS |
| FOLIC AC-VIT B12-VIT B6-ARGININE TAB | - | EXC | HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC | MULTIVITAMINS |
| FOLOTYN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| FOLTABS 800 TAB | - | Preferred Brands | HEMATOPOIETIC AGENTS |
| fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Preferred Brands | ANTIDEPRESSANTS |
| formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | High Cost Generics | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTAMET TAB | - | Non-Preferred Brands | ANTIDIABETICS |
| FORTEO INJ 600MCG/2.4ML (QL= 2.4 units/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FORTESTA GEL 2% (QL= 2 bottles/30 days) | PA-QL | Non-Preferred Brands | ANDROGENS-ANABOLIC |
| FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate) | ST | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | High Cost Generics | ANTI-INFECTIVE AGENTS - MISC. |
| fosinopril tab (MONOPRIL equiv) | - | Select | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK (QL= 3 packs/day) | QL | Non-Preferred Brands | 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 | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRAGMIN INJ | - | Non-Preferred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 10000 (QL= 10ml/30 days) | QL | Non-Preferred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 12500 (QL= 5ml/30 days) | QL | Non-Preferred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 15000 (QL= 6ml/30 days) | QL | Non-Preferred Brands | ANTICOAGULANTS |

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| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|------------------------------|
| FRAGMIN INJ 18000 (QL= 7.2ml/30 days) | QL | Non-Pref erred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 2500 (QL= 2ml/30 days) | QL | Non-Pref erred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 5000 (QL= 2ml/30 days) | QL | Non-Pref erred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 7500 (QL= 3ml/30 days) | QL | Non-Pref erred Brands | ANTICOAGULANTS |
| FRAGMIN INJ 95000 (QL= 7.6ml/30 days) | QL | Non-Pref erred Brands | ANTICOAGULANTS |
| FRAICHE 5000 GEL PREVI | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| FRAICHE 5000 GEL SENSITIV | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE FREEDOM LITE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP | - | NC | DIAGNOSTIC PRODUCTS |
| FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days) | --OTC-QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| FREESTYLE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIPS (QL= 300 strips/30 days) | QL | Preferre d Brands | DIAGNOSTIC PRODUCTS |
| FROVA TAB (QL= 10 tabs/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------|---|
| frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER | OTC | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FULPHILA INJ (QL= 2 syringes/28 days) | PMSP-QL | Preferre d Specialty | HEMATOPOIETIC AGENTS |
| FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633) | LD-QL-ST | Non-Pref erred Specialty | DIURETICS |
| FUROSEMIDE SOLN | - | Select | DIURETICS |
| furosemide soln (LASIX equiv) | - | Select | DIURETICS |
| furosemide tab (LASIX equiv) | - | Select | DIURETICS |
| FUZEON INJ | AMSP | Preferre d Specialty | ANTIVIRALS |
| FYARRO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FYCOMPA TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| FYCOMPA SUSP | - | Non-Pref erred Brands | ANTICONVULSANTS |
| FYLNETRA INJ (QL= 2 syringes/28 days) | PA-QL | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| G HIST FORTE TAB | - | EXC | COUGH/COLD/ALLERGY |
| GABA TAB 25MG | OTC | EXC | NUTRIENTS |
| gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day) | PA-QL | High Cost Generics | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| gabapentin cap (NEURONTIN equiv) | - | Select | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | Select | ANTICONVULSANTS |
| GABITRIL TAB 12MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| GABITRIL TAB 16MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| GABITRIL TAB 2mg (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| GABITRIL TAB 4MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| GDAVIST INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| gadobutrol inj (GDAVIST equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM INJ equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALEN IQ 900 POWDER | - | EXC | PHARMACEUTICAL ADJUVANTS |
| GALZIN CAP | - | Non-Pref erred Brands | MINERALS & ELECTROLYTES |
| GANIRELIX AC INJ | PA-PMSP | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GARDASIL 9 INJ | VAC | Preventi ve | VACCINES |
| GARDASIL INJ | VAC | Preventi ve | VACCINES |
| GARLIC CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| GARLIC TAB | - | EXC | ALTERNATIVE MEDICINES |
| GASTROGRAFIN SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | High Cost Generics | OPHTHALMIC AGENTS |
| GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| GAUZE PADS/DRESSINGS - PADS 10" X 9" | OTC | EXC | MEDICAL DEVICES AND SUPPLIES |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventi ve | LAXATIVES |
| gavilyte-h kit | - | High Cost Generics | LAXATIVES |
| GAVRETO CAP (QL= 120 caps/30 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GEAMETDRAY GEL | - | EXC | DERMATOLOGICALS |
| gefitinib tab (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GELATIN CAP | OTC | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| GELCLAIR GEL | - | Non-Pref erred Brands | MOUTH/THROAT/DENTAL AGENTS |

| | | | | | |
|------|---|------|--|------|--------------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|--|
| GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER) | ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER) | QL-ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| GEN7T LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS PAD | - | Non-Pref erred Brands | DERMATOLOGICALS |
| GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1MG (QL= 35 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 2MG (QL= 21 syringes/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days) | PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | Select | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | Select | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | Select | DERMATOLOGICALS |
| gentamicin sulfate inj (GENTAMICIN equiv) | - | EXC | AMINOGLYCOSIDES |

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| gentamicin sulfate oint | - | Select | DERMATOLOGICALS |
| GENTEAL TEAR GEL SEV D/N | - | EXC | OPHTHALMIC AGENTS |
| GENVOYA TAB (QL= 1 tab/day) | QL | Preferred Brands | ANTIVIRALS |
| GEODON CAP (QL= 2 caps/day) | QL | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| G-HIST PE TAB | - | EXC | COUGH/COLD/ALLERGY |
| GIALAX KIT | - | Non-Preferred Brands | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | Preventive | CONTRACEPTIVES |
| GIAPREZA INJ | - | EXC | VASOPRESSORS |
| GILENYA CAP (QL= 30 caps/30 days) | AMSP-PA-PMSP-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab) | QL-ST | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| GINGER-ASHWAGANDHA LOZENGE | - | EXC | ALTERNATIVE MEDICINES |
| GINGER-CHASTEBERRY-VALERIAN CAP | - | EXC | ALTERNATIVE MEDICINES |
| GINKGO BILOB CAP | - | EXC | ALTERNATIVE MEDICINES |
| glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEEVEC TAB (QL= 2 tabs/day) | PA-PMSP-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GLEEVEC TAB 100 MG (QL= 3 tabs/day) | PA-PMSP-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GLENTUSS LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| GLEOLAN SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| GLEOSTINE/LOMUSTINE CAP | PMSP | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GLIMEPIRIDE TAB (QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| glimepiride tab (AMARYL equiv) | QL-ST | Select | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | Select | ANTIDIABETICS |
| GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | QL-ST | Select | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | Select | ANTIDIABETICS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine) | QL-ST | Non-Preferred Brands | GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred Brands | ANTIDIABETICS |
| GLUCAGEN INJ | - | Preferred Brands | DIAGNOSTIC PRODUCTS |
| GLUCAGON DIAGNOSTIC INJ | - | Preferred Brands | DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | Preferred Brands | ANTIDIABETICS |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | Non-Preferred Brands | ANTIDIABETICS |
| GLUCAGON KIT (QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| GLUCOS/CHOND LIQ MAX-STR | OTC | EXC | ALTERNATIVE MEDICINES |
| GLUCOSAMINE/MSM CAP | - | EXC | ALTERNATIVE MEDICINES |
| GLUCOSAMINE-CHONDROITIN-HYALURONIC ACID-MSM LIQUID | - | EXC | ALTERNATIVE MEDICINES |
| GLUCOSAMINE-CHONDROITIN-MSM CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| GLUCOSAMINE-MSM-HYALURONIC ACID CAP | - | EXC | ALTERNATIVE MEDICINES |
| glucose chew tab | OTC | EXC | ANTIDIABETICS |
| GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Preferred Brands | ANTIDIABETICS |
| GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Preferred Brands | ANTIDIABETICS |
| GLUTATHIONE CAP | - | EXC | NUTRIENTS |
| GLYBURID MCR TAB | - | Select | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | Select | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | Select | ANTIDIABETICS |
| GLYCATATE TAB (Step Therapy requires trial of glycopyrrolate) | ST | Non-Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| GLYCATATE TAB, GLYCOPYRROLATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg) | QL-ST | Non-Preferred Brands | ULCER DRUGS |
| glycopyrrolate inj 0.2mg/ml (ROBINUL equiv) | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| glycopyrrolate inj pf soln prefilled syringe | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day) | QL | Select | ULCER DRUGS |
| glycopyrrolate tab (ROBINUL equiv) | - | Select | ULCER DRUGS |
| GLY-OXIDE SOLN | - | EXC | MOUTH/THROAT/DENTAL AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| GLYRX-PF INJ 0.2MG/ML | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Preferred Brands | ANTIIDIABETICS |
| GNP L-LYSINE TAB | - | EXC | NUTRIENTS |
| GOCOVRI CAP (Step Therapy requires trial of amantadine) | ST | Non-Preferred Brands | ANTIPARKINSON AGENTS |
| GOHIBIC INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| GOLDENSEAL CAP | - | EXC | ALTERNATIVE MEDICINES |
| GOLYTELY SOLN | - | Non-Preferred Brands | LAXATIVES |
| GONIOTAIRE OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |
| GONITRO POWDER | - | Non-Preferred Brands | ANTIANGINAL AGENTS |
| GRAFCO SILVER NITRATE APPLICATOR | - | EXC | DERMATOLOGICALS |
| GRALISE STARTER PACK | - | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB (QL= 2 tabs/day) | PA-QL | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days) | QL | Select | ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/30 days) | QL | Non-Preferred Brands | ANTIEMETICS |
| GRANIX INJ (QL= 15 syringes/30 days) | PA-PMSP-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| GRANIX INJ (QL= 15 vials/30 days) | PA-PMSP-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| GRAPE SEED CAP | - | EXC | ALTERNATIVE MEDICINES |
| GRASS POLLEN INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| GRASTEK SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands | BIOLOGICALS MISC |
| GREEN ASH POLLEN EXTRACT INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| GREEN TEA CAP | - | EXC | ALTERNATIVE MEDICINES |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | High Cost Generics | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | Select | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | High Cost Generics | ANTIFUNGALS |
| GUAIFENESEN SYRUP | - | NC | COUGH/COLD/ALLERGY |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month) | OTC-QL | Preferred Brands | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month) | OTC-QL | Select | COUGH/COLD/ALLERGY |
| guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv) | - | EXC | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | Select | ANTIHYPERTENSIVES |
| GUANIDINE TAB | - | Select | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days) | PA-QL | Non-Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year) | PA-QL | Non-Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| GVOKE INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred Brands | ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days) | QL | Preferred Brands | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred Brands | ANTIDIABETICS |
| GYNAZOLE CREAM | - | Non-Preferred Brands | VAGINAL PRODUCTS |
| HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| HALAVEN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids) | ST | High Cost Generics | DERMATOLOGICALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---------------------------------|
| HALDOL DECANOATE INJ | - | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HALFLYTELY BOWEL PREP KIT | - | Non-Preferred Brands | LAXATIVES |
| HALOBETASOL AER (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| halobetasol propionate cream (ULTRAVATE equiv) | - | Select | DERMATOLOGICALS |
| halobetasol propionate foam (QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint)) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | Select | DERMATOLOGICALS |
| HALOG CREAM (Step Therapy requires trial of 2 High potency corticosteroids) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| HALOG OINT | - | Non-Preferred Brands | DERMATOLOGICALS |
| HALOG SOLN | - | Non-Preferred Brands | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | Select | DERMATOLOGICALS |
| haloperidol decanoate inj | AMSP | Generic Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol lactate conc (HALDOL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HALUCORT GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| HARVONI PELLETT PAK (QL= 28 tabs/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANTIVIRALS |
| HARVONI TAB (QL= 28 tabs/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANTIVIRALS |
| HAVRIX INJ, VAQTA INJ | VAC | Preventive | VACCINES |
| HAZELNUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| HC BUTYRATE CREAM | - | Preferred Brands | DERMATOLOGICALS |
| HC BUTYRATE CREAM | - | Select | DERMATOLOGICALS |
| HC BUTYRATE SOLN | - | Preferred Brands | DERMATOLOGICALS |
| HC PRAMOXINE CREAM 1-2.5% | - | EXC | DERMATOLOGICALS |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC | DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HEALON DUET INJ | - | EXC | OPHTHALMIC AGENTS |
| HEALON GV INJ | - | EXC | OPHTHALMIC AGENTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| HELIDAC PACK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| HEMANGEOL SOLN | - | Non-Pref erred Brands | BETA BLOCKERS |
| HEMATINIC PL TAB VITAMIN | - | EXC | HEMATOPOIETIC AGENTS |
| HEMATINIC/FA TAB | OTC | Preferre d Brands | HEMATOPOIETIC AGENTS |
| HEMAX TAB | OTC | EXC | HEMATOPOIETIC AGENTS |
| HEMGENIX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| HEMLIBRA INJ | AMSP-PA | Preferre d Specialty | HEMATOLOGICAL AGENTS - MISC. |
| heparin porcine inj | - | Select | ANTICOAGULANTS |
| HEPLISAV-B INJ | VAC | Preventi ve | VACCINES |
| HEPSERA TAB (QL= 1 tab/day) | PMSP-QL | Non-Pref erred Specialty | ANTIVIRALS |
| HEPZATO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HERCEPTIN HYLECTA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HETASTARCH INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| HETLIOZ CAP (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HETLIOZ SUSP (QL= 158ml/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HEXALEN CAP (Only available through Walgreens 888-347-3416) | LD | Preferre d Specialty | ANTINEOPLASTICS |
| HEXATRIONE SUSP | - | EXC | CORTICOSTEROIDS |
| HEXIOUNYL LOTION | - | EXC | DERMATOLOGICALS |
| HIXDEFRIMA SOLN | - | EXC | DERMATOLOGICALS |
| HIZENTRA INJ | PA-PMSP | Preferre d Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010) | LD-PA | Preferre d Specialty | PASSIVE IMMUNIZING AGENTS |
| HOMATROPINE OPHTH SOLN | - | Preferre d Brands | OPHTHALMIC AGENTS |
| HOODIA CAP | - | EXC | ALTERNATIVE MEDICINES |
| HORIZANT TAB (QL= 30 tabs/30 days) | PA-QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HORIZANT TAB 600MG ER (QL= 60 tabs/30 days) | PA-QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| HORSE CHESTNUT CAP | - | EXC | ALTERNATIVE MEDICINES |
| HORSE EPITHE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| HULIO INJ 40MG/0.8ML (QL= 2 pens/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HULIO KIT 20MG/0.4ML (QL= 2 pens/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMATIN CAP | - | Non-Pref erred Brands | AMINOGLYCOSIDES |
| HUMATROPE INJ | AMSP-PA | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HUMIRA 10MG/0.1ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--------------------------------|
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL = 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| HUMULIN R INJ U-500 (QL= 40ml/30 days) | QL | Select | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days) | QL | Select | ANTIDIABETICS |
| HURRISEAL MIS SNAP | - | NC | MEDICAL DEVICES AND SUPPLIES |
| HYALURONIC CAP | - | EXC | ALTERNATIVE MEDICINES |
| HYCAMTIN CAP | PA-PMSP | Preferre d Specialty | ANTINEOPLASTICS |
| HYCLODEX SOLN | - | Non-Pref erred Brands | DERMATOLOGICALS |
| HYCODAN SYRUP | - | Non-Pref erred Brands | COUGH/COLD/ALLERGY |

| | | | | | |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|---------------------|
| HYCOFENIX SOLN | - | EXC | COUGH/COLD/ALLERGY |
| HYD POL/CPM SUSP (QL= 10ml/day) | QL | Select | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | Select | ANTIHYPERTENSIVES |
| HYDRO 35 | - | EXC | DERMATOLOGICALS |
| HYDRO 40 FOAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| HYDROCAINE CREAM | - | EXC | DERMATOLOGICALS |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | Select | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | Select | DIURETICS |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | High Cost Generics | ANALGESICS - OPIOID |
| HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older) | --QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) | - | Select | COUGH/COLD/ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) | - | EXC | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | Select | COUGH/COLD/ALLERGY |
| HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | QL-- | Select | ANALGESICS - OPIOID |
| HYDROCORTISONE POWDER | - | EXC | CHEMICALS |
| HYDROCORTISONE ACETATE POWDER | - | EXC | CHEMICALS |
| hydrocortisone butyrate cream (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| HYDROCORTISONE BUTYRATE OINT | - | Select | DERMATOLOGICALS |

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|------|---|------|--|------|-------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------|--------------------------------|
| hydrocortisone butyrate oint (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | Select | DERMATOLOGICALS |
| HYDROCORTISONE CREAM 1% | - | EXC | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | Select | ANORECTAL AGENTS |
| hydrocortisone lotion (LOCOID equiv) | - | High Cost Generics | DERMATOLOGICALS |
| hydrocortisone lotion | - | Select | DERMATOLOGICALS |
| hydrocortisone lotion (HYTONE equiv) | - | Select | DERMATOLOGICALS |
| HYDROCORTISONE LOTION 2.5% | - | Preferre d Brands | DERMATOLOGICALS |
| hydrocortisone oint | - | EXC | DERMATOLOGICALS |
| hydrocortisone oint | - | Select | DERMATOLOGICALS |
| HYDROCORTISONE PAK | OTC | EXC | DERMATOLOGICALS |
| HYDROCORTISONE POWDER | - | EXC | CHEMICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv) | - | Select | CORTICOSTEROIDS |
| HYDROCORTISONE STICK | OTC | EXC | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | NC | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | Select | CORTICOSTEROIDS |
| hydrocortisone valerate cream | - | Select | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | Select | DERMATOLOGICALS |
| HYDROCORTISONE/PRAMOXINE SUPP | - | EXC | ANORECTAL AND RELATED PRODUCTS |
| HYDROLYZED SILK TAB | - | EXC | ALTERNATIVE MEDICINES |
| hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| hydromorphone hcl inj (DILAUDID equiv) | - | EXC | ANALGESICS - OPIOID |
| HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR | - | EXC | ANALGESICS - OPIOID |
| HYDROMORPHONE HCL-SODIUM CHLORIDE 0.9% INJ | - | EXC | ANALGESICS - OPIOID |
| HYDROMORPHONE INJ | - | EXC | ANALGESICS - OPIOID |
| hydromorphone liquid (DILAUDID equiv) | - | Select | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | Select | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | Select | ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | NC | DERMATOLOGICALS |
| HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION | - | EXC | DERMATOLOGICALS |
| HYDROQUINONE-TRETINOIN EMULSION | - | EXC | DERMATOLOGICALS |
| HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL | - | EXC | DERMATOLOGICALS |
| HYDROXYAPATITE CMPD-CHOLECAL-MG CAP | OTC | EXC | MINERALS & ELECTROLYTES |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | Select | ANTIMALARIALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| HYDROXYM CREAM | - | EXC | DERMATOLOGICALS |
| HYDROXYM GEL | - | EXC | DERMATOLOGICALS |
| HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) | PA-PMSP-QL-AMSP | Preferred Specialty | PROGESTINS |
| hydroxyurea cap (HYDREA equiv) | - | Select | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | Select | ANTI-ANXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | Select | ANTI-ANXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | Select | ANTI-ANXIETY AGENTS |
| HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | DERMATOLOGICALS |
| HYLAMEND GEL FIRST AID | - | NC | ANTISEPTICS & DISINFECTANTS |
| HYLINATE LOTION | - | NC | DERMATOLOGICALS |
| HYMPAVZI INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| HYOPHEN TAB | - | Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| HYOSCYAMINE INJ | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGS |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | EXC | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | EXC | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | EXC | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | EXC | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | EXC | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | EXC | ULCER DRUGS |
| HYPOCYN GEL | - | EXC | DERMATOLOGICALS |
| HYPODERMIC NEEDLES | OTC | Preferred Brands | MEDICAL DEVICES |
| HYQVIA INJ | PA-PMSP | Preferred Specialty | PASSIVE IMMUNIZING AGENTS |
| HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ INJ 80MG/0.8ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ INJ CROHNS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ INJ PLAQUE PSORIASIS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |

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|---|------------------------|--------------------------------|--|
| HYRIMOZ PFS INJ 10MG/0.1ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ PFS INJ 20MG/0.2ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ-PED INJ CROHNS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ-PED INJ CROHNS 80MG/0.8ML (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ibandronate tab 150mg (BONIVA equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBSRELA TAB (QL= 60 tabs/30 days) | PA-QL | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab cold/sinus (QL= 240 tabs/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| ibuprofen-acetaminophen tab (ADVIL equiv) | OTC | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days) | AMSP-PA-PMSP-QL | Generic Specialty | HEMATOLOGICAL AGENTS - MISC. |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376) | AMSP-PA-PMSP-QL- LD | Generic Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day) | QL | Select | ANTIHYPERTENSIVES |
| icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day) | QL | Select | ANTIHYPERTENSIVES |
| IDACIO INJ 40MG/0.8ML (QL= 2 pens/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| IDAOXIA GEL | - | EXC | DERMATOLOGICALS |
| IDARAN OINT | - | EXC | DERMATOLOGICALS |
| IDELVION INJ | PA-PMSP | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IDOSE TR IMP | - | EXC | OPHTHALMIC AGENTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| IFOSFAMIDE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IGALMI FILM | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| IHEEZO GEL | - | EXC | OPHTHALMIC AGENTS |
| ILARIS INJ | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| ILUMYA INJ | - | EXC | DERMATOLOGICALS |
| imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day) | PA-PMSP-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day) | PA-PMSP-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMCIVREE INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| IMDELLTRA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | High Cost Generics | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | Select | ANTIDEPRESSANTS |
| imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days) | QL | Select | DERMATOLOGICALS |
| IMITREX INJ (QL= 1 inj/7 days) | QL | Non-Preferred Brands | MIGRAINE PRODUCTS |
| IMITREX INJ (QL= 8 inj/30 days) | QL | Non-Preferred Brands | MIGRAINE PRODUCTS |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Preferred Brands | MIGRAINE PRODUCTS |
| IMITREX TAB (QL= 9 tabs/30 days) | QL | Non-Preferred Brands | MIGRAINE PRODUCTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| IMITREX VIAL INJ (QL= 1 inj/7 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| IMJUDO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMMUNOTIX CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| IMOVAX INJ | - | Preventi ve | VACCINES |
| IMPAVIDO CAP (QL= 3 caps/day) | AMSP-QL | Preferre d Specialty | ANTI-INFECTIVE AGENTS - MISC. |
| IMPEKLO LOTION | - | Non-Pref erred Brands | DERMATOLOGICALS |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | Preventi ve | CONTRACEPTIVES |
| IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| IMVEXXY SUPP | - | EXC | VAGINAL PRODUCTS |
| INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCIVEK TAB | - | NC | ANTIVIRALS |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER (QL= 30 units/30 days) | QL | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | Select | DIURETICS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | Non-Pref erred Brands | BETA BLOCKERS |
| INDOCIN SUSP (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp) | QL-ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCYANINE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| indomethacin cap (INDOCIN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)) | ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN INJ | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN SUPP | - | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)) | QL-ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp) | QL-ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| INFANRIX INJ | VAC | Preventive | TOXOIDS |
| INFLUENZA-SARS AT HOME TEST | - | EXC | DIAGNOSTIC PRODUCTS |
| INFUVITE INJ | - | EXC | MULTIVITAMINS |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year) | LD-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INJECTAFER INJ | - | EXC | HEMATOPOIETIC AGENTS |
| INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INNOVAMATRIX DISK | - | EXC | DERMATOLOGICALS |
| INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga) | QL-ST | Non-Preferred Brands | CARDIOVASCULAR AGENTS - MISC. |
| INPEN INSULIN INJECTION DEVICE | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN GLAR INJ 100U/ML | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/3 days) | --QL | Preferred Brands | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days) | --QL | Preferred Brands | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days) | --QL | Preferred Brands | ANTIDIABETICS |
| INSULIN INFUSION DISPOSABLE PUMP - ACCESSORIES | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| INSULIN LISP INJ 100/ML (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB (QL= 4 tabs/day) | QL | Preferred Brands | ANTIVIRALS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|---|
| INTELENCE TAB 100MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| INTELENCE TAB 200MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| INTELENCE TAB 25MG (QL= 4 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| INTERMEZZO SL TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| INTRALIPID INJ | - | EXC | NUTRIENTS |
| INTRAROSA SUPP | - | Non-Pref erred Brands | VAGINAL PRODUCTS |
| INTRON-A INJ | PMSP | Preferre d Specialty | ANTINEOPLASTICS |
| INTUNIV TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| INTUNIV TAB 1MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| INTUNIV TAB 2MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| INVEGA HAFYERA INJ | AMSP | Preferre d Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVEGA INJ | AMSP | Preferre d Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVEGA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| INVIRASE CAP (QL= 10 caps/day) | QL | Preferre d Brands | ANTIVIRALS |
| INVIRASE TAB (QL= 4 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| INZDEAXIAVAR GEL | - | EXC | DERMATOLOGICALS |
| iodixanol inj (VISIPAQUE equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| IODOFLEX PAD | - | Non-Pref erred Brands | ANTISEPTICS & DISINFECTANTS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | Select | DERMATOLOGICALS |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | High Cost Generics | DERMATOLOGICALS |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC | DERMATOLOGICALS |
| IOHEXOL/LIDOCAINE/BETAMETHASONE INJ KIT | - | EXC | DIAGNOSTIC PRODUCTS |
| IONIL-T SHAMPOO | - | EXC | DERMATOLOGICALS |
| iopamidol inj (ISOVUE-M equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| IPOL INJ | - | Preventi ve | VACCINES |
| ipratropium nasal spray (ATROVENT equiv) | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| IQIRVO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| irbesartan tab (AVAPRO equiv) | - | Select | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | Select | ANTIHYPERTENSIVES |
| IRESSA TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IRON GLYCINATE CAP | OTC | EXC | HEMATOPOIETIC AGENTS |
| IRON GLYCINATE LIQUID | - | EXC | HEMATOPOIETIC AGENTS |
| IRON TAB | - | EXC | HEMATOPOIETIC AGENTS |
| iron w/ vitamin tab | - | Select | MULTIVITAMINS |
| ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | Preventi ve | CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | Preferre d Brands | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | Select | MIGRAINE PRODUCTS |
| isoniazid tab | - | Select | ANTIMYCOBACTERIAL AGENTS |
| isopropyl alcohol spray | - | EXC | DERMATOLOGICALS |
| isopropyl alcohol wipes | OTC | EXC | DERMATOLOGICALS |
| ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER) | ST | Non-Pref erred Brands | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER) | ST | High Cost Generics | ANTIANGINAL AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| isosorbide dinitrate tab 5mg (ISORDIL equiv) | - | Select | ANTIANGINAL AGENTS |
| isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | Select | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | Select | ANTIANGINAL AGENTS |
| ISOVUE-M 200 INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| ISOXSUPRINE TAB (QL= 120 tabs/30 days) | QL | Preferred Brands | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| ISTODAX OVR INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ITOVEBI TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| itraconazole cap (SPORANOX equiv) | - | Select | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | - | High Cost Generics | ANTIFUNGALS |
| ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days) | PA-QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| IVERMECTIN LOTION | OTC | Preferred Brands | DERMATOLOGICALS |
| ivermectin tab (STROMEKTOL equiv) | - | Select | ANTHELMINTICS |
| IWILFIN TAB (QL= 240 tablets/30 days; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IXCHIQ INJ | - | EXC | VACCINES |
| IXIARO INJ | - | Preventive | VACCINES |
| IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) | QL-ST | Preferred Brands | OPHTHALMIC AGENTS |
| IZERVAY SOLN | - | EXC | OPHTHALMIC AGENTS |
| JADENU SPRINKLE | AMSP-PA | Non-Preferred Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JALYN CAP (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap) | ST | Non-Preferred Brands | GENITOURINARY AGENTS - MISCELLANEOUS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

**PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIDIABETICS |
| JATENZO CAP 158MG (QL= 4 caps/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| JATENZO CAP 198MG (QL= 4 caps/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| JATENZO CAP 237MG (QL= 2 caps/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| JAYPIRCA TAB 100MG (QL= 60 tabs/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JAYPIRCA TAB 50MG (QL= 30 tabs/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JELMYTO INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JEMPERLI SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | Preferre d Brands | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | Preferre d Brands | ANTIDIABETICS |
| JESDUVROQ TAB | - | EXC | HEMATOPOIETIC AGENTS |
| JEUVEAU INJ | - | EXC | DERMATOLOGICALS |
| jinteli tab (FEMHRT equiv) | - | Select | ESTROGENS |
| JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSE |
| JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| JULUCA TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| junel FE tab (LOESTRIN FE equiv) | - | Preventi ve | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | Preventi ve | CONTRACEPTIVES |
| JUXTAPID CAP (Only available through Accredo 888-773-7376) | LD-PA | Preferre d Specialty | ANTIHYPERLIPIDEMICS |

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|------|---|------|--|------|-------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|--|
| JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days) | QL | Non-Preferred Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNNEOS INJ | - | Preventive | VACCINES |
| K2 LIQ | - | EXC | VITAMINS |
| K2-45 CAP | - | EXC | VITAMINS |
| KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| KALETRA SOLN (QL= 480ml/30 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| KALETRA TAB 100-25MG (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands | ANTIVIRALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| KALETRA TAB 200-50MG (QL= 4 tabs/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | Non-Preferred Brands | BETA BLOCKERS |
| KAPVAY TAB (QL= 4 tabs/day) | PA-QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| KARBINAL ER SUSP (QL= 960ml/30 days) | QL | Non-Preferred Brands | ANTIHISTAMINES |
| KATERZIA SUSP (Step Therapy requires trial of amlodipine) | ST | Non-Preferred Brands | CALCIUM CHANNEL BLOCKERS |
| kcl in dextrose/nacl inj (KCL/D5W/NACL equiv) | - | EXC | MINERALS & ELECTROLYTES |
| KCL/D5W/NACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| KCL/NACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| kelnor tab (DEMULEN equiv) | - | Preventive | CONTRACEPTIVES |
| KEPIVANCE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KERAFOAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| KERALYT GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| KERASTAT CREAM | - | EXC | DERMATOLOGICALS |
| KERASTAT GEL | - | EXC | DERMATOLOGICALS |
| KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)) | QL-ST | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | PMSP-QL-ST | Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL INJ NACL | - | EXC | GENERAL ANESTHETICS |
| KETAMINE HCL SOLN INJ PREF SYRINGE | - | EXC | GENERAL ANESTHETICS |
| KETAMINE HCL TROCHES | - | NC | GENERAL ANESTHETICS |
| KETAMINE INJ | - | EXC | GENERAL ANESTHETICS |
| ketoconazole cream (NIZORAL CREAM equiv) | - | Select | DERMATOLOGICALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| ketoconazole foam 2% (EXTINA equiv) | - | High Cost Generics | DERMATOLOGICALS |
| ketoconazole shampoo | - | Select | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | Select | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | EXC | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln .05% (ACULAR (LS) equiv) | - | Select | OPHTHALMIC AGENTS |
| ketorolac ophth soln .4% (ACULAR (LS) equiv) | - | Select | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | EXC | DIAGNOSTIC PRODUCTS |
| KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Preferred Specialty | DIURETICS |
| KEVZARA INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| KEYTRUDA SOLN 50MG | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KIMMTRAK SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| KINEVAC INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| KISQALI PAK (QL= 91 tabs/28 days) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB (QL= 63 tabs/28 days) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISUNLA INJ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416) | LD-PA | Non-Preferred Specialty | AMINOGLYCOSIDES |
| KLARITY-B DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC | OPHTHALMIC AGENTS |
| KLISYRI OINT (QL= 5 grams/5 days) | PA-QL | Non-Preferred Brands | DERMATOLOGICALS |
| KLOXXADO NASAL SPRAY | - | Preferred Brands | ANTIDOTES AND SPECIFIC ANTAGONISTS |

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis Step Therapy | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| KLS QUIT2 GUM | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KLS QUIT2 LOZ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KLS QUIT4 GUM | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KLS QUIT4 LOZ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| KONVOMEK SUSP | OTC | Preferre d Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596)) | LD-PA-QL | Non-Pref erred Specialty | ANTIDIABETICS |
| KORSUVA INJ | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS TAB | - | Non-Pref erred Brands | GENITOURINARY AGENTS - MISCELLANEOUS |
| K-PHOS TAB (QL= 8 tabs/day) | --QL | Non-Pref erred Brands | MINERALS & ELECTROLYTES |
| KRAZATI TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KRINTAFEL TAB (QL= 2 tabs/365 days) | QL | Preferre d Brands | ANTIMALARIALS |
| KRISTALOSE PACK | - | Non-Pref erred Brands | LAXATIVES |
| KRISTALOSE PACKET | - | Non-Pref erred Brands | LAXATIVES |
| K-TAB | - | Select | MINERALS & ELECTROLYTES |
| KUVAN POWDER PACK | PA-PMSP | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB | PA-PMSP | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC | DERMATOLOGICALS |
| KYLEENA IUD | - | Preventi ve | CONTRACEPTIVES |

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|------|---|------|--|------|--------------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| KYNAMRO INJ (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | ANTIHYPERLIPIDEMICS |
| KYNMOBI FILM (QL= 150 films/30 days) | PMSP-QL | Non-Pref erred Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | AMSP-PA | Non-Pref erred Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYTRIL TAB (QL= 8 tabs/30 days) | QL | Non-Pref erred Brands | ANTIEMETICS |
| KYZATREX CAP (QL= 4 tabs/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| KYZATREX CAP, TLANDO CAP (QL= 4 tabs/day) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| L.E.T. GEL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LABETALOL HCL IV SOLN | - | EXC | BETA BLOCKERS |
| labetalol tab (NORMODYNE equiv) | - | Select | BETA BLOCKERS |
| lacosamide iv inj (VIMPAT equiv) | - | EXC | ANTICONVULSANTS |
| lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days) | QL | Select | ANTICONVULSANTS |
| lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| LACTATED RINGERS INJ | - | EXC | MINERALS & ELECTROLYTES |
| lactated ringers solution | - | EXC | MINERALS & ELECTROLYTES |
| LACTIC ACID E CREAM | - | Preferre d Brands | DERMATOLOGICALS |
| LACTIC ACID LOTION | - | Preferre d Brands | DERMATOLOGICALS |
| LACTOFERRIN CAP | - | EXC | ALTERNATIVE MEDICINES |
| LACTULOSE PACK (Step Therapy requires trial of lactulose) | ST | Non-Pref erred Brands | LAXATIVES |
| lactulose soln | - | Select | LAXATIVES |
| LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older) | QL | Preferre d Brands | ANTIVIRALS |
| LAMBS QUARTE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| LAMICTAL ODT (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | Non-Pref erred Brands | ANTICONVULSANTS |
| LAMICTAL XR TAB 100MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| LAMICTAL XR TAB 200MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|---|
| LAMICTAL XR TAB 250MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| LAMICTAL XR TAB 25MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| LAMICTAL XR TAB 300MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| LAMICTAL XR TAB 50MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days) | QL | Select | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty | ANTIVIRALS |
| lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | Select | ANTICONVULSANTS |
| lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew) | QL-ST | High Cost Generics | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | High Cost Generics | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | Select | ANTICONVULSANTS |
| LAMPIT TAB 120MG (QL= 225 tabs/30 days) | QL | Preferre d Brands | ANTI-INFECTIVE AGENTS - MISC. |
| LAMPIT TAB 30MG (QL= 360 tabs/30 days) | QL | Preferre d Brands | ANTI-INFECTIVE AGENTS - MISC. |
| LAMZEDE INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LANCET KIT | OTC | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| LANOLIN OINT | OTC | Preferre d Brands | PHARMACEUTICAL ADJUVANTS |
| lanolin-petrolatum oint (A+D equiv) | - | EXC | DERMATOLOGICALS |
| LANOXIN INJ | - | NC | CARDIOTONICS |
| LANOXIN INJ 0.1MG/ML | - | Non-Pref erred Brands | CARDIOTONICS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|--|
| LANOXIN TAB 62.5MCG (QL= 1 tab/day) | QL | Non-Pref erred Brands | CARDIOTONICS |
| lanreotide acetate extended release inj (SOMATULINE equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LANSINOH ORG OIN NIPPLE | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| lansoprazole cap (PREVACID equiv) | OTC | Select | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE SUSP | - | EXC | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | Preferre d Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab) | QL-ST | Select | GASTROINTESTINAL AGENTS - MISC. |
| lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab) | QL-ST | Select | GASTROINTESTINAL AGENTS - MISC. |
| LANTIDRA INJ | - | EXC | ANTIDIABETICS |
| LANTUS INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| LANTUS SOLOSTAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| lapatinib ditosylate tab (TYKERB equiv) | AMSP-PA | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASTACFT OPHTH SOLN | - | Preferre d Brands | OPHTHALMIC AGENTS |
| LATANOPROST OIL | - | EXC | CHEMICALS |
| latanoprost ophth soln (XALATAN equiv) | - | Select | OPHTHALMIC AGENTS |
| LATUDA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | Preventi ve | CONTRACEPTIVES |
| LAZANDA NASAL SPRAY (QL= 15 sprays/30 days) | PA-QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| LAZCLUZE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LC 655 CAP | - | EXC | MINERALS & ELECTROLYTES |
| L-CARNITINE CAP | --OTC | EXC | NUTRIENTS |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | AMSP-QL | Preferre d Specialty | ANTIVIRALS |
| LEFLUNICLO PAK | OTC | Preferre d Brands | ANALGESICS - ANTI-INFLAMMATORY |
| leflunomide tab (ARAVA equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|-------------------------|---|
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Generic Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| LENMELDY INJ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEQEMBI SOLN | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LEQVIO SOLN | - | EXC | ANTIHYPERTENSIVES |
| LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.) | QL-ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| LETAIRIS TAB (Only available through Accredo 800-803-2523) | LD-PA | Non-Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| letrozole tab (FEMARA equiv) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUCOVORIN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | Select | ANTINEOPLASTICS |
| LEUKERAN TAB | - | Non-Preferred Brands | ANTINEOPLASTICS |
| LEUKINE INJ | PA-PMSP | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| leuprolide inj (LUPRON equiv) | PA-PMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUPROLIDE INJ (QL= 1 kit/90 days) | PA-PMSP-AMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands | ANTIDIABETICS |
| LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | Select | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | Select | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | Select | ANTICONVULSANTS |
| LEVOBUNOLOL OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | Select | OPHTHALMIC AGENTS |
| levocarnitine cap | - | EXC | NUTRIENTS |
| levocarnitine inj (CARNITOR equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine soln (CARNITOR equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| levocarnitine tab (CARNITOR equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | OTC | Select | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | OTC | Select | ANTIHISTAMINES |
| LEVOFLOXACIN INJ 25MG/ML | - | EXC | FLUOROQUINOLONES |
| levofloxacin IV soln 25 mg/ml (LEVOFLOXACIN IV equiv) | - | EXC | FLUOROQUINOLONES |
| LEVOFLOXACIN OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| levofloxacin ophth soln (QUIXIN equiv) | - | Select | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv) | - | Select | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | Select | FLUOROQUINOLONES |
| LEVOLEUCOVORIN SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| levomefolate glucosamine cap | OTC | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LEVOMEFOLATE GLUCOSAMINE CAP | OTC | Preferre d Brands | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| levonorgestrel tab (PLAN B equiv) | OTC | Preventi ve | CONTRACEPTIVES |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | Preventi ve | CONTRACEPTIVES |
| levorphanol tab (LEVORPHANOL equiv) (QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| LEVOTHYROXINE INJ | - | EXC | THYROID AGENTS |
| LEVOTHYROXINE INJ 100MCG/ML | - | EXC | THYROID AGENTS |
| levothyroxine sodium for iv inj (LEVOTHYROXINE equiv) | - | EXC | THYROID AGENTS |
| levothyroxine tab (SYNTHROID equiv) | - | Select | THYROID AGENTS |
| LEVULAN SOLN | - | EXC | DERMATOLOGICALS |
| LEXISCAN INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| LEXIVA SUSP (QL= 1800ml/30 days) | QL | Non-Pref erred Brands | ANTIVIRALS |
| LEXIVA TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps) | AMSP-QL-ST | Generic Specialty | HEMATOPOIETIC AGENTS |
| LIALDA TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| LIBERVANT FILM (QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| LICART PATCH | - | Non-Pref erred Brands | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|-------------------------------------|
| LIDO/MENTHOL SPRAY | - | EXC | DERMATOLOGICALS |
| LIDO/RAC/TET GEL | OTC | Preferred Brands | DERMATOLOGICALS |
| LIDOCAINE (BUFFERED) W/ EPINEPHRINE | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| lidocaine cream | OTC | EXC | DERMATOLOGICALS |
| LIDOCAINE CREAM | OTC-- | Non-Preferred Brands | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | High Cost Generics | DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | High Cost Generics | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | High Cost Generics | DERMATOLOGICALS |
| LIDOCAINE GEL | - | Select | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | Select | DERMATOLOGICALS |
| LIDOCAINE HCL AEROSOL SOLN | - | EXC | DERMATOLOGICALS |
| lidocaine hcl cream 4.12% | - | EXC | DERMATOLOGICALS |
| lidocaine hcl gel 2.8% (LIDOGEL equiv) | - | EXC | DERMATOLOGICALS |
| LIDOCAINE HCL LOCAL SOLN PREFILLED SYRINGE | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| LIDOCAINE INJ | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| lidocaine lotion | - | High Cost Generics | DERMATOLOGICALS |
| lidocaine oint (QL= 8gm/day) | QL | Select | DERMATOLOGICALS |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | - | NC | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | Preferred Brands | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch | - | Select | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | Select | DERMATOLOGICALS |
| LIDOCAINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| LIDOCAINE/EPINEPHRINE INJ | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | Select | ANORECTAL AGENTS |
| lidocaine/hydrocortisone kit (ANALPRAM equiv) | - | Select | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | Select | ANORECTAL AGENTS |
| LIDOCAINE/OXYMETAZOLINE NASAL SOLN | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| lidocaine/prilocaine cream (EMLA equiv) | - | Select | DERMATOLOGICALS |
| lidocaine-benzalkonium liquid (ALOCANE equiv) | - | EXC | DERMATOLOGICALS |
| LIDOCAINE-BENZALKONIUM PAD | OTC | EXC | DERMATOLOGICALS |
| LIDOCAINE-HYDROCORTISONE ACETATE CREAM | - | EXC | DERMATOLOGICALS |
| lidocaine-menthol gel (LIDOZENGEL equiv) | - | EXC | DERMATOLOGICALS |
| LIDOCAINE-PHENYLEPHRINE HCL AEROSOL | - | EXC | ANORECTAL AND RELATED PRODUCTS |
| LIDOCIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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|--|---------------------|--------------------------------|---|
| LIDODERM PATCH | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LIDO-EP-TETR SOLN | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LIDOGEL GEL | - | Preferre d Brands | DERMATOLOGICALS |
| LIDO-HYDRO GEL | - | EXC | ANORECTAL AGENTS |
| LIDOLOG KIT | - | NC | CORTICOSTEROIDS |
| LIDOPRO PAD | - | EXC | DERMATOLOGICALS |
| LIDOSTREAM KIT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LIDOTRAL 1 PAD 4.88% | - | EXC | DERMATOLOGICALS |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC | DERMATOLOGICALS |
| LIDOTRAL GEL 3.88% | - | EXC | DERMATOLOGICALS |
| LIDOTRAL SOLN | - | EXC | DERMATOLOGICALS |
| LIDOTRAL-HC LOTION | - | EXC | DERMATOLOGICALS |
| LIDOTREX GEL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LIDOZENGEL GEL/LIDO-MENTHOL GEL | - | EXC | DERMATOLOGICALS |
| LIDTOPIC CREAM | - | EXC | DERMATOLOGICALS |
| LIFES DHA CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| LIKMEZ SUSP (QL= 210ml/14 days) | QL | Preferre d Brands | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid susp | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP (QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone) | QL-ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| LIOTHYRONINE INJ | - | EXC | THYROID AGENTS |
| liothyronine tab (CYTOMEL equiv) | - | Select | THYROID AGENTS |
| LIPID PANEL+ MIS EGLU | - | EXC | DIAGNOSTIC PRODUCTS |
| LIPITOR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTHYPERLIPIDEMICS |
| LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874) | LD-PA-QL | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| LIQUICAL LIQ PLUS | - | EXC | MINERALS & ELECTROLYTES |
| LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; ST requires trial of a of the following: Ozempic, Trulicity, and Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Pref erred Brands | ANTIDIABETICS |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

| | | | | | |
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|---|---------------------|--------------------------------|--|
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | Select | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| LITFULO CAP | - | EXC | DERMATOLOGICALS |
| LITHIUM CARBONATE CAP | - | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate cap (ESKALITH ER equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium oral solution (LITHIUM equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITH-ORO CAP 5MG | OTC | EXC | MINERALS & ELECTROLYTES |
| LITHOSTAT TAB | - | Non-Pref erred Brands | GENITOURINARY AGENTS - MISCELLANEOUS |
| LITTLE REMED SOLN SALINE | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| LIVALO TAB (QL= 1 tab/day; ST req trial of 2: Atoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| LIVDELZI CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN (Only available through Eversana 636-519-2400) | LD-PA | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| LIVTENCITY TAB (QL= 112 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | ANTIVIRALS |
| LO LOESTRIN TAB | - | Preventi ve | CONTRACEPTIVES |
| LOCOID LIPOCREAM | - | Select | DERMATOLOGICALS |
| LODINE TAB | - | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| LODOCO TAB (QL= 30 tabs/30 days) | PA-QL | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone) | QL-ST | Preferre d Brands | MISCELLANEOUS THERAPEUTIC CLASSE |
| LOKELMA PAK 10GM | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| LOKELMA PAK 5GM | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| LOMAIRA TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | Select | ANTIDIARRHEALS |
| loperamide hcl soln | - | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| LOPERAMIDE SOLN | - | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| LOPROX CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LOPROX SUSP | - | Non-Pref erred Brands | DERMATOLOGICALS |
| LOQTORZI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loratadine cap (CLARITIN equiv) | OTC | EXC | ANTIHISTAMINES |
| loratadine/pseudoephedrine tab 10-240mg | - | EXC | COUGH/COLD/ALLERGY |
| loratadine/pseudoephedrine tab 5-120mg | - | EXC | COUGH/COLD/ALLERGY |
| lorazepam conc (ATIVAN equiv) | - | Select | ANTI-ANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | Select | ANTI-ANXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab) | QL-ST | Non-Pref erred Brands | ANTI-ANXIETY AGENTS |
| LOREEV XR CAP 3MG (QL= 3 cap/day; Step therapy requires trial of lorazepam tab) | QL-ST | Non-Pref erred Brands | ANTI-ANXIETY AGENTS |
| LORTAB ELIXIR | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| LORTUSS DM LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| LORTUSS EX LIQUID (QL= 1200ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| LORTUSS LIQUID (QL= 1200ml/30 days) | QL | Preferred Brands | COUGH/COLD/ALLERGY |
| losartan tab (COZAAR equiv) | - | Select | ANTI-HYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | Select | ANTI-HYPERTENSIVES |
| LOTEMAX GEL (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Preferred Brands | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| LOTEMAX SM GEL | - | Preferred Brands | OPHTHALMIC AGENTS |
| loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |

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|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------|---|
| loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | QL-ST | High Cost Generics | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | Select | OPHTHALMIC AGENTS |
| LOTREXONE CAP, NALTREX CAP | - | EXC | ANALGESICS - NONNARCOTIC |
| LOUNZDOMDIOX PAK | - | EXC | DERMATOLOGICALS |
| lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| LOVAZA CAP (QL= 4 caps/day) | QL | Non-Preferrred Brands | ANTIHYPERTENSIVES |
| LOVENOX INJ | - | Non-Preferrred Brands | ANTICOAGULANTS |
| LOVENOX INJ 300MG | - | Non-Preferrred Brands | ANTICOAGULANTS |
| loxapine cap (LOXITANE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month) | QL | Non-Preferrred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUCENTIS INJ | - | EXC | OPHTHALMIC AGENTS |
| LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days) | QL | Non-Preferrred Brands | DERMATOLOGICALS |
| LUMAKRAS TAB (QL= 2 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Preferrred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Preferrred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 320MG (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Preferrred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Preferrred Brands | OPHTHALMIC AGENTS |
| LUMINOPIA MIS | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| LUMISIGHT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferrred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferrred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferrred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferrred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| LUMRYZ STARTER PACK (QL= 28 packets/28 days; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUNESTA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| LUNSUMIO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPKYNIS CAP (QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479) | LD-PA-QL-SF | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSE! |
| LUPRON DEPOT INJ | PA-PMSP | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days) | AMSP-PA-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days) | PA-PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days) | PA-PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LYBALVI TAB (QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone) | QL-ST | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYFGENIA SUSP | - | EXC | HEMATOPOIETIC AGENTS |
| LYMPHOSEEK KIT | - | EXC | DIAGNOSTIC PRODUCTS |
| LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYRICA CAP (Step Therapy required trial of gabapentin and pregabalin) | ST | Non-Pref erred Brands | ANTICONVULSANTS |
| LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln) | QL-ST | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| LYSIPLEX LIQUID PLUS | - | Preferre d Brands | MULTIVITAMINS |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB (QL= 180 tabs/30 days) | QL | Non-Pref erred Brands | HEMOSTATICS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| LYVISPAN GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| LYVISPAN GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| LYVISPAN GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| MACA ROOT CAP | - | EXC | ALTERNATIVE MEDICINES |
| MACRILEN PACK | - | NC | DIAGNOSTIC PRODUCTS |
| MAFENIDE ACETATE SOLN PACK | - | Non-Pref erred Brands | DERMATOLOGICALS |
| MAGNESIUM CAP | OTC | EXC | MINERALS & ELECTROLYTES |
| MAGNESIUM CARBONATE SUSP | - | EXC | ANTACIDS |
| MAGNESIUM CHEW TAB | - | EXC | MINERALS & ELECTROLYTES |
| MAGNESIUM CHW | OTC | EXC | MINERALS & ELECTROLYTES |
| MAGNESIUM GLYCINATE CAP | - | EXC | MINERALS & ELECTROLYTES |
| MAGNESIUM HYDROXIDE CHEW TAB | OTC | EXC | LAXATIVES |
| MAGNESIUM SU INJ | - | EXC | MINERALS & ELECTROLYTES |
| MAGNESIUM W/ POTASSIUM CAP | OTC | EXC | MINERALS & ELECTROLYTES |
| MAKENA INJ (QL= 4 vials/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | PROGESTINS |
| MAKENA INJ (QL= 4.4 ml/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | PROGESTINS |
| malathion lotion (OVIDE equiv) | - | Select | DERMATOLOGICALS |
| MAPROTILINE TAB | - | Select | ANTIDEPRESSANTS |
| maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |

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|------|---|------|--|------|-------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| MAR-COF CG LIQUID (QL= 473ml/month) | QL | Preferred Brands | COUGH/COLD/ALLERGY |
| MARGENZA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MARINOL CAP (QL= 2 caps/day) | QL | Non-Preferred Brands | ANTIEMETICS |
| MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Preferred Brands | ANTIDEPRESSANTS |
| MATULANE CAP (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty | ANTINEOPLASTICS |
| MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year) | PA-PMSP-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVYRET PAK (QL= 5 packets/day) | AMSP-QL | Preferred Specialty | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | PMSP-QL | Preferred Specialty | ANTIVIRALS |
| MAXALT MLT TAB (QL= 12 tabs/30 days) | QL | Non-Preferred Brands | MIGRAINE PRODUCTS |
| MAXALT TAB (QL= 12 tabs/30 days) | QL | Non-Preferred Brands | MIGRAINE PRODUCTS |
| MAXFE TAB | OTC | EXC | HEMATOPOIETIC AGENTS |
| MAXIDEX OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| MAYZENT TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year) | PA-PMSP-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine chew tab (BONINE equiv) | OTC | Select | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) | OTC | Select | ANTIEMETICS |
| MECLOFENAMATE CAP | - | Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| MEDIHONEY PASTE WOUND | - | EXC | DERMATOLOGICALS |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | DERMATOLOGICALS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days) | QL | Preventive | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | Select | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| mefloquine tab (LARIAM equiv) | - | High Cost Generics | ANTIMALARIALS |
| MEGARED ADV CAP 4 IN 1 | OTC | EXC | ALTERNATIVE MEDICINES |
| megestrol ES susp (MEGACE ES equiv) | - | Select | PROGESTINS |
| MEGESTROL SUSP | - | Select | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST SOLN (QL= 40ml/day) | LMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| melatonin chew tab | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN TAB | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN TAB DISINTEGRATING | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-5-HTP-PYRIDOXINE ER TAB | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-ASHWAGANDHA-THEANINE-LEMON BALM CAP | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-ELDERBERRY-VIT C-VIT D3-ZINC CAP | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-LEMON BALM ORALLY DISINTEGRATING TAB | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-PYRIDOXINE TAB ER | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-THEANINE CHEW TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-THEANINE TABLET DISINTEGRATING | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB | - | EXC | ALTERNATIVE MEDICINES |
| MELATONIN-TURMERIC-BLACK PEPPER CAP | - | EXC | ALTERNATIVE MEDICINES |
| meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin) | QL-ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM COMFORT KIT | - | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM SUSP | - | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp) | --QL-ST | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| MELPHALAN TAB | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| memantine soln (NAMENDA equiv) (QL= 300 ml/30 days) | QL | High Cost Generics | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | Preventive | VACCINES |
| M-END DMX LIQUID (QL= 1800ml/30 days) | QL | Preferred Brands | COUGH/COLD/ALLERGY |
| MENEST TAB | - | Preferred Brands | ESTROGENS |
| MENHIBRIX INJ | VAC | Preventive | VACCINES |
| MENOMUNE INJ | VAC | Preventive | VACCINES |
| MENOSTAR PATCH | - | Non-Preferred Brands | ESTROGENS |
| MENQUADFI INJ | VAC | Preventive | VACCINES |
| MENTAX CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| menthol gel (RA COLD GEL THERAPY equiv) | - | EXC | DERMATOLOGICALS |
| MENTHOL GEL 5.5% | - | EXC | DERMATOLOGICALS |
| menthol-methyl salicylate patch (SALONPAS equiv) | OTC | EXC | DERMATOLOGICALS |
| MENTHOREAL10 THERAPY PACK | - | EXC | DERMATOLOGICALS |
| MENTHOZEN CREAM | - | Preferred Brands | DERMATOLOGICALS |
| MENTICAM CREAM | - | EXC | DERMATOLOGICALS |
| MENVEO INJ | VAC | Preventive | VACCINES |
| MENVEO SOLN | VAC | Preventive | VACCINES |
| MEPERIDINE SOLN | - | Preferred Brands | ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) (QL= 6 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| meprobamate tab (MILTOWN equiv) | - | High Cost Generics | ANTI-ANXIETY AGENTS |
| mercaptopurine tab (PURINETHOL equiv) | - | Select | ANTINEOPLASTICS |
| MEROPENEM IV SOLN | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) (QL= 60mL/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA) | QL-ST | High Cost Generics | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) (QL= 8 caps/day) | QL-ST | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine kit | - | EXC | GASTROINTESTINAL AGENTS - MISC. |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---------------------|--------------------------|---|
| mesalamine supp (CANASA equiv) (QL= 1 supp/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) (QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA) | QL-ST | High Cost Generics | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | PMSP | Preferred Specialty | ANTINEOPLASTICS |
| METAFOBIC PLUS TAB | - | Non-Preferred Brands | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| METAMUCIL 4-IN-1 FIBER | - | EXC | LAXATIVES |
| METAMUCIL POWDER | OTC | EXC | LAXATIVES |
| METANX FC CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| metaxalone tab (SKELAXIN equiv) | - | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | Non-Preferred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| METDRAY GEL | - | EXC | DERMATOLOGICALS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | Select | ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | High Cost Generics | ANTIDIABETICS |
| METFORMIN TAB (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | QL-ST | Select | ANTIDIABETICS |
| METHADONE HCL-SODIUM CHLORIDE SOLN PREF SYR | - | EXC | ANALGESICS - OPIOID |
| METHADONE INJ | - | EXC | ANALGESICS - OPIOID |
| METHADONE INJ | - | Non-Preferred Brands | ANALGESICS - OPIOID |
| methadone sol 10mg/5ml (QL= 20ml/day) | QL | Select | ANALGESICS - OPIOID |
| METHADONE SOLN | - | Non-Preferred Brands | ANALGESICS - OPIOID |
| methadone soln (QL= 4 ml/day) | --QL | Select | ANALGESICS - OPIOID |
| methadone soln 5mg/5ml (QL= 40ml/day) | QL | Select | ANALGESICS - OPIOID |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| METHADOSE CONC (QL= 4 ml/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| methadose tab (QL= 1 tab/day) | QL | Select | ANALGESICS - OPIOID |
| methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------------|---|
| methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide) | ST | High Cost Generics | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine-sodium salicylate tab | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | Select | THYROID AGENTS |
| METHITEST TAB (QL= 150 tablets/30 days) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| METHOTREXATE INJ | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (Trexall equiv) | - | Select | ANTINEOPLASTICS |
| METHOXSALEN CAP | - | Non-Pref erred Brands | DERMATOLOGICALS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | Select | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | Select | ULCER DRUGS |
| methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln) | QL-ST | High Cost Generics | ANTICONVULSANTS |
| METHYCLOTHIAZIDE TAB | - | Select | DIURETICS |
| METHYL B-12 CHW | - | EXC | HEMATOPOIETIC AGENTS |
| METHYL SALIC CREAM | - | EXC | DERMATOLOGICALS |
| METHYL SALIC OIL | - | EXC | DERMATOLOGICALS |
| methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv) | OTC | EXC | DERMATOLOGICALS |
| methylcobalamin orally disintegrating tab (B-12 equiv) | OTC | EXC | HEMATOPOIETIC AGENTS |
| METHYLDOPA TAB | - | Preferre d Brands | ANTIHYPERTENSIVES |
| methyl dopa tab (ALDOMET equiv) | - | Select | ANTIHYPERTENSIVES |
| methyl dopa/hydrochlorothiazide tab (ALDORIL equiv) | - | Select | ANTIHYPERTENSIVES |
| methylene blue inj | - | EXC | ANTIDOTES |
| METHYLENE BLUE INJ SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| methylergonovine tab (METHERGINE equiv) | - | Select | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day) | QL | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------|---|
| methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL-ST | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 10mg (QL= 3 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 20mg (QL= 3 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | Select | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | Select | CORTICOSTEROIDS |
| methyltestosterone cap (QL= 150 tablets/30 days) | PA-QL | High Cost Generics | ANDROGENS-ANABOLIC |
| METIPRANOLOL OPHTH SOLN | - | Preferre d Brands | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |

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|------|---|------|--|------|-------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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|--|---------------------|-----------------------------|---|
| metoclopramide tab (REGLAN equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | Select | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | Select | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | Select | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| METOZOLV ODT (Step Therapy requires trial of metoclopramide) | ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| metronidazole cap (FLAGYL equiv) | - | High Cost Generics | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | Select | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | Select | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | Select | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | Select | VAGINAL PRODUCTS |
| metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days) | PA-QL | High Cost Generics | ANTIHYPERTENSIVES |
| mexiletine hcl cap | - | Select | ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC | DERMATOLOGICALS |
| MG217 PSORIA GEL COAL 2% | - | EXC | DERMATOLOGICALS |
| MIACALCIN INJ | - | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mibelas chew tab (MINASTRIN equiv) | - | Preventi ve | CONTRACEPTIVES |
| MICAFUNGIN INJ NAACL | - | EXC | ANTIFUNGALS |
| MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| MICLARA LIQUID | - | Non-Pref erred Brands | ANTIHISTAMINES |
| MICORT-HC CREAM | - | Preferre d Brands | DERMATOLOGICALS |
| MICROVIX LP PAK | - | NC | DERMATOLOGICALS |
| MICURADERM EMU | - | EXC | DERMATOLOGICALS |
| MIDAZOLAM HCL IV SOLN PREF SYRINGE | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midazolam hcl syrup | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midazolam inj (MIDAZOLAM equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| MIDAZOLAM IV SOLN PREFILLED SYRINGE | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| MIDAZOLAM/NAACL INJ | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |

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| MIDAZOLAM/SODIUM CHLORIDE IV SOLN | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv) | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| midodrine tab (PROAMATINE equiv) | - | Select | VASOPRESSORS |
| MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| MIFEPREX TAB | - | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty | ANTIDIABETICS |
| mifepristone tab (MIFEPREX equiv) | AMSP-PA-QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGERGOT SUPP (QL= 20 supp/28 days) | QL | Preferre d Brands | MIGRAINE PRODUCTS |
| MIGLITOL TAB | - | High Cost Generics | ANTIDIABETICS |
| miglitol tab (MIGLITOL equiv) | - | High Cost Generics | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | Generic Specialty | HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| MILK OF MAGNESIUM SUSP | - | EXC | LAXATIVES |
| milk thistle (silybum marianum) cap | - | EXC | ALTERNATIVE MEDICINES |
| MILK THISTLE CAP | - | EXC | ALTERNATIVE MEDICINES |
| MILLIPRED DP PAK | - | Non-Pref erred Brands | CORTICOSTEROIDS |
| MILLIPRED TAB | - | Non-Pref erred Brands | CORTICOSTEROIDS |
| minocycline cap (MINOCIN equiv) | - | Select | TETRACYCLINES |
| MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline) | QL-ST | Non-Pref erred Brands | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab) | QL-ST | High Cost Generics | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | High Cost Generics | TETRACYCLINES |
| MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab) | QL-ST | Non-Pref erred Brands | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | Select | ANTIHYPERTENSIVES |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| MIOSTAT INJ | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| MIPLYFFA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| mirabegron tab er (MYRBETRIQ equiv) (ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, trospium tab/SR cap) | ST | High Cost Generics | URINARY ANTISPASMODICS |
| MIRALAX PACKET | - | Non-Pref erred Brands | LAXATIVES |
| MIRALAX POWDER | - | Non-Pref erred Brands | LAXATIVES |
| MIRAPEX ER TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AGENTS |
| MIRCERA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| MIRENA IUD | - | Preventi ve | CONTRACEPTIVES |
| MIRO3D WOUND PAD | - | EXC | DERMATOLOGICALS |
| MIROTRACT MIS | - | EXC | DERMATOLOGICALS |
| mirtazapine ODT (REMERON equiv) | - | Select | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | Select | ANTIDEPRESSANTS |
| MIRVASO GEL | - | EXC | DERMATOLOGICALS |
| MISC NATURAL PRODUCTS CAP DR | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| MISC NATURAL PRODUCTS CAP ER | OTC | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| MISC NATURAL PRODUCTS CAPSULE THERAPY PACK | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| misoprostol tab (CYTOTEC equiv) | - | Select | ULCER DRUGS |
| MITIGARE CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | GOUT AGENTS |
| MITOCHONDRIAL RENEWAL KIT | OTC | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| M-M-R II INJ | VAC | Preventi ve | VACCINES |
| MODAFINIL POW | - | EXC | CHEMICALS |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MODERIBA TAB | AMSP-PA | Non-Pref erred Specialty | ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | Select | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | Preferre d Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | Preventi ve | ANTIVIRALS |
| mometasone cream (ELOCON equiv) | - | Select | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | Select | DERMATOLOGICALS |

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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|---|
| mometasone soln (ELOCON equiv) | - | Select | DERMATOLOGICALS |
| MONODOX CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | TETRACYCLINES |
| montelukast chew tab (SINGULAIR equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | Non-Pref erred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| MOOD POSITIV TAB 5-HTP | - | EXC | HEMATOPOIETIC AGENTS |
| MORGIDOX KIT (QL= 1 kit/30 days) | QL | Non-Pref erred Brands | TETRACYCLINES |
| MORPHABOND TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| MORPHINE SUL INJ | - | EXC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select | ANALGESICS - OPIOID |
| morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select | ANALGESICS - OPIOID |
| morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day) | QL | Select | ANALGESICS - OPIOID |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|--------------------------------------|
| MORPHINE SULFATE ORAL SOLN 100MG/5ML (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Select | ANALGESICS - OPIOID |
| MORPHINE SULFATE ORAL SOLN 10MG/5ML (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Select | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN | - | Preferred Brands | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN | - | Select | ANALGESICS - OPIOID |
| morphine sulfate soln (MORPHINE equiv) | - | Select | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | Preferred Brands | ANALGESICS - OPIOID |
| MORPHINE SULFATE TAB | - | Non-Preferred Brands | ANALGESICS - OPIOID |
| morphine sulfate tab | - | Select | ANALGESICS - OPIOID |
| MORPHINE SULFATE-NACL INJ SOLN PREF SYR | - | EXC | ANALGESICS - OPIOID |
| MOTEGRITY TAB (QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone) | QL-ST | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| MOTOFEN TAB | - | Non-Preferred Brands | ANTIDIARRHEALS |
| MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap) | QL-ST | Non-Preferred Brands | ANTICONVULSANTS |
| MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap) | QL-ST | Non-Preferred Brands | ANTICONVULSANTS |
| MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap) | QL-ST | Non-Preferred Brands | ANTICONVULSANTS |
| MOUNJARO INJ (QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Rybelsus, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands | ANTIDIABETICS |
| MOUNTAIN CEDAR INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| MOUSE EPITHE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| MOVANTIK TAB (QL= 30 tabs/30 days) | PA-QL | Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN | - | Non-Preferred Brands | LAXATIVES |
| MOXATAG TAB (Step Therapy requires trial of amoxicillin) | ST | Non-Preferred Brands | PENICILLINS |
| MOXEZA OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | Select | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops) | --QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | Select | FLUOROQUINOLONES |
| MOXIFLOXACIN/BROMFENAC SOLN | - | EXC | OPHTHALMIC AGENTS |
| MOZOBIL INJ | - | EXC | HEMATOPOIETIC AGENTS |
| MPM PAK | - | EXC | OXYTOCICS |
| MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years and older) | QL-VAC | Preventi ve | VACCINES |
| MS CONTIN TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| MSM TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| MUCINEX CAP DAY/NITE | - | EXC | COUGH/COLD/ALLERGY |
| MUCINEX CHILD PAK COUGH | - | EXC | COUGH/COLD/ALLERGY |
| MUCINEX COLD/FLU CAP | OTC | EXC | COUGH/COLD/ALLERGY |
| MUCINEX LIQUID | - | Non-Pref erred Brands | COUGH/COLD/ALLERGY |
| MUCINEX TAB | - | Non-Pref erred Brands | COUGH/COLD/ALLERGY |
| mucus D max tab | - | EXC | COUGH/COLD/ALLERGY |
| MUPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553) | LMSP-PA-QL | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| MULT ELECTRO INJ PH | - | EXC | MINERALS & ELECTROLYTES |
| MULTAQ TAB | - | Non-Pref erred Brands | ANTIARRHYTHMICS |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | Select | HEMATOPOIETIC AGENTS |
| multigen tab (CHROMAGEN equiv) | - | Select | HEMATOPOIETIC AGENTS |
| MULTI-MAC TAB | - | Preferre d Brands | MULTIVITAMINS |
| MULTIPLE VITAMIN IV EMULSION | - | EXC | MULTIVITAMINS |
| MULTIPLE VITAMIN TAB ER | - | EXC | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | Preferre d Brands | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | Preferre d Brands | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | Preferre d Brands | MULTIVITAMINS |
| MULTIVITAMIN/MINERALS TAB | - | NC | MULTIVITAMINS |
| mupirocin cream (BACTROBAN CREAM equiv) | - | Select | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | Select | DERMATOLOGICALS |
| MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| MYCAPSSA CAP (Only available through AcariaHealth 800-511-5144) | LD-PA | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mycophenolate DR tab (MYFORTIC equiv) | - | Select | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | Select | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | Select | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | Select | ASSORTED CLASSES |
| MYCOZYL HC GEL | - | EXC | DERMATOLOGICALS |
| MYCOZYL HC LIQ | - | EXC | DERMATOLOGICALS |
| MYDAYIS CAP 12.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 25MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 37.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 50MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDCOMBI OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |
| MYFEMBREE TAB (QL= 28 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ESTROGENS |
| MYHIBBIN SUSP | - | Preferre d Brands | MISCELLANEOUS THERAPEUTIC CLASSE |
| MYLERAN TAB | AMSP | Preferre d Specialty | ANTINEOPLASTICS |
| MYLK CAP | - | EXC | ALTERNATIVE MEDICINES |
| MYNATAL-Z TAB | - | Non-Pref erred Brands | MULTIVITAMINS |
| MYRBETRIQ SUSP (QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap) | QL-ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| MYRBETRIQ TAB | - | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| MYROSINASE-ASCORBIC ACID CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| MYTESI TAB | - | Non-Pref erred Brands | ANTIDIARRHEALS |
| N.O.MAX ER TAB 660-50MG | OTC | EXC | NUTRIENTS |
| nabumetone tab (RELAFEN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| N-ACETYL TYROSINE-PYRIDOXINE HCL CAP | OTC | EXC | NUTRIENTS |
| nadolol tab (CORGARD equiv) | - | Select | BETA BLOCKERS |
| NAFLON CAP (QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | QL-ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |

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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---------------------|----------------------|---|
| naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| NAFTIFINE CREAM 1% | - | Preferred Brands | DERMATOLOGICALS |
| naftifine gel (NAFTIN equiv) | - | High Cost Generics | DERMATOLOGICALS |
| naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| NAFTIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream) | --QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| NAFTIN GEL 2% (QL= 60 grams/30 days) | QL | Non-Preferred Brands | DERMATOLOGICALS |
| nalbuphine inj | - | EXC | ANALGESICS - OPIOID |
| naloxone hcl nasal spray (NARCAN equiv) | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE HCL SOLN 0.4MG/ML (QL= 2ml/fill, 2 fills/30 days) | QL | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE NASAL SPRAY | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month) | --QL | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIEWA equiv) | - | Select | ANTIDOTES |
| NAMENDA TAB (Step Therapy requires trial of memantine tab) | ST | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA TITRAPAK (QL= 49 tabs/28 days) | QL | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab) | QL-ST | Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NANRAN OINT | - | EXC | DERMATOLOGICALS |
| NAPRELAN CR TAB (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap) | ST | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROTIK KIT | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| naproxen sodium CR tab (NAPRELAN CR equiv) (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap) | ST | High Cost Generics | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen susp (NAPROSYN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| NARCAN HCL SPRAY (OTC) | OTC | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARDIL TAB 15MG (QL= 4 tabs/day) | QL | Non-Preferred Brands | ANTIDEPRESSANTS |
| NASCOBAL SPRAY 500MCG/0.1ML | - | Non-Preferred Brands | HEMATOPOIETIC AGENTS |
| NASONEX NASAL SPRAY | - | Non-Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NATACYN OPHTH SUSP (QL= 45ml/30 days) | QL | Preferred Brands | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | Preventive | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | Select | ANTIDIABETICS |
| NATESTO GEL (QL= 3 bottles/30 days) | PA-QL | Non-Preferred Brands | ANDROGENS-ANABOLIC |
| NATESTO NASAL GEL (QL= 3 bottles/30 days) | PA-QL | Non-Preferred Brands | ANDROGENS-ANABOLIC |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Non-Preferred Brands | DERMATOLOGICALS |
| NATTOKINASE CAP | - | EXC | ALTERNATIVE MEDICINES |
| NATURL FIBER POWDER | - | EXC | LAXATIVES |
| NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month) | QL | Preferred Brands | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day) | QL | Select | BETA BLOCKERS |
| NEBUSAL NEB SOLN | - | Non-Preferred Brands | COUGH/COLD/ALLERGY |
| NEFAZODONE TAB | - | Select | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | Select | ANTIDEPRESSANTS |
| NEFFY SPRAY (QL= 2 doses/fill; Step therapy requires trial of epinephrine injection) | QL-ST | Non-Preferred Brands | VASOPRESSORS |
| nelarabine iv soln (ARRANON equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|---|---------------------|-------------------------|--|
| NEMLUVIO INJ | - | NC | DERMATOLOGICALS |
| NENDRUX GEL | - | EXC | DERMATOLOGICALS |
| neomycin tab | - | Select | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | Select | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | Select | OTIC AGENTS |
| neomycin/polymixin/dexamethasone ophth oint (MAXITROL equiv) | - | Select | OPHTHALMIC AGENTS |
| neomycin/polymixin/dexamethasone ophth soln (MAXITROL equiv) | - | Select | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | Non-Preferred Brands | MULTIVITAMINS |
| NEONATAL FE TAB | - | Non-Preferred Brands | MULTIVITAMINS |
| NEOSALUS FOAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| NEOSTIGMINE METHYLSULFATE INJ | - | EXC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| neostigmine methylsulfate soln pref syringe | - | EXC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| NEO-SYNALAR CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| NEO-SYNALAR KIT | - | Non-Preferred Brands | DERMATOLOGICALS |
| NEPHRON FA TAB | - | Preferred Brands | HEMATOPOIETIC AGENTS |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NETTLE INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| NEULASTA INJ (QL= 1.2 units/28 days) | PA-PMSP-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| NEUPOGEN INJ (QL= 15 syringes/30 days) | PA-PMSP-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| NEUPRO PATCH (QL= 1 patch/day) | QL | Non-Preferred Brands | ANTIPARKINSON AGENTS |
| NEURACIN GEL | - | EXC | DERMATOLOGICALS |
| NEUROLITE KIT | - | EXC | DIAGNOSTIC PRODUCTS |
| NEUROPHX CAP | OTC | EXC | HEMATOPOIETIC AGENTS |
| NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB (QL= 3 tabs/day) | QL | Preferred Brands | ANTIVIRALS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|---|---------------------|-------------------------|---|
| nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| NEVIRAPINE SUSP (QL= 1200ml/30 days) | QL | Preferred Brands | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days) | QL | Preferred Brands | COUGH/COLD/ALLERGY |
| NEXAVAR TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEXICLON XR TAB (QL= 3 tabs/day) | QL | Non-Preferred Brands | ANTIHYPERTENSIVES |
| NEXIUM 24HR TAB | - | Non-Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| NEXIUM CAP | - | Non-Preferred Brands | ULCER DRUGS |
| NEXIUM GRANULE PACK | - | Non-Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| NEXIUM GRANULE PACK | - | Preferred Brands | ULCER DRUGS |
| NEXLETOL TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands | ANTHYPERLIPIDEMICS |
| NEXLIZET TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands | ANTHYPERLIPIDEMICS |
| NEXOBRID GEL | - | EXC | DERMATOLOGICALS |
| NEXPLANON IMPLANT | - | Preventive | CONTRACEPTIVES |
| NEXTSTELLIS TAB (QL= 28 tabs/24 days) | QL | Preventive | CONTRACEPTIVES |
| NEXVIAZYME INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NGENLA INJ (QL= 1.2ml/28 days) | AMSP-PA-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) | QL | Select | ANTHYPERLIPIDEMICS |
| NIACIN TR CAP | OTC | EXC | VITAMINS |
| NIACINAMIDE/SULFACETAMIDE CREAM | - | EXC | DERMATOLOGICALS |
| NIACINAMIDE-TRETINOIN GEL | - | EXC | DERMATOLOGICALS |
| NIACOR TAB | - | Non-Preferred Brands | ANTHYPERLIPIDEMICS |
| NIASPAN ER TAB | - | Non-Preferred Brands | ANTHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| NICARDIPINE INJ | - | EXC | CALCIUM CHANNEL BLOCKERS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| NICAZELDOXY KIT | - | Preferred Brands | TETRACYCLINES |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| NILANDRON TAB (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | High Cost Generics | CALCIUM CHANNEL BLOCKERS |
| NINLARO CAP | PA-PMSP | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NIPRIDE RTU INJ | - | EXC | ANTIHYPERTENSIVES |
| nisoldipine ER tab (SULAR equiv) | - | High Cost Generics | CALCIUM CHANNEL BLOCKERS |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month) | QL | High Cost Generics | ANTI-INFECTIVE AGENTS - MISC. |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days; ST req trial of 1: metronidazole, tinidazole) | QL-ST | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| nitisinone cap (ORFADIN equiv) | LMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | Preferred Brands | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | Non-Preferred Brands | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML) | ST | Non-Pref erred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) | ST-- | Select | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | Select | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | High Cost Generics | ANTIANGINAL AGENTS |
| nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2)) | RDX | Select | ANORECTAL AND RELATED PRODUCTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | Select | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | Select | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | Non-Pref erred Brands | ANTIANGINAL AGENTS |
| nitroprusside sodium in nacl 0.9% iv soln (NIPRIDE RTU equiv) | - | EXC | ANTIHYPERTENSIVES |
| NITYR TAB (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ (QL= 15 syringes/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| NIX LICE SPRAY | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| NIZATIDINE CAP | - | Preferre d Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | Select | ULCER DRUGS |
| NIZORAL A-D SHAMPOO | - | EXC | DERMATOLOGICALS |
| nizoral a-d shampoo (NIZORAL equiv) | --OTC | Select | DERMATOLOGICALS |
| NIZORAL SHAMPOO | - | Non-Pref erred Brands | DERMATOLOGICALS |
| NOCDURNA SL TAB | - | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days) | QL | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NON-PREFERRED CGM MONITOR SUPPLIES KIT | PA | Non-Pref erred Brands | MEDICAL DEVICES AND SUPPLIES |
| NORCO 10-325mg (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| NORCO 5-325mg (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| NORCO TAB 7.5MG-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| NORDITROPIN INJ, NUTROPIN AQ INJ | PA-PMSP | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOREPINEPHRINE INJ | - | EXC | VASOPRESSORS |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) | - | Preventi ve | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | Preventi ve | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | Select | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | Preventi ve | CONTRACEPTIVES |
| NORGESIC TAB FORTE | - | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| NORLIQVA ORAL SOLN (QL= 300ml/30 days) | QL | Non-Pref erred Brands | CALCIUM CHANNEL BLOCKERS |
| NORPACE CR CAP | - | Preferre d Brands | ANTIARRHYTHMICS |
| NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416) | LD-QL-ST | Non-Pref erred Specialty | VASOPRESSORS |
| NORTHERA CAP 100MG (QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416) | LD-QL-ST | Non-Pref erred Specialty | VASOPRESSORS |
| NORTHERN QUAHOG CLAM INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | Preventi ve | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | Preventi ve | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | Select | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | Select | ANTIDEPRESSANTS |
| NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| NORVIR TAB (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| NOURIANZ TAB (QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)) | LMSP-QL-ST | Non-Pref erred Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| NOVACORT GEL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| NOVAMV PED DROPS | OTC | EXC | MULTIVITAMINS |

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|------|--|------|--|------|--|
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| NOVAVAX INJ | VAC | Preventive | VACCINES |
| NOVOFINE PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days) | OTC-QL | Select | ANTIDIABETICS |
| NOVOLIN 70/30 INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN N INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN N RELION INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN R INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLIN VIAL (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG MIX INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG PENFILL INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL INJ | - | EXC | ANTIFUNGALS |
| NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab) | QL-ST | Non-Preferred Brands | ANTIFUNGALS |
| NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole) | ST | Non-Preferred Brands | ANTIFUNGALS |
| NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND) | QL-ST | Non-Preferred Brands | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | EXC | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | M-PA-PMSP-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARARXPAK KIT | - | EXC | DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| NUCYNTA TAB (QL= 6 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| NUDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA) | QL-ST | Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NUJO SOLN | - | EXC | DERMATOLOGICALS |
| NULIBRY INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| nulido pad (NULIDO equiv) | - | NC | DERMATOLOGICALS |
| NULYTELY SOLN | - | Non-Preferred Brands | LAXATIVES |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| NUMOISYN LOZENGE | - | Non-Pref erred Brands | MOUTH/THROAT/DENTAL AGENTS |
| NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NURTEC ODT (QL= 8 tabs/30 days) | PA-QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER | OTC | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| NUVAKAAN II KIT | - | NC | DERMATOLOGICALS |
| NUVARING | - | Non-Pref erred Brands | CONTRACEPTIVES |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln) | QL-ST | Preferre d Brands | VAGINAL PRODUCTS |
| NUVIGIL TAB 150MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| NUVIGIL TAB 200G (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| NUVIGIL TAB 250MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| NUVIGIL TAB 50MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| NUVIRA PATCH | OTC | EXC | DERMATOLOGICALS |
| NUWIQ INJ | AMSP-PA | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| NUWIQ KIT | PA-PMSP | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | TETRACYCLINES |
| NYMALIZE SOLN | - | Non-Pref erred Brands | CALCIUM CHANNEL BLOCKERS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | Select | DERMATOLOGICALS |
| nystatin oint | - | Select | DERMATOLOGICALS |
| nystatin powder | - | Select | ANTIFUNGALS |
| NYSTATIN SUSP (QL= 720ml/30 days) | QL | Non-Pref erred Brands | MOUTH/THROAT/DENTAL AGENTS |
| nystatin susp | QL-- | Select | MOUTH/THROAT/DENTAL AGENTS |

| | | | | | |
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| nystatin tab | - | Select | ANTIFUNGALS |
| nystatin topical powder | - | Select | DERMATOLOGICALS |
| nystatin/triamcinolone cream | - | Select | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | Select | DERMATOLOGICALS |
| NYVEPRIA INJ (QL= 2 inj/28 days) | PMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| OAT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| OBREDON SOLN (QL= 1800ml/30 days) | QL | Non-Preferred Brands | COUGH/COLD/ALLERGY |
| OBTREX DHA PAK | OTC | EXC | MULTIVITAMINS |
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| OCREVUS INJ (QL= 60ml/365 days) | M-PA-PMSP-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OCREVUS ZUNOVO INJ (QL= 23ml/180 days; Only available through Emerging Health 971-290-2010) | LD-M-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| octreotide acetate for im inj kit (SANDOSTATIN equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | PA-PMSP | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCUDOX KIT | - | Non-Preferred Brands | TETRACYCLINES |
| ODACTRA SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB (QL= 1 tab/day) | QL | Preferred Brands | ANTIVIRALS |
| ODOMZO CAP | AMSP-PA-SF | Preferred Specialty | 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 | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | Select | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | Select | OTIC AGENTS |
| OFLOXACIN TAB | - | Non-Preferred Brands | FLUOROQUINOLONES |
| ofloxacin tab (FLOXIN equiv) | - | Select | FLUOROQUINOLONES |
| OGSIVEO TAB (QL= 168 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OGSIVEO TAB 100MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| OGSIVEO TAB 150MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OHTUVAYRE SUSP (QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | Non-Pref erred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| OJEMDA SUSP (QL= 96 mL/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJEMDA TAB (QL= 24 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | 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-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day) | QL | High Cost Generics | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| olmesartan tab (BENICAR equiv) | - | Select | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days) | QL | Select | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray) | QL-ST | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | Select | OPHTHALMIC AGENTS |
| OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OLUMIANT TAB (QL= 1 tab/day) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| OLUMIANT TAB 4MG | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| OLYSIO CAP (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | ANTIVIRALS |
| OMEGA 3 FATTY ACIDS-LUTEIN-ZEAXANTHIN CAP | - | EXC | ALTERNATIVE MEDICINES |
| OMEGA-3 FA-CHOLECALCIFEROL CAP | - | EXC | NUTRIENTS |
| OMEGA-3 FATTY ACIDS CAP | OTC | EXC | NUTRIENTS |
| OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR | - | EXC | ALTERNATIVE MEDICINES |
| OMEGA-3 FATTY ACIDS-VITAMIN E CAP | - | EXC | NUTRIENTS |
| OMEGA-3 RX PAK COMPLETE | - | NC | ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day) | QL | Select | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | Select | ULCER DRUGS |
| omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) | OTC | Select | ULCER DRUGS |
| omeprazole tab | OTC | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | Select | ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | Select | ULCER DRUGS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| OMNARIS NASAL SPRAY | - | Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNIPAQUE SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 KIT (QL= 1 kit/year) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 15 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH KIT (QL= 1 kit/year) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 15 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ (QL= 9 cartridges/28 days) | PMSP-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OMVOH INJ | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| OMVOH INJ (QL= 2ml/28 days) | --AMSP-PA-QL | Non-Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| ONCOPLEX ES CAP | - | EXC | ALTERNATIVE MEDICINES |
| ondansetron ODT (ZOFTRAN equiv) | - | Select | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days) | QL | Select | ANTIEMETICS |
| ONDANSETRON TAB | - | Select | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | Select | ANTIEMETICS |
| ONDANSETRON TAB ODT 16MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln) | QL-ST | Non-Preferred Brands | ANTIEMETICS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| ONE A DAY PRENATAL ADV | OTC | EXC | MULTIVITAMINS |
| ONETOUCH SOLN KIT COMPLETE | - | NC | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH SOLN KIT REFILL | - | NC | MEDICAL DEVICES AND SUPPLIES |
| ONFI SUSP (QL= 480ml/30 days) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| ONFI TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline) | ST | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| ONUREG TAB (QL= 14 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT | - | NC | DERMATOLOGICALS |
| ONYDA XR SUSP (QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ONZDEAXIADEM GEL | - | EXC | DERMATOLOGICALS |
| ONZDEAXIAZAR GEL | - | EXC | DERMATOLOGICALS |
| ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| OPDIVO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OPDUALAG SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OPILL TAB | - | Preventi ve | CONTRACEPTIVES |
| opium tincture | - | EXC | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferre d Specialty | CARDIOVASCULAR AGENTS - MISC. |
| OPSYNVI TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| OPTASE DROPS | - | EXC | OPHTHALMIC AGENTS |
| OPVEE NASAL SPRAY | - | Preferre d Brands | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| OPZELURA CREAM (QL= 120 grams/28 days) | PA-QL | Non-Pref erred Brands | DERMATOLOGICALS |
| ORACEA CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands | DERMATOLOGICALS |

| | | | | | |
|------|--|------|--|------|--|
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|--|---------------------|-------------------------|--|
| ORACIT SOLN | - | Preferred Brands | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands | BIOLOGICALS MISC |
| ORANGE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| ORAVIG TAB | - | Non-Preferred Brands | MOUTH/THROAT/DENTAL AGENTS |
| OREGANO OIL CAP | - | EXC | ALTERNATIVE MEDICINES |
| OREGON ASH POLLEN EXTRACT INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ORENITRAM TAB (Only available through Accredo 888-773-7376) | LD-PA | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ORFADIN CAP (Only available through Eversana 636-519-2400) | LD-PA | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORFADIN SUSP (Only available through Eversana 636-519-2400) | LD-PA | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | AMSP-PA-QL | Non-Preferred Specialty | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | AMSP-PA-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | AMSP-PA-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017) | LD-PA-QL | Non-Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| ORPHENADRINE INJ | - | EXC | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab) | QL-ST | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORTIKOS ER CAP | - | Non-Preferred Brands | CORTICOSTEROIDS |
| OSAPLEX CAP | OTC | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select | ANTIVIRALS |
| oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select | ANTIVIRALS |
| oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days) | QL | Select | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days) | QL | Select | ANTIVIRALS |
| OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine) | QL-ST | Non-Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOLEX ER TAB (Step Therapy requires trial of amantadine) | QL-ST | Non-Preferred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB (Step Therapy requires trial of CLENPIQ) | ST | Non-Preferred Brands | LAXATIVES |
| OSPHENA TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OSSOPAN 1100 CAP | - | EXC | MINERALS & ELECTROLYTES |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | PA-PMSP-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | Select | OTIC AGENTS |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic) | QL-ST | Non-Preferred Brands | OTIC AGENTS |
| OTREXUP INJ 10MG (QL= 1.6ml/28 days) | QL | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| OTREXUP INJ 15MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| OVACE PLUS CREAM | - | EXC | DERMATOLOGICALS |
| OVACE PLUS GEL | - | EXC | DERMATOLOGICALS |
| OVACE PLUS LOTION | - | EXC | DERMATOLOGICALS |
| OVACE PLUS FOAM | - | EXC | DERMATOLOGICALS |
| OVIDREL INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| oxandrolone tab (OXANDRIN equiv) | - | EXC | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab) | ST | High Cost Generics | ANTIAXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| OXBRYTA TAB 300MG (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANTICONVULSANTS |
| oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANTICONVULSANTS |
| oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day) | QL | High Cost Generics | ANTICONVULSANTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | Select | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | Select | ANTICONVULSANTS |
| OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | OPHTHALMIC AGENTS |
| OXIAICE LOTION | - | EXC | DERMATOLOGICALS |
| OXIANUJI OINT | - | EXC | DERMATOLOGICALS |
| OXIANUJO CREAM | - | EXC | DERMATOLOGICALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------|------------------------|
| oxiconazole nitrate cream (OXISTAT equiv) | - | High Cost Generics | DERMATOLOGICALS |
| OXISTAT LOTION | - | Non-Pref erred Brands | DERMATOLOGICALS |
| OXOPIDAXIAQU SOLN | - | EXC | DERMATOLOGICALS |
| OXTELLAR XR TAB 150MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| OXTELLAR XR TAB 300MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| OXTELLAR XR TAB 600MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | Select | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | Select | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | Select | URINARY ANTISPASMODICS |
| OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin) | QL-ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | High Cost Generics | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | Select | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---------------------|
| oxycodone/acetaminophen tab 2.5-325mg (PERCO CET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 5-325mg (PERCO CET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 7.5-325mg (PERCO CET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | Select | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | Select | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN ER TAB (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day) | QL | High Cost Generics | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | Select | ANALGESICS - OPIOID |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER) | OTC-ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferre d Brands | ANTIDIABETICS |
| OZOBAX SOLN (QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| paclitaxel protein-bound particles for iv susp (ABRAXANE equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PAFOLACIANINE SODIUM IV SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| PAIN RELIEF DEVICE | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALONOSETRON INJ | - | EXC | ANTIEMETICS |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PANCREAZE CAP, PERTZYE CAP, ZENPEP CAP (Step Therapy requires tria of Creon) | ST | Non-Pref erred Brands | DIGESTIVE AIDS |
| PANDEL CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| PANRETIN GEL | - | Non-Pref erred Brands | DERMATOLOGICALS |
| pantoprazole EC tab (PROTONIX equiv) | - | Select | ULCER DRUGS |
| PANTOPRAZOLE SOLN | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PARAGARD IUD | - | Preventi ve | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | Select | DERMATOLOGICALS |
| PAREGORIC TINCTURE | - | Non-Pref erred Brands | ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paromomycin cap (HUMATIN equiv) | - | Select | AMINOGLYCOSIDES |
| paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day) | QL | High Cost Generics | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | High Cost Generics | ANTIDEPRESSANTS |

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|------|--|------|--|------|--|
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------|--|
| paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | High Cost Generics | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | Select | ANTIDEPRESSANTS |
| PASER GRANULE | - | Non-Pref erred Brands | ANTIMYCOBACTERIAL AGENTS |
| PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray) | QL-ST | Non-Pref erred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PATANOL OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| PAVBLU INJ | - | EXC | OPHTHALMIC AGENTS |
| PAVBLU SYRINGE | - | EXC | OPHTHALMIC AGENTS |
| PAXIL ORAL SUSP (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older) | QL | Preferred Brands | ANTIVIRALS |
| PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older) | QL | Preferred Brands | ANTIVIRALS |
| PAZEO OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days) | QL | High Cost Generics | ULCER DRUGS |
| PCE TAB | - | Preferred Brands | MACROLIDES |
| PEAK FLOW METER | - | Non-Pref erred Brands | MEDICAL DEVICES AND SUPPLIES |
| PEANUT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| PECAN INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| PECAN POLLEN INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| pectin lozenge on a handle | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| PEDIACARE MS LIQ COLD | - | EXC | COUGH/COLD/ALLERGY |
| PEDIACLEAR PD LIQUID | OTC | EXC | ANTIHISTAMINES |
| PEDIATEX TDM SUSP | - | EXC | COUGH/COLD/ALLERGY |
| PEDIATRIC MULTIPLE VITAMINS IV EMULSION | - | EXC | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | Preventive | MULTIVITAMINS |
| PEDIPIROX-4 KIT | OTC | EXC | DERMATOLOGICALS |
| PEDIZOLPAK THERAPY PACK | - | NC | DERMATOLOGICALS |
| PEDMARK INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pe-dm-gg-apap cap and pe-doxyl-dm-apap cap therapy pack (RA DAY/NIGHT equiv) | - | EXC | COUGH/COLD/ALLERGY |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) | - | High Cost Generics | LAXATIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive | LAXATIVES |
| PEGANONE TAB | - | Non-Preferred Brands | ANTICONVULSANTS |
| PEGASYS INJ | AMSP-PA-PMSP | Preferred Specialty | ANTIVIRALS |
| PEG-INTRON INJ | PMSP | Preferred Specialty | ANTIVIRALS |
| PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pemetrexed disodium for iv soln (ALIMTA equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEMETREXED INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEMETREXED SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEMFEXY SOL | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEMGARDA SOLN | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| PEN NEEDLE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| PENBRAYA INJ (Covered for members age 10 through 25 years) | - | Preventive | VACCINES |
| peniclovir cream (DENA VIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| penicillamine cap (CUPRIMINE equiv) | - | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days) | QL | Select | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk tab (VEETIDS equiv) | - | Select | PENICILLINS |
| PENICILLIUM INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| PENNSAID SOLN 2% (Step therapy requires trial of of diclofenac 1.5% soln) | ST | Non-Preferred Brands | DERMATOLOGICALS |
| pentamidine neb soln (NEBUPENT equiv) | - | High Cost Generics | ANTI-INFECTIVE AGENTS - MISC. |
| PENTASA CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA) | QL-ST | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| PENTASA CAP 500MG (Step Therapy requires trial of APRISO or LIALDA) | ST | High Cost Generics | GASTROINTESTINAL AGENTS - MISC. |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| PENTASA CR CAP (QL= 8 caps/day; Diagnosis Restricted- Crohn's Disease (K50.9), Ulcerative colitis (K51.9); For ulcerative colitis, ST req trial of generic APRISO or generic LIALDA) | QL-RDX-ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | Select | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | Select | ANALGESICS - OPIOID |
| PENTOSAN CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENTAL equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| PEPAXTO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine) | ST | Non-Pref erred Brands | ULCER DRUGS |
| PEPPERMINT OIL CAP | - | EXC | ALTERNATIVE MEDICINES |
| PERCOCET TAB 10-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| PERCOCET TAB 2.5-325mg (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| PERCOCET TAB 5-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| PERCOCET TAB 7.5-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| PERFOROMIST NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PERINDOPRIL TAB | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| perindopril tab (ACEON equiv) | - | Select | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | Select | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PERSERIS INJ | AMSP | Preferre d Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| PH 12 STERILE SOLN FLOLAN | - | EXC | PHARMACEUTICAL ADJUVANTS |
| PHAZYME CAP | OTC | EXC | GASTROINTESTINAL AGENTS - MISC. |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PHEDRAX SHAMPOO | - | EXC | DERMATOLOGICALS |
| phenazopyridine tab (PYRIDIUM equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |

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| 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 (QL= 4 tabs/day) | QL | Select | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | Select | ANTIDEPRESSANTS |
| phenobarbital elixir | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenobarbital tab | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | High Cost Generics | ANTIHYPERTENSIVES |
| phentolamine mesylate for inj (PHENTOLAMINE equiv) | - | EXC | ANTIHYPERTENSIVES |
| PHENYLEPHRINE HCL IV SOLN | - | EXC | VASOPRESSORS |
| PHENYLEPHRINE HCL SUPPOSITORIES | OTC | EXC | ANORECTAL AND RELATED PRODUCTS |
| phenylephrine ophth soln (MYDFRIN equiv) | - | Select | OPHTHALMIC AGENTS |
| PHENYLEPHRINE W/ DM-GG TAB | OTC | Preferre d Brands | COUGH/COLD/ALLERGY |
| PHENYLEPHRINE-CHLORPHEN-DM TAB | OTC | EXC | COUGH/COLD/ALLERGY |
| phenylephrine-dexbrompheniramine-dm liquid (ALAHIST equiv) | OTC | EXC | COUGH/COLD/ALLERGY |
| PHENYLEPHRINE-DOXYLAMINE-DM LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| PHENYLEPH-TRIPROLDINE-DM LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| phenytoin cap (DILANTIN equiv) | - | Select | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | Select | ANTICONVULSANTS |
| PHENYTOIN INJ | - | EXC | ANTICONVULSANTS |
| phenytoin sodium inj | - | EXC | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | Select | ANTICONVULSANTS |
| PHEOXIA CREAM | - | EXC | DERMATOLOGICALS |
| PHEXXI GEL (QL= 180gm/30 days) | QL | Preventi ve | VAGINAL AND RELATED PRODUCTS |
| PHOSLYRA SOLN | - | Preferre d Brands | GASTROINTESTINAL AGENTS - MISC. |
| PHOSPHOLINE OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | Select | VITAMINS |
| PIASKY INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| PICATO GEL (QL= 2 tubes/60 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| PICATO GEL (QL= 3 tubes/60 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| PIDPROGTAR SOLN | - | EXC | DERMATOLOGICALS |
| PIFELTRO TAB | - | Preferre d Brands | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | Select | OPHTHALMIC AGENTS |

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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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|--|---------------------|--------------------------------|--|
| pilocarpine tab (SALAGEN equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint) | ST | High Cost Generics | DERMATOLOGICALS |
| PIMOZIDE TAB | - | Preferre d Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | Select | BETA BLOCKERS |
| PINEAPPLE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| pioglitazone tab (ACTOS equiv) | - | Select | ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER) | ST | High Cost Generics | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | Select | ANTIDIABETICS |
| PIQRAY TAB | AMSP-PA-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs) | QL-ST | High Cost Generics | ANTIHYPERLIPIDEMICS |
| PLAN B TAB | OTC | Non-Pref erred Brands | CONTRACEPTIVES |
| PLASMA-LYTE INJ -148 | - | EXC | MINERALS & ELECTROLYTES |
| PLASMA-LYTE INJ -A | - | EXC | MINERALS & ELECTROLYTES |
| PLAVIX TAB 300MG (QL= 4 tabs/30 days) | QL | Non-Pref erred Brands | HEMATOLOGICAL AGENTS - MISC. |
| PLAVIX TAB 75MG | - | Non-Pref erred Brands | HEMATOLOGICAL AGENTS - MISC. |
| PLEGRIDY INJ (QL= 1 kit/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ (QL= 1 kit/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENITY CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| PLENVU SOLN | - | Non-Pref erred Brands | LAXATIVES |
| plerixafor subcutaneous inj (MOZOBIL equiv) | - | EXC | HEMATOPOIETIC AGENTS |
| PLEXION LOTION | - | EXC | DERMATOLOGICALS |

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|---|---------------------|-------------------------|---|
| PLEXION SCT CREAM | - | EXC | DERMATOLOGICALS |
| PLIAGLIS CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| PLIAGLIS KIT | - | NC | DERMATOLOGICALS |
| PLUVICTO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PNEUMOVAX INJ | VAC | Preventive | VACCINES |
| PODOCON SOLN | - | Preferred Brands | DERMATOLOGICALS |
| podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| PODOFILOX SOLN (QL= 0.5ml/day) | QL | Preferred Brands | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | QL-- | Select | DERMATOLOGICALS |
| PODOXIA SOLN | - | EXC | DERMATOLOGICALS |
| PODTAR SOLN | - | EXC | DERMATOLOGICALS |
| POKONZA POWDER (QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln, KCL 20MEQ packet) | QL-ST | Non-Preferred Brands | MINERALS & ELECTROLYTES |
| POLOCAINE INJ -MPF | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| POLYENYLPHOSPHATIDYLCHOLINE CAP | OTC | EXC | NUTRIENTS |
| POLYENYLPHOSPHATIDYLCHOLINE CONC | OTC | EXC | NUTRIENTS |
| polyethylene glycol (VISINE equiv) | - | EXC | OPHTHALMIC AGENTS |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | Preferred Brands | PHARMACEUTICAL ADJUVANTS |
| POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) | - | EXC | OPHTHALMIC AGENTS |
| polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv) | - | EXC | OPHTHALMIC AGENTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | Select | OPHTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | Non-Preferred Brands | COUGH/COLD/ALLERGY |
| POLYTUSSIN LIQ DM | OTC | EXC | COUGH/COLD/ALLERGY |
| polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv) | - | Select | OPHTHALMIC AGENTS |
| POMALYST CAP (QL= 21 caps/28 days) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| POMBILITI SOLN | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PONVORY TAB (QL= 30 tabs/30 days) | AMSP-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK (QL= 14 tabs/14 days) | AMSP-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PORK INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND) | QL-ST | High Cost Generics | ANTIFUNGALS |

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| posaconazole iv soln (NOXAFIL equiv) | - | EXC | ANTIFUNGALS |
| posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole) | ST | High Cost Generics | ANTIFUNGALS |
| POSLUMA SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| POT/CHLORIDE EFFER TAB | - | Select | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | Preferred Brands | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | High Cost Generics | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | Select | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE IN NAACL INJ | - | EXC | MINERALS & ELECTROLYTES |
| potassium chloride inj | - | EXC | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | High Cost Generics | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | High Cost Generics | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | Select | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTASSIUM CITRATE-MAGNESIUM CITRATE ER TAB | - | EXC | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTASSIUM CITRATE-MAGNESIUM CITRATE PACKET | - | EXC | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTASSIUM GLUCONATE TAB | - | EXC | MINERALS & ELECTROLYTES |
| POTASSIUM INJ | - | EXC | MINERALS & ELECTROLYTES |
| potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| POTASSIUM PHOSPHATE INJ | - | EXC | MINERALS & ELECTROLYTES |
| potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day) | QL | Select | MINERALS & ELECTROLYTES |
| POVIDONE IOD SOLN 5% | - | EXC | OPHTHALMIC AGENTS |
| PRADAXA CAP 75MG, 150MG (QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto) | QL-ST | Non-Preferred Brands | ANTICOAGULANTS |
| PRADAXA PELLETT PACK (QL= 2 packets/day) | QL | Non-Preferred Brands | ANTICOAGULANTS |
| PRAKETAMIDE CREAM | - | EXC | DERMATOLOGICALS |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | Non-Preferred Brands | ANTHYPERLIPIDEMICS |

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| ST | Step Therapy | VAC | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-----------------------|------------------------------|
| pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day) | QL | High Cost Generics | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | Select | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | Preferred Brands | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | Preferred Brands | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | Non-Preferred Brands | DERMATOLOGICALS |
| PRAMOSONE OINT | - | NC | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | NC | ANORECTAL AGENTS |
| PRAMOXINE-CALAMINE AEROSOL | OTC | EXC | DERMATOLOGICALS |
| PRAMOXINE-MENTHOL LOTION | - | EXC | DERMATOLOGICALS |
| PRANDIMET TAB | - | Non-Preferred Brands | ANTIDIABETICS |
| PRASCION RA CREAM | - | EXC | DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) (QL= 1 tab/day) | QL | Select | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| praziquantel tab (BILTRICIDE equiv) | - | Select | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | Select | ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | EXC | DIAGNOSTIC PRODUCTS |
| PRECISION XTRA METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands | DIAGNOSTIC PRODUCTS |
| PRED FORTE OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | Preferred Brands | OPHTHALMIC AGENTS |
| PRED-G S.O.P OPHTH OINTMENT | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | Preferred Brands | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | Preferred Brands | DERMATOLOGICALS |
| prednisolone acetate ophth susp | - | Select | OPHTHALMIC AGENTS |
| prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln) | ST | High Cost Generics | CORTICOSTEROIDS |
| PREDNISOLONE ODT TAB | - | Non-Preferred Brands | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | Select | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |

| | | | | | |
|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| PREDNISOLONE SOLN | - | Preferred Brands | CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | Select | CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | Select | CORTICOSTEROIDS |
| prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln) | ST | High Cost Generics | CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| prednisone pack | - | Select | CORTICOSTEROIDS |
| PREDNISON SOLN | - | Select | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | Select | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| PREFEST TAB | - | Non-Preferred Brands | ESTROGENS |
| pregabalin cap (LYRICA equiv) | - | Select | ANTICONVULSANTS |
| pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln) | QL-ST | High Cost Generics | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | Select | ANTICONVULSANTS |
| PREGEN DHA CAP | - | NC | MULTIVITAMINS |
| PREHEVBRIO SUSP | - | NC | VACCINES |
| PREMARIN TAB | - | Preferred Brands | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | Preferred Brands | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | Preferred Brands | ESTROGENS |
| PRENARA CAP | - | Non-Preferred Brands | MULTIVITAMINS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| PRENATABS RX TAB | - | Preferred Brands | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | Preferred Brands | MULTIVITAMINS |
| PRENATAL 19 TAB | - | Preferred Brands | MULTIVITAMINS |
| PRENATAL CAP | OTC | Preferred Brands | MULTIVITAMINS |
| PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB | - | EXC | MULTIVITAMINS |
| PRENATAL VITAMINS (NON-PREFERRED) | - | Non-Preferred Brands | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | Preferred Brands | MULTIVITAMINS |
| PRENATOL-M TAB 27-1.2MG | - | EXC | MULTIVITAMINS |
| PRENATRIX TAB | - | NC | MULTIVITAMINS |
| PREPIDIL GEL | - | Non-Preferred Brands | OXYTOCICS |
| PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor) | ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| PRETOMANID TAB (QL= 1 tab/day) | AMSP-QL | Non-Preferred Specialty | ANTIMYCOBACTERIAL AGENTS |
| PREVACID CAP | - | Non-Preferred Brands | ULCER DRUGS |
| PREVACID SOLUTAB | - | Non-Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT SOLN 0.2% | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | Preventive | VACCINES |
| PREVNAR 20 INJ | VAC | Preventive | VACCINES |
| PREVPAC KIT | - | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| PREVYMIS TAB | PA-PMSP | Non-Preferred Specialty | ANTIVIRALS |
| PREZCOBIX TAB (QL= 1 tab/day) | QL | Preferred Brands | ANTIVIRALS |
| PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands | ANTIVIRALS |
| PREZISTA TAB (QL= 1 tab/day) | QL | Preferred Brands | ANTIVIRALS |
| PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands | ANTIVIRALS |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| PREZISTA TAB 800MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| PRIFTIN TAB | - | Non-Pref erred Brands | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | Non-Pref erred Brands | ULCER DRUGS |
| PRILOSEC OTC DR TAB | - | Non-Pref erred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PRILOSEC POWDER PACKET | - | Preferre d Brands | ULCER DRUGS |
| primaquine tab (PRIMAQUINE equiv) | - | High Cost Generics | ANTIMALARIALS |
| PRIMATENE TAB | OTC | EXC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PRIMIDONE TAB (QL= 4 tabs/day) | QL | Select | ANTICONSULSANTS |
| primidone tab (MYSOLINE equiv) | QL-- | Select | ANTICONSULSANTS |
| PRIMLEV TAB 10-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| PRIMLEV TAB 5-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| PRIMSOL SOLN | - | Preferre d Brands | ANTI-INFECTIVE AGENTS - MISC. |
| PRIORIX INJ | VAC | Preventi ve | VACCINES |
| PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HF INHALER and albuterol hfa inhaler) | ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| probenecid tab (BENEMID equiv) | - | Select | GOUT AGENTS |
| PROCAINAMIDE INJ | - | EXC | ANTIARRHYTHMICS |
| prochlorperazine supp (COMPAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| PROCTOFOAM HC FOAM | - | Preferred Brands | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | Select | ANORECTAL AGENTS |
| PROCYSBI CAP (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB | - | Select | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | Select | PROGESTINS |
| progesterone oil inj | - | Select | PROGESTINS |
| PROGESTERONE SUPP | - | EXC | VAGINAL PRODUCTS |
| PROGRAF PACKET | - | Non-Preferred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| PROLENSA OPHTH SOLN 0.07% (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | QL-ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| PROLEUKIN INJ | - | NC | ANTINEOPLASTICS |
| PROLIA INJ | PA-PMSP | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PROMACTA POWDER (QL= 6 packets/day) | PA-PMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| PROMACTA TAB (QL= 2 tabs/day) | PA-PMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | Select | COUGH/COLD/ALLERGY |
| promethazine inj (PHENERGAN equiv) | - | Select | ANTIHISTAMINES |
| promethazine supp (PHENERGAN equiv) | - | Select | ANTIHISTAMINES |
| promethazine syrup | - | Select | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | Select | ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | Select | COUGH/COLD/ALLERGY |
| promethazine VC syrup (PHENERGAN VC equiv) | - | Select | COUGH/COLD/ALLERGY |
| PROMETHAZINE VC/CODEINE SYRUP | - | Select | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | Select | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | Select | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | Select | ANTIHISTAMINES |
| PRONAL GEL | - | EXC | DERMATOLOGICALS |
| propafenone ER cap (RYTHMOL SR equiv) | - | High Cost Generics | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | Select | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | Preferred Brands | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | Select | OPHTHALMIC AGENTS |

| | | | | | |
|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| propranolol ER cap (INDERAL LA equiv) | - | Select | BETA BLOCKERS |
| propranolol oral soln | - | Select | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | Select | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | Select | BETA BLOCKERS |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | Select | ANTIHYPERTENSIVES |
| PROPYLENE GLYCOL (OPHTH) | - | EXC | OPHTHALMIC AGENTS |
| propylthiouracil tab | - | Select | THYROID AGENTS |
| PROQUAD INJ | - | Preventive | VACCINES |
| PROQUIN XR TAB | - | Non-Preferred Brands | FLUOROQUINOLONES |
| PROSTIN E2 SUPP | - | Non-Preferred Brands | OXYTOCICS |
| PROTEIN CAP | OTC | EXC | NUTRIENTS |
| PROTHELIAL PASTE | - | Non-Preferred Brands | MOUTH/THROAT/DENTAL AGENTS |
| PROTONIX EC TAB | - | Non-Preferred Brands | ULCER DRUGS |
| protriptyline tab (VIVACTIL equiv) | - | Select | ANTIDEPRESSANTS |
| PROVAYBLUE INJ | - | EXC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROVIGIL TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PROZAC WEEKLY CAP | - | Preferred Brands | ANTIDEPRESSANTS |
| PROZENA PAD | - | Non-Preferred Brands | DERMATOLOGICALS |
| pseudoephedrine ER tab 120mg (QL= 2 tabs/day) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine hcl cap | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab 30mg (QL= 8 tabs/day) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab 60mg (QL= 4 tabs/day) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv) | - | Select | COUGH/COLD/ALLERGY |
| pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv) | OTC | EXC | COUGH/COLD/ALLERGY |
| pseudoephedrine-ibuprofen cap | - | EXC | COUGH/COLD/ALLERGY |
| psyllium powder (SM FIBER equiv) | OTC | EXC | LAXATIVES |
| PTS PANELS TEST CHOL+GLU | - | EXC | DIAGNOSTIC PRODUCTS |
| PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days) | QL | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days) | QL | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN (QL= 30 ampules/30 days) | PMSP-QL-RDX | Preferre d Specialty | RESPIRATORY AGENTS - MISC. |
| PURE AND GENTLE DROPS | - | EXC | OPHTHALMIC AGENTS |
| PURIXAN SUSP | AMSP-PA | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PYLERA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| pyrazinamide tab | - | Select | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | Select | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | Select | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | Non-Pref erred Brands | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridstigmine soln (MESTINON equiv) | - | High Cost Generics | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ANTIMALARIALS |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC | ANTIMALARIALS |
| PYRUKYND TAB (QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| QALSODY SOLN | - | EXC | NEUROMUSCULAR AGENTS |
| QBRELIS SOLN | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| QBREXZA PAD (QL= 1 pad/day) | PA-QL | Non-Pref erred Brands | DERMATOLOGICALS |
| QDOLO SOLN (QL= 80ml/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin) | ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | Preferre d Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | Non-Pref erred Brands | ANTIDIABETICS |
| QUALAQUIN CAP | - | Non-Pref erred Brands | ANTIMALARIALS |
| QUAZEPAM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam) | QL-ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| QUERCETIN CAP | - | EXC | VITAMINS |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs) | QL-ST | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUIDROXZAR GEL | - | EXC | DERMATOLOGICALS |
| QUILLICHEW ER TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QUILLIVANT XR SUSP (QL= 360ml/30 days) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | Select | ANTIHYPERTENSIVES |
| QUINAPRIL/HCTZ TAB | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |

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| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|---|
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | High Cost | ANTIARRHYTHMICS |
| quinidine sulfate tab (QL= 8 tabs/day) | QL | Generics Select | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day) | QL | Preferred Brands | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day) | QL | Preferred Brands | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | Select | ANTIMALARIALS |
| QUINIXIL PAK | - | NC | DERMATOLOGICALS |
| QUITAR GEL | - | EXC | DERMATOLOGICALS |
| QULIPTA TAB (QL= 30 tabs/30 days) | PA-QL | Non-Preferred Brands | MIGRAINE PRODUCTS |
| QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate) | QL-ST | Non-Preferred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| QVAR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| QVAR REDIHALER (QL= 21.2gm/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| RA COLD GEL THERAPY | - | EXC | DERMATOLOGICALS |
| RABAVERT INJ | - | Preventive | VACCINES |
| rabeprazole EC tab (ACIPHEX equiv) | - | Select | ULCER DRUGS |
| RADICAVA INJ | - | EXC | NEUROMUSCULAR AGENTS |
| RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | NEUROMUSCULAR AGENTS |
| RAGWITEK SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands | BIOLOGICALS MISC |
| raloxifene tab (EVISTA equiv) (QL= 1 tab/day) | QL | Preventive | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | High Cost Generics | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | Select | ANTIHYPERTENSIVES |
| RANEXA TAB (QL= 120 tabs/30 days) | QL | Non-Preferred Brands | ANTIANGINAL AGENTS |
| ranitidine cap (ZANTAC equiv) | - | Select | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | Select | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | Select | ULCER DRUGS |
| ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days) | QL | Select | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) (QL= 1 tab/day) | QL | Select | ANTIPARKINSON AGENTS |
| RASPBERRY KETONES CAP | - | EXC | ALTERNATIVE MEDICINES |
| RASUVO INJ 10MG (QL= 0.8ml/28 days) | QL | Non-Preferred Brands | ANALGESICS - ANTI-INFLAMMATORY |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| RASUVO INJ 12.5MG (QL= 1ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 15MG (QL= 1.2ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 17.5MG (QL= 1.4ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 22.5MG (QL= 1.8ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 25MG (QL= 2ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 27.5MG (QL= 2.2ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 30MG (QL= 2.4ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RASUVO INJ 7.5MG (QL= 0.6ml/28 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RAVICTI LIQUID (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP (QL= 2 caps/day) | PA-QL | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYASORE KIT | - | EXC | DERMATOLOGICALS |
| RAYOS TAB | PA | Non-Pref erred Brands | CORTICOSTEROIDS |
| RAZADYNE ER CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB (QL= 60 tabs/30 days) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBETOL SOLN | AMSP | Preferre d Specialty | ANTIVIRALS |
| REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | PMSP-QL-ST | Preferre d Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBINYN INJ | PA-PMSP | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| REBYOTA SUSP FECAL | - | EXC | GASTROINTESTINAL AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RECTIV OINT (Diagnosis Restricted – Anal Fissure (K60.2)) | RDX | Non-Pref erred Brands | ANORECTAL AND RELATED PRODUCTS |
| RED ALDER INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| RED CEDAR INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| RED MAPLE INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| RED OAK INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| RED YEAST RICE CAP | OTC | EXC | ALTERNATIVE MEDICINES |
| REDITREX INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| regadenoson iv inj (LEXISCAN equiv) | - | EXC | DIAGNOSTIC PRODUCTS |
| REGEN-COVID INJ | - | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| REGRANEX GEL (QL= 30gm/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, bupropfen, or nabumetone) | QL-ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month) | QL | Preferre d Brands | ANTIVIRALS |
| RELEUKO INJ (QL= 15 syringes/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| RELEUKO INJ (QL= 15 vials/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| RELISTOR INJ (QL= 0.4ml/day) | AMSP-PA-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR INJ (QL= 0.6ml/day) | AMSP-PA-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---------------------------------|
| RELISTOR INJ KIT (QL= 0.6ml/day) | AMSP-PA-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR TAB (QL= 3 tabs/day) | AMSP-PA-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| RELPAK TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| RELTONE CAP (Step therapy requires trial of ursodiol tab) | ST | Select | GASTROINTESTINAL AGENTS - MISC. |
| RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Pref erred Specialty | NEUROMUSCULAR AGENTS |
| REMODULIN INJ 10MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 1MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 2.5MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 5MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| RENAGEL TAB | - | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| RENAGEL TAB 800MG | - | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| REVELA TAB | - | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| REPAGLINIDE TAB | - | Preferre d Brands | ANTIDIABETICS |
| repaglinide tab (PRANDIN equiv) | - | Select | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | Preferre d Brands | ANTIHYPERTENSIVES |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | Preferre d Brands | ANTIHYPERTENSIVES |
| REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole) | QL-ST | Non-Pref erred Brands | ANTIPARKINSON AGENTS |
| RESCRIPTOR TAB | - | Preferre d Brands | ANTIVIRALS |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS MULTI-DOSE (QL= 5.5ml/30 days) | QL | Non-Pref erred Brands | OPHTHALMIC AGENTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| RESTASIS OPHTH EMULSION 0.05% (QL= 60 vials/30 days) | QL | Non-Preferred Brands | OPHTHALMIC AGENTS |
| RETACRIT INJ (QL= 12 vials/30 days) | AMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| RETACRIT INJ (QL= 4 vials/30 days) | AMSP-QL-PMSP | Preferred Specialty | HEMATOPOIETIC AGENTS |
| RETEVMO CAP 40MG (QL= 180 caps/30 days; Only available through Lumicera 855-847-3553) | LMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO CAP 80MG (QL= 120 caps/30 days; Only available through Lumicera 855-847-3553) | LMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB (QL= 60 tabs/30 days) | LMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB 40MG (QL= 90 tabs/30 days) | LMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETHYMIC IMPLANT | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| RETIN-A CREAM (QL= 360g/30 days) | QL | Non-Preferred Brands | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.04%, 0.1% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.08%, 0.06% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| RETROVIR CAP (QL= 6 caps/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| RETROVIR SYRUP (QL= 1920ml/30 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| RETROVIR TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| REVATIO SUSP (QL= 224ml/30 days) | PA-PMSP-QL | Non-Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| REVATIO TAB (QL= 3 tabs/day) | QL | Non-Preferred Brands | CARDIOVASCULAR AGENTS - MISC. |
| REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| REXAPHENAC CREAM | - | NC | DERMATOLOGICALS |

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|------|--|------|--|------|--|
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| REYATAZ CAP 150 MG (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| REYATAZ CAP 200MG (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| REYATAZ CAP 300MG (QL= 1 cap/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| REYATAZ POWDER PACK (QL= 5 packets/day) | QL | Preferre d Brands | ANTIVIRALS |
| REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| REZDIFFRA TAB (QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| REZIPRES INJ | - | EXC | VASOPRESSORS |
| REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSE |
| REZVOGLAR INJ (QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| REZYST CHEW TAB | - | Select | ANTIDIARRHEALS |
| REZZAYO IV SOLN | - | EXC | ANTIFUNGALS |
| RHEUMATREX TAB | - | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| RHINOCORT AQUA NASAL SPRAY | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RHOFADE CREAM | - | EXC | DERMATOLOGICALS |
| RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step therapy requires trial o 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| RIABNI SOLN | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RIAX FOAM | - | Preferre d Brands | DERMATOLOGICALS |
| RIBAPAK TAB (Step Therapy requires trial of ribavirin) | AMSP-ST | Preferre d Specialty | ANTIVIRALS |
| RIBAVIRIN CAP | AMSP | Generic Specialty | ANTIVIRALS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| ribavirin cap (REBETOL equiv) | AMSP-PMSP | Generic Specialty | ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | EXC | ANTIVIRALS |
| RIBAVIRIN TAB | PMSP | Generic Specialty | ANTIVIRALS |
| riboflavin tab | - | EXC | VITAMINS |
| RICE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| RIDAURA CAP | PMSP | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | Non-Pref erred Brands | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| RIFATER TAB | - | Non-Pref erred Brands | ANTIMYCOBACTERIAL AGENTS |
| riluzole tab (RILUTEK equiv) | AMSP | Generic Specialty | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | Select | ANTIVIRALS |
| RIMI SOLN | - | EXC | DERMATOLOGICALS |
| RINVOQ ER TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| RINVOQ ORAL SOLN (QL= 360ml/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate) | QL-ST | High Cost Generics | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | High Cost Generics | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL INJ | AMSP | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL M ODT | - | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL SOLN | - | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| RISPERDAL TAB | - | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone microspheres inj (RISPERDAL equiv) | AMSP | Generic Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RITALIN LA CAP (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| RITALIN TAB (QL= 3 tabs/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) (QL= 1 patch/day) | QL | High Cost Generics | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RIVER BIRCH POLLEN EXTRACT INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| RIVFLOZA INJ (QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVFLOZA INJ (QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| ROAOXIA GEL | - | EXC | DERMATOLOGICALS |
| ROBITUSSIN COUGH DM LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML | - | EXC | COUGH/COLD/ALLERGY |
| ROBITUSSIN LIQ DM | - | EXC | COUGH/COLD/ALLERGY |
| ROCALTRON SOLN | - | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCKLATAN OPHTH SOLN (Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| ROCTAVIAN INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| roflumilast tab (DALIRESP equiv) (QL= 1 tab/day) | PA-QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ROLVEDON INJ | - | EXC | HEMATOPOIETIC AGENTS |
| romidepsin for iv inj (ISTODAX equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole) | QL-ST | High Cost Generics | ANTIPARKINSON AGENTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| ropinirole tab (REQUIP equiv) | - | Select | ANTIPARKINSON AGENTS |
| ROSADAN KIT (Step Therapy requires trial of metronidazole cream) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ROSULA EMULSION | - | EXC | DERMATOLOGICALS |
| ROSULA GEL | - | EXC | DERMATOLOGICALS |
| ROSULA WASH | - | EXC | DERMATOLOGICALS |
| ROSUVASTATIN POW CALCIUM | - | EXC | CHEMICALS |
| rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventi ve | ANTIHYPERLIPIDEMICS |
| ROSZET TAB (QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe) | QL-ST | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ROTARIX SUSP | - | EXC | VACCINES |
| ROWASA KIT | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| ROXYBOND TAB (ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln) | ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln) | ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ROYAL JELLY CAP | - | EXC | ALTERNATIVE MEDICINES |
| ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ROZLYTREK CAP (QL= 1 cap/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ROZLYTREK CAP 200MG (QL= 3 caps/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ROZLYTREK PAK (QL= 360 packets/30 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBIDIUM RB 82 CHLORIDE FOR IV SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | High Cost Generics | ANTICONVULSANTS |
| rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | High Cost Generics | ANTICONVULSANTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|--|
| RUKOBIA ER TAB (QL= 60 tabs/30 days) | QL | Non-Pref erred Brands | ANTIVIRALS |
| RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| RYALTRIS SPRAY | - | Preferre d Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferre d Brands | ANTIDIABETICS |
| RYBIX ODT | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| RYBREVANT SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYCLORA SOLN | - | Preferre d Brands | ANTIHISTAMINES |
| RYDAPT CAP | PA-PMSP | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYKINDO INJ | AMSP | Non-Pref erred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RYLAZE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYPLAZIM SOLN | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| RYSTIGGO INJ | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE! |
| RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferre d Brands | ANTIPARKINSON AGENTS |
| RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferre d Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferre d Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferre d Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| RYTELO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB (QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab) | QL-ST | Non-Pref erred Brands | ANTIHISTAMINES |
| S. BOULARDII CAP PROBIOTIC | - | EXC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTICONVULSANTS |
| SABRIL TAB (QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTICONVULSANTS |
| S-ADENOSYLMETHIONINE CAP | - | EXC | ALTERNATIVE MEDICINES |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| SAFETY SYRINGE | - | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| SAGEBRUSH INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| SAIZEN INJ, SEROSTIM INJ, ZORBIVINE INJ | PA-PMSP | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALEX LOTION KIT | - | NC | DERMATOLOGICALS |
| SALEX SHAMPOO | - | Non-Preferred Brands | DERMATOLOGICALS |
| SALICATE LIQUID | - | Preferred Brands | DERMATOLOGICALS |
| salicylic acid soln | - | Select | DERMATOLOGICALS |
| salicylic acid aerosol | - | High Cost Generics | DERMATOLOGICALS |
| salicylic acid cream | - | Select | DERMATOLOGICALS |
| SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT | - | EXC | DERMATOLOGICALS |
| salicylic acid kit | - | EXC | DERMATOLOGICALS |
| salicylic acid liquid | - | Select | DERMATOLOGICALS |
| SALICYLIC ACID PAD | - | EXC | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | Select | DERMATOLOGICALS |
| SALICYLIC ACID/SULFACETAMIDE SUSP | - | EXC | DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | Preferred Brands | DERMATOLOGICALS |
| SALITECH LOTION | - | Preferred Brands | DERMATOLOGICALS |
| SALONPAS PAD PAIN RELIEF | OTC | EXC | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | Select | ANALGESICS - NONNARCOTIC |
| SALVAX AEROSOL | - | Non-Preferred Brands | DERMATOLOGICALS |
| SALVAX DUO PLUS KIT | - | Non-Preferred Brands | DERMATOLOGICALS |
| SAM-E TMG PAK | OTC | EXC | ALTERNATIVE MEDICINES |
| SAMSCA TAB 30MG (QL= 1 tab/day) | PA-PMSP-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron) | QL-ST | Non-Preferred Brands | ANTIEMETICS |
| SANDIMMUNE SOLN 100MG/ML | - | Non-Preferred Brands | ASSORTED CLASSES |
| SANDOSTATIN LAR INJ KIT | PMSP | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|---|------|--|------|--------------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|--|---------------------|-------------------------|---|
| SANDOSTATIN LAR KIT | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | Preferred Brands | DERMATOLOGICALS |
| SAPHNELO SOLN | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSES |
| SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT) | QL-ST | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO) | QL-ST | Non-Preferred Brands | ANTICOAGULANTS |
| SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin) | ST | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin) | QL-ST | Non-Preferred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAW PALMETTO CAP | - | EXC | ALTERNATIVE MEDICINES |
| saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | High Cost Generics | ANTIDIABETICS |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto) | QL-ST | High Cost Generics | ANTIDIABETICS |
| SB FLU HBP TAB | OTC | EXC | COUGH/COLD/ALLERGY |
| scarcin gel (SCARCIN equiv) | - | NC | DERMATOLOGICALS |
| SCARCIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| SCARCIN LIQUID ROLL-ON | - | NC | DERMATOLOGICALS |
| SCARTRATE CREAM | - | EXC | DERMATOLOGICALS |
| SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SCEMBLIX TAB 20MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SCEMBLIX TAB 40MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days) | QL | Select | ANTIEMETICS |
| SEA SCALLOPS INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| SEASONIQUE TAB (QL= 91 tabs/84 days) | QL | Non-Preferred Brands | CONTRACEPTIVES |
| SECONAL CAP | - | Non-Preferred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |

| | | | | | |
|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT) | QL-ST | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | Select | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day) | QL | Select | ANTIPARKINSON AGENTS |
| SELENIOS AC SOLN | - | EXC | MINERALS & ELECTROLYTES |
| selenious acid inj (SELENIOS ACID equiv) | - | EXC | MINERALS & ELECTROLYTES |
| selenium sulfide lotion | - | Select | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | Select | DERMATOLOGICALS |
| SELENIUM TAB | - | EXC | MINERALS & ELECTROLYTES |
| SELRX SHAMPOO | - | Non-Pref erred Brands | DERMATOLOGICALS |
| SELZENTRY SOLN (QL= 31ml/day) | QL | Preferre d Brands | ANTIVIRALS |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| SELZENTRY TAB 25MG (QL= 4 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| SELZENTRY TAB 75MG (QL= 2 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| SEMGLEE INJ 100U/ML | - | NC | ANTIDIABETICS |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days) | QL | Preferre d Brands | ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day) | QL | Preferre d Brands | ANTIDIABETICS |
| SEMPREX-D CAP 8-60MG | - | Preferre d Brands | COUGH/COLD/ALLERGY |
| SENSIPAR TAB 30MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SENSIPAR TAB 60MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SENSIPAR TAB 90MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SENSORCAINE-MPF EPINEPHRINE INJ | - | EXC | LOCAL ANESTHETICS-PARENTERAL |

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|---|
| SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY (Step Therapy requires trial of betamethasone dipropionate) | ST | Non-Pref erred Brands | DERMATOLOGICALS |
| SEROQUEL TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEROQUEL XR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| sertraline conc (ZOLOFT equiv) | - | Select | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | Select | ANTIDEPRESSANTS |
| SESAME SEED INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| SEYSARA TAB | - | Non-Pref erred Brands | TETRACYCLINES |
| SEZABY INJ | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| SFROWASA ENEMA (QL= 60mL/day) | QL | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| SG RAGWEED INJ | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| SHARK CARTILAGE CAP | - | EXC | ALTERNATIVE MEDICINES |
| SHINGRIX INJ (Covered for members age 18 or older) | VAC | Preventi ve | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIGNIFOR LAR INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB (Step Therapy requires trial of DROXIA CAP) | ST | Non-Pref erred Brands | HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | Non-Pref erred Brands | DERMATOLOGICALS |
| SILATRIX GEL | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| sildenafil susp (REVATIO equiv) (QL= 224ml/30 days) | AMSP-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| SILENOR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |

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| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| SILIPAC KIT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| SILIQ INJ (QL= 4 inj/28 days) | LMSP-PA-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| silodosin cap (RAPAFLO equiv) | - | High Cost Generics | GENITOURINARY AGENTS - MISCELLANEOUS |
| SILVER NITRATE SOLN | - | Preferre d Brands | DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | Select | DERMATOLOGICALS |
| SILVERA PAD | - | Non-Pref erred Brands | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| SIMCOR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| simethicone cap (PHAZYME equiv) | OTC | EXC | GASTROINTESTINAL AGENTS - MISC. |
| SIMLANDI INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI SC INJ (QL= 1 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Preferre d Brands | ANTIHYPERLIPIDEMICS |
| simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventi ve | ANTIHYPERLIPIDEMICS |
| simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | PA-QL | Preventi ve | ANTIHYPERLIPIDEMICS |
| SINUVA NASAL IMPLANT | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| sirolimus soln (RAPAMUNE equiv) | - | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSE |
| sirolimus tab (RAPAMUNE equiv) | - | High Cost Generics | ASSORTED CLASSES |
| SIRTURO TAB (Only available through MMS Solutions 855-691-0963) | LD | Preferre d Specialty | ANTIMYCOBACTERIAL AGENTS |
| SITAGLIPTIN/METFORMIN TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIDIABETICS |
| SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir) | QL-ST | Non-Pref erred Brands | ANTIVIRALS |
| SITZMARKS CAP | - | NC | DIAGNOSTIC PRODUCTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| SIVEXTRO INJ | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| SIVEXTRO TAB (QL= 6 tabs/fill) | QL | Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| SKLICE LOTION | OTC | Non-Preferred Brands | DERMATOLOGICALS |
| SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Preferred Specialty | NEUROMUSCULAR AGENTS |
| SKYLA IUD | - | Preventive | CONTRACEPTIVES |
| SKYRIZI INJ (QL= 1 cartridge/56 days) | PA-PMSP-QL | Non-Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days) | PA-PMSP-QL | Non-Preferred Specialty | DERMATOLOGICALS |
| SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days) | PA-PMSP-QL | Non-Preferred Specialty | DERMATOLOGICALS |
| SKYRIZI SOLN | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| SKYSONA INJ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SKYTROFA INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLEEP+IMMUNE CHW HEALTH | - | EXC | ALTERNATIVE MEDICINES |
| SLOW RELEASE IRON TAB | - | EXC | HEMATOPOIETIC AGENTS |
| SLYND TAB | - | Preventive | CONTRACEPTIVES |
| SM CRANBERRY TAB | - | EXC | ALTERNATIVE MEDICINES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab) | QL-ST | Non-Preferred Brands | DIURETICS |
| SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab) | QL-ST | Non-Preferred Brands | DIURETICS |
| SOD ACETATE INJ | - | EXC | MINERALS & ELECTROLYTES |
| SOD CHLORIDE INJ | - | EXC | MINERALS & ELECTROLYTES |
| sodium acetate inj | - | EXC | MINERALS & ELECTROLYTES |
| SODIUM BICARBONATE-CITRIC ACID EFFER TAB | - | EXC | ANTACIDS |
| sodium chloride inj | - | Select | MINERALS & ELECTROLYTES |
| sodium chloride neb soln (HYPER-SAL equiv) | - | Select | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | Select | 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) | - | Preventive | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MOUTH/THROAT/DENTAL AGENTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| SODIUM FLUORIDE F 18 IV SOLN | - | EXC | DIAGNOSTIC PRODUCTS |
| sodium fluoride gel (PREVIDENT equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride paste (PREVIDENT equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | Select | 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) | - | Preventive | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| SODIUM IODIDE I-131 SOLN | - | EXC | THYROID AGENTS |
| SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | Non-Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phosphates inj (SODIUM PHOSPHATE equiv) | - | EXC | MINERALS & ELECTROLYTES |
| sodium polystyrene powder (KAYEXALATE equiv) | - | High Cost Generics | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | High Cost Generics | ASSORTED CLASSES |
| SODIUM SULFACETAMIDE CLEANSER | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | Select | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | EXC | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (PLEXION TS equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv) | - | EXC | DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | EXC | DERMATOLOGICALS |
| sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year) | QL | Select | LAXATIVES |
| SOFDRA GEL | - | NC | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | AMSP-QL | Preferred Specialty | ANTIVIRALS |
| SOGROYA INJ (QL= 6ml/28 days) | AMSP-PA-QL | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOHONOS CAP (QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty | MUSCULOSKELETAL THERAPY AGENTS |

| | | | | | |
|------|---|----------------|--|----------------------|--------------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | Plan Exclusion | | Limited Distribution | |
| PA | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| RDX | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| ST | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| SOLAICE PATCH | - | Non-Pref erred Brands | DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC | DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) (QL= 1 tab/day) | QL | Select | URINARY ANTISPASMODICS |
| SOLQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| SOLODYN TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab) | QL-ST | Non-Pref erred Brands | TETRACYCLINES |
| SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole) | QL-ST | Non-Pref erred Brands | AMEBICIDES |
| SOLTAMAX SOLN | - | Non-Pref erred Brands | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SOLU-CORTEF INJ | - | Non-Pref erred Brands | CORTICOSTEROIDS |
| SOLU-CORTEF INJ | - | Preferre d Brands | CORTICOSTEROIDS |
| SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| SOMATULINE INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMAVERT INJ | PA-PMSP | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMNOTE CAP | - | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| SOMRYST | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| SONATA CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| SONATA CAP 10MG (QL= 2 caps/day) | QL | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| sorafenib tosylate tab (NEXAVAR equiv) | AMSP-PA-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SORE THROAT LOLLIPOP | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416) | LD-ST | Non-Pref erred Specialty | DERMATOLOGICALS |
| sotalol AF tab (BETAPACE AF equiv) | - | Select | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | Select | BETA BLOCKERS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| SOTROVIMAB INJ | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| SOTYKTU TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty | DERMATOLOGICALS |
| SOTYLIZE SOLN | - | Non-Pref erred Brands | BETA BLOCKERS |
| SOVALDI PELLETT PAK | PMSP | Non-Pref erred Specialty | ANTIVIRALS |
| SOVALDI TAB (QL= 28 tabs/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANTIVIRALS |
| SOVUNA TAB (Step therapy requires trial of generic hydroxychloroquine (generic for Planquenil)) | ST | Non-Pref erred Brands | ANTIMALARIALS |
| SOY ISOFLAVONE CAP | - | EXC | ALTERNATIVE MEDICINES |
| SOYBEAN INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| SPECTRACEF TAB | - | Non-Pref erred Brands | CEPHALOSPORINS |
| SPEVIGO INJ | - | EXC | DERMATOLOGICALS |
| SPEVIGO INJ | - | NC | DERMATOLOGICALS |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL | Preventi ve | VACCINES |
| SPIKEVAX INJ 50/0.5ML | VAC | Preventi ve | VACCINES |
| SPIKEVAX INJ 50MCG/0.5ML | VAC | Preventi ve | VACCINES |
| SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Preferre d Brands | DERMATOLOGICALS |
| SPINRAZA INJ (Only available through Accredo 888-773-7376) | LD-M-PA | Non-Pref erred Specialty | NEUROMUSCULAR AGENTS |
| SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device) | QL | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler) | QL-ST | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days) | QL | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln) | QL-ST | High Cost Generics | DIURETICS |
| spironolactone tab (ALDACTONE equiv) | - | Select | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | Select | DIURETICS |
| SPORANOX SOLN | - | Non-Pref erred Brands | ANTIFUNGALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|---|---------------------|--------------------------------|--|
| SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIDEPRESSANTS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | Preventi ve | CONTRACEPTIVES |
| SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER) | ST | Non-Pref erred Brands | ANTICONVULSANTS |
| SPRIX NASAL SPRAY (QL= 5 units/30 days) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | AMSP-PA-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS | - | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSE |
| SPYRINE CAP 250MG (ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap) | ST | Non-Pref erred Brands | MISCELLANEOUS THERAPEUTIC CLASSE |
| SQUALENE LIQ | - | EXC | CHEMICALS |
| SSKI ORAL SOLN (QL= 90ml/30 days) | QL | Non-Pref erred Brands | COUGH/COLD/ALLERGY |
| STAHIST AD TAB 25-60MG (QL= 4 tabs/day) | QL | Preferre d Brands | COUGH/COLD/ALLERGY |
| STALEVO TAB 12.5-50-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STALEVO TAB 18.75-75-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STALEVO TAB 25-100-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STALEVO TAB 31.25-125-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STALEVO TAB 37.5-150-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STALEVO TAB 50-200-200MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STAMARIL INJ | - | Preventi ve | VACCINES |
| STAVUDINE CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| stavudine cap (ZERIT equiv) (QL= 2 caps/day) | QL | Select | ANTIVIRALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| STAVZOR CAP | - | Non-Preferred Brands | ANTICONVULSANTS |
| STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | ST | Non-Preferred Brands | ANTIDIABETICS |
| STELARA INJ (QL= 1 inj/84 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| STELARA INJ (QL= 1 inj/84 days) | PA-PMSP-QL | Preferred Specialty | DERMATOLOGICALS |
| STENDRA TAB | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| STERILE DILUTION SOLN | - | EXC | PHARMACEUTICAL ADJUVANTS |
| STIMATE NASAL SOLN | - | Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIMUFEND INJ (QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| STIOLTO INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRATTERA CAP 10MG (QL= 2 caps/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRATTERA CAP 18MG (QL= 2 caps/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRATTERA CAP 25MG (QL= 2 caps/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRATTERA CAP 40MG (QL= 2 caps/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRATTERA CAP 60MG (QL= 1 cap/day) | QL | Non-Preferred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRAWBERRY INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STREPTOCOCCINUM MIS | - | Preferred Brands | ASSORTED CLASSES |
| STRIANT FILM (QL= 60 films/30 days) | PA-QL | Non-Preferred Brands | ANDROGENS-ANABOLIC |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| STRIBILD TAB (QL= 1 tab/day) | QL | Preferred Brands | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SUBOXONE SL FILM 12-3MG (QL= 2 films/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| SUBOXONE SL FILM 2-0.5MG (QL= 4 films/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| SUBOXONE SL FILM 4-1MG (QL= 4 films/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| SUBOXONE SL FILM 8-2MG (QL= 3 films/day) | QL | Preferred Brands | ANALGESICS - OPIOID |
| SUBSYS SPRAY (QL= 180 sprays/30 days) | PA-QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| SUCLEAR KIT | - | Non-Preferred Brands | LAXATIVES |
| SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727) | LD-ST | Non-Preferred Specialty | DIGESTIVE AIDS |
| sucralfate susp (CARAFATE equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| sucralfate tab (CARAFATE equiv) | - | Select | ULCER DRUGS |
| SUDAFD SINUS TAB 30MG (QL= 8 tabs/day) | QL | Non-Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| SUDAFED 24HR TAB 240MG | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| SUDAFED CHILD LIQUID | - | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days) | QL | Non-Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| SUFENTANIL INJ | - | EXC | ANALGESICS - OPIOID |
| SUFLAVE SOLN (QL= 2 fills/year) | QL | Preferred Brands | LAXATIVES |
| SUGAMMADEX INJ | - | EXC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| SULFACETAMIDE SODIUM OPHTH OINT | - | Preferred Brands | OPHTHALMIC AGENTS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | Select | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | Select | OPHTHALMIC AGENTS |
| sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day) | QL | Select | SULFONAMIDES |
| SULFAMYLON CREAM | - | Preferred Brands | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| SUMADAN KIT, SUMAXIN KIT | - | EXC | DERMATOLOGICALS |
| SUMADAN XLT KIT | - | EXC | DERMATOLOGICALS |

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| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|---|
| SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days) | QL | Preferre d Brands | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab) | QL-ST | Select | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| SUMAXIN WASH | - | EXC | DERMATOLOGICALS |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SUNLENCA INJ | - | EXC | ANTIVIRALS |
| SUNLENCA TAB | - | NC | ANTIVIRALS |
| SUNOSI TAB 150MG (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SUNOSI TAB 75 MG (QL= 2 tabs/day) | PA-QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SUPER GINSNG CAP COMPLEX | - | EXC | ALTERNATIVE MEDICINES |
| SUPRAX CAP | - | Non-Pref erred Brands | CEPHALOSPORINS |
| SUPRAX CHEW TAB | - | Non-Pref erred Brands | CEPHALOSPORINS |
| SUPRAX SUSP | - | Non-Pref erred Brands | CEPHALOSPORINS |
| SUPREP BOWEL PREP PACK (QL= 2 fills/year) | QL | Non-Pref erred Brands | LAXATIVES |
| SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| SUSTIVA TAB | - | Non-Pref erred Brands | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| SUSVIMO IMP | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| SUSVIMO INJ | - | EXC | OPHTHALMIC AGENTS |
| SUTAB TAB | - | Non-Pref erred Brands | LAXATIVES |
| SUTENT CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SWEET CHERRY INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| SYFOVRE INJ | - | EXC | OPHTHALMIC AGENTS |
| SYLATRON INJ | PA-PMSP | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | Non-Pref erred Brands | ULCER DRUGS |
| SYMBICORT INHALER (QL= 10.2g/30 days; Step Therapy requires trial of BREQ ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMBYAX CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferre d Specialty | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | Non-Pref erred Brands | ANTIVIRALS |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | Select | VASOPRESSORS |
| SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| SYMPAZAN ORAL FILM | - | Non-Pref erred Brands | ANTICONVULSANTS |
| SYMPROIC TAB (QL= 30 tabs/30 days) | PA-QL | Preferre d Brands | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | Preferre d Brands | ANTIVIRALS |
| SYNAGIS INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferre d Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| SYNALAR CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| SYNALAR OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |

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|------|---|------|--|------|--------------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|--|---------------------|-------------------------|--|
| SYNALAR SOLN | - | Non-Preferred Brands | DERMATOLOGICALS |
| SYNAREL NASAL SOLN | - | Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNDROS SOLN (QL= 60ml/30 days) | QL | Non-Preferred Brands | ANTIEMETICS |
| SYNERA PATCH | - | Non-Preferred Brands | DERMATOLOGICALS |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | Preferred Brands | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | Preferred Brands | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | Preferred Brands | ANTIDIABETICS |
| SYNOJOYNT INJ | - | EXC | MUSCULOSKELETAL THERAPY AGENTS |
| SYNRIBO INJ (Only available through US Bioservices 888-518-7246) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYNTHROID TAB | - | Non-Preferred Brands | THYROID AGENTS |
| SYNVEXIA TC CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| SYRINGE LUER-LOK | OTC | Preferred Brands | MEDICAL DEVICES AND SUPPLIES |
| TABLOID TAB (QL= 4 tabs/day) | AMSP-QL | Preferred Specialty | ANTINEOPLASTICS |
| TABRECTA TAB (QL= 112 tabs/28 days) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tacrolimus cap (PROGRAF equiv) | - | Select | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | Select | DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) (QL= 1 tab/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| TADLIQ SUSP (QL= 10ml/day) | AMSP-PA-QL | Non-Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | PA-PMSP-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAFINLAR TAB (QL= 12 tabs/day) | LMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select | OPHTHALMIC AGENTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| TAGRISSE TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | PA-PMSP-QL-LD | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| TALICIA CAP (QL= 168 caps/14 days) | QL | Non-Preferred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| TALTZ INJ (QL= 1 inj/28 days) | AMSP-PA-PMSP-QL | Non-Preferred Specialty | DERMATOLOGICALS |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty | DERMATOLOGICALS |
| TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days) | AMSP-PA-QL | Non-Preferred Specialty | DERMATOLOGICALS |
| TALVEY INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAMIFLU CAP 30MG (QL= 40 caps/183 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| TAMIFLU CAP 45MG (QL= 40 caps/183 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| TAMIFLU CAP 75MG (QL= 20 caps/183 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| TAMIFLU SUSP (QL= 360ml/183 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| TANDEM CAP | OTC | EXC | HEMATOPOIETIC AGENTS |
| TANLOR TAB (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine) | QL-ST | Non-Preferred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| TANZEUM INJ (Diagnosis Restricted – Type 2 Diabetes (E11)) | RDX | NC | ANTIDIABETICS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| TARCEVA TAB 100MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARCEVA TAB 150MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARCEVA TAB 25MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | PA-PMSP | Non-Pref erred Specialty | DERMATOLOGICALS |
| TARKA TAB | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| TARPEYO CAP (QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | CORTICOSTEROIDS |
| TART CHERRY CAP | - | EXC | ALTERNATIVE MEDICINES |
| TART CHERRY CHW ULTRA | - | EXC | ALTERNATIVE MEDICINES |
| TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TASIGNA CAP | AMSP-PA-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tasimelteon capsule (HETLIOZ equiv) | AMSP-PA | Generic Specialty | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TASMAR TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands | ANTIPARKINSON AGENTS |
| TASOPROL CREAM KIT | - | NC | DERMATOLOGICALS |
| tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab) | ST | High Cost Generics | DERMATOLOGICALS |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days) | QL | Select | DERMATOLOGICALS |
| tazarotene gel (TAZORAC equiv) (QL= 360g/30 days) | QL | Select | DERMATOLOGICALS |
| tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| TAZORAC CREAM (QL= 360g/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| TAZORAC CREAM 0.05% (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| TAZORAC GEL (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | - | Non-Pref erred Brands | DERMATOLOGICALS |
| TAZORAC GEL 0.1% (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| TAZORAC GEL 0.1% (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TB SYRINGE | - | Preferre d Brands | MEDICAL DEVICES AND SUPPLIES |
| TECARTUS SUSP | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECELRA SUSP | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECENTRIQ HYBREZA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP (QL= 60 caps/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK (QL= 60 caps/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIVIRALS |
| TECVAYLI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | Select | ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWINSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics | ANTIHYPERTENSIVES |
| TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan) | ST-QL | Non-Pref erred Brands | ANTIHYPERTENSIVES |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------|---|
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics | ANTIHYPERTENSIVES |
| telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics | ANTIHYPERTENSIVES |
| telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | High Cost Generics | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | High Cost Generics | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TEMBEXA SUSP | - | NC | ANTIVIRALS |
| TEMBEXA TAB | - | NC | ANTIVIRALS |
| temozolomide cap (TEMODAR equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TENCON TAB (QL= 6 tabs/day) | QL | Non-Pref erred Brands | ANALGESICS - NONNARCOTIC |
| tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select | ANTIVIRALS |
| TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| terazosin cap (HYTRIN equiv) | - | Select | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | Select | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | Select | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | Select | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | Select | VAGINAL PRODUCTS |
| teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days) | AMSP-PA-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days) | PA-PMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TERLIVAZ INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | Select | ANDROGENS-ANABOLIC |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days) | --QL | Select | ANDROGENS-ANABOLIC |

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|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | --QL | Select | ANDROGENS-ANABOLIC |
| testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | QL | Select | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days) | QL | Preferred Brands | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | Preferred Brands | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days) | PA-QL | Select | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (QL= 300gm/30 days) | QL | Select | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days) | QL | Select | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | High Cost Generics | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | High Cost Generics | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days) | PA-QL | High Cost Generics | ANDROGENS-ANABOLIC |
| testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days) | PA-QL | High Cost Generics | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | Preferred Brands | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days) | QL | Select | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days) | QL | Select | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day) | PA-QL | Non-Preferred Brands | ANDROGENS-ANABOLIC |
| TESTOSTERONE INJ (QL= 1 vial/28 days) | QL | Preferred Brands | ANDROGENS-ANABOLIC |
| TESTOSTERONE INJ (QL= 4 vials/28 days) | QL | Preferred Brands | ANDROGENS-ANABOLIC |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days) | QL | Preferred Brands | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | High Cost Generics | ANDROGENS-ANABOLIC |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | Preventive | TOXOIDS |
| TETPIDTAR SOLN | - | EXC | DERMATOLOGICALS |
| tetrabenazine tab (XENAZINE equiv) | AMSP-PA | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TETRACAINE INJ | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| TETRACAINE OINTMENT | - | EXC | DERMATOLOGICALS |
| tetracaine ophth soln | - | Select | OPHTHALMIC AGENTS |
| tetracycline cap | - | Select | TETRACYCLINES |
| TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate) | QL-ST | Non-Preferred Brands | TETRACYCLINES |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---------------------|-------------------------|--|
| TEVIMBRA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TEZSPIRE INJ (QL= 1 pen/30 days) | AMSP-PA-QL | Non-Preferred Specialty | ASTHMA AND BRONCHODILATOR AGENTS |
| TEZSPIRE SOLN (QL= 1 syringe/30 days) | AMSP-PA-QL | Non-Preferred Specialty | ASTHMA AND BRONCHODILATOR AGENTS |
| THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg) | QL-ST | Non-Preferred Brands | DIURETICS |
| THALOMID CAP (QL= 2 caps/day) | PMSP-QL | Preferred Specialty | ASSORTED CLASSES |
| theanine cap | - | EXC | NUTRIENTS |
| THEANINE CHEW TAB | - | EXC | NUTRIENTS |
| THEANINE-5 HTP-LEMON BALM CHEW TAB | - | EXC | ALTERNATIVE MEDICINES |
| theophylline CR tab (QUIBRON-T equiv) | - | Select | ASTHMA AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | Select | ASTHMA AND BRONCHODILATOR AGENTS |
| theophylline soln | - | Select | ASTHMA AND BRONCHODILATOR AGENTS |
| THEOPHYLLINE TAB ER (QL= 1 tab/day) | QL | Preferred Brands | ASTHMA AND BRONCHODILATOR AGENTS |
| THERAFLU SEV PAK COLD RLF | - | EXC | COUGH/COLD/ALLERGY |
| THERAFLU SEV PAK NIGHTTIM | - | EXC | COUGH/COLD/ALLERGY |
| THIAMINE HCL SOLN NACL | - | EXC | VITAMINS |
| thiamine mononitrate tab (B1 equiv) | - | EXC | VITAMINS |
| THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Non-Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Non-Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| thioridazine tab (MELLARIL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine) | ST | Non-Preferred Brands | THYROID AGENTS |
| THYROLAR TAB | - | Non-Preferred Brands | THYROID AGENTS |
| tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select | ANTICONVULSANTS |
| tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day) | QL | Select | ANTICONVULSANTS |
| tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select | ANTICONVULSANTS |
| tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select | ANTICONVULSANTS |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK | - | Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |

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|------|--|------|--|------|--|
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| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| TICOVAC INJ | - | EXC | VACCINES |
| TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007) | LD-PA | Preferred Specialty | NEUROMUSCULAR AGENTS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day) | QL | High Cost Generics | OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln) | ST | High Cost Generics | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.25% (TIMOPTIC equiv) | - | Select | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln) | ST | High Cost Generics | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (TIMOPTIC equiv) | ST-- | Select | OPHTHALMIC AGENTS |
| timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day) | QL | High Cost Generics | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | Select | BETA BLOCKERS |
| TIMOLOL/BRIMON/DORZOL/BIMATOPROST OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |
| TIMOLOL/BRIMONIDINE/DORZOLAMIDE OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |
| TIMOLOL/DORZOLAMIDE/BIMATOPROST OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2ml/day) | QL | Non-Preferred Brands | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day) | QL | Non-Preferred Brands | OPHTHALMIC AGENTS |
| TIMOPTIC OPHTH SOLN 0.25% | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| TIMOPTIC OPHTH SOLN 0.5% | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate ophth soln) | ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| TINACTIN AERSOL | OTC | EXC | DERMATOLOGICALS |
| tinidazole tab (TINDAMAX equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Generic Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| tirofiban hcl in nacl (AGGRASTAT equiv) | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| TIROSINT CAP | - | Non-Preferred Brands | THYROID AGENTS |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|---|---------------------|--------------------------------|--|
| TIROSINT-SOL (Step therapy requires trial of levothyroxine) | ST | Non-Pref erred Brands | THYROID AGENTS |
| TIVDAK INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferre d Brands | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | High Cost Generics | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | Non-Pref erred Brands | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER | PA-PMSP | Non-Pref erred Specialty | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | Preferre d Brands | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| tobramycin neb soln (BETHKIS equiv) | AMSP-PA | Generic Specialty | AMINOGLYCOSIDES |
| tobramycin neb soln (TOBI equiv) | AMSP-PA | Generic Specialty | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBEX equiv) | - | Select | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | Select | OPHTHALMIC AGENTS |
| TOBRAMYCIN/VANCOMYCIN DROPS | - | EXC | OPHTHALMIC AGENTS |
| TOBEX OPHTH OINT | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| TOCO-SORB CAP | OTC | EXC | VITAMINS |
| TODAY SPONGE | OTC | Preventi ve | VAGINAL PRODUCTS |
| TOFIDENCE INJ | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| tolazamide tab (TOLINASE equiv) | - | Select | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | Preferre d Brands | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) (QL= 3 caps/day) | QL | High Cost Generics | ANTIPARKINSON AGENTS |
| TOLMETIN CAP (Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | ST-- | Select | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN TAB (Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| tolnaftate aerosol | OTC | EXC | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| tolnaftate soln (TINACTIN equiv) | - | Select | DERMATOLOGICALS |
| TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole) | QL-ST | Non-Pref erred Brands | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | Select | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | High Cost Generics | URINARY ANTISPASMODICS |
| tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TOMATO INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| TOPICORT SPRAY 0.25% | - | Non-Pref erred Brands | DERMATOLOGICALS |
| topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | High Cost Generics | ANTICONVULSANTS |
| topiramate ER cap (QUDEXY equiv) (QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | High Cost Generics | ANTICONVULSANTS |
| topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | High Cost Generics | ANTICONVULSANTS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | Select | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | Select | ANTICONVULSANTS |
| toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen) | ST | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | Select | DIURETICS |
| TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| TOUJEO MAX SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days) | --QL | Preferre d Brands | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ (QL= 18ml/30 days) | --QL | Preferre d Brands | ANTIDIABETICS |
| TOVET KIT | - | NC | DERMATOLOGICALS |
| TOVIAZ TAB (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap) | QL-ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferre d Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| tramadol ER tab (RYZOLT equiv) | - | High Cost Generics | ANALGESICS - OPIOID |
| tramadol ER tab 100mg (ULTRAM ER equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol ER tab 200mg (ULTRAM ER equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol ER tab 300mg (ULTRAM ER equiv) | - | Select | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| TRAMADOL HCL TAB (QL= 30 tabs/30 days) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| tramadol hcl tab 100mg (QL= 4 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | Select | ANALGESICS - OPIOID |
| TRAMETINIB POWDER | - | EXC | CHEMICALS |
| trandolapril tab (MAVIK equiv) | - | Select | ANTIHYPERTENSIVES |
| trandolapril/verapamil ER tab (TARKA equiv) | - | Select | ANTIHYPERTENSIVES |
| TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG | - | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days) | QL | Select | HEMOSTATICS |
| tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv) | - | EXC | HEMOSTATICS |
| TRANEXAMIC INJ ACID | - | EXC | HEMOSTATICS |
| TRANSDERM-SCOP PATCH (QL= 10 patches/30 days) | QL | Non-Pref erred Brands | ANTIEMETICS |
| tranylcypromine tab (PARNATE equiv) | - | Select | ANTIDEPRESSANTS |
| TRAUMEEL INJ | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select | OPHTHALMIC AGENTS |
| trazodone tab 50mg, 100mg, 150mg (DESYREL equiv) | - | Select | ANTIDEPRESSANTS |
| TREANDA INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| TRECATOR TAB | - | Non-Pref erred Brands | ANTIMYCOBACTERIAL AGENTS |
| TREE MIX 9 | - | EXC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| TRELEGY ELLIPTA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days) | --QL | Preferre d Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1ml/56 days) | PA-PMSP-QL | Preferre d Specialty | DERMATOLOGICALS |
| TREMFYA INJ (QL= 2ml/28 days) | PA-PMSP-QL | Preferre d Specialty | DERMATOLOGICALS |
| TREMFYA IV INJ | - | EXC | DERMATOLOGICALS |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferre d Brands | ANTIDIABETICS |
| TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferre d Brands | ANTIDIABETICS |
| TRESNI SUPP | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| tretinoin cap (VESANOID equiv) | PMSP | Generic Specialty | ANTINEOPLASTICS |
| tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days) | QL | Select | DERMATOLOGICALS |
| tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | High Cost Generics | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days) | QL-ST | Select | DERMATOLOGICALS |
| TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| TRETIN-X KIT | - | EXC | DERMATOLOGICALS |
| TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= caps/day) | QL | Non-Pref erred Brands | ANALGESICS - OPIOID |
| triamcinolone acetonide oint (TRIANEX equiv) | - | High Cost Generics | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.025% (TRIANEX equiv) | - | Select | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.1% (TRIANEX equiv) | - | Select | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.5% (TRIANEX equiv) | - | Select | DERMATOLOGICALS |

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| triamcinolone cream | - | Select | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | Select | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | High Cost Generics | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone) | ST | High Cost Generics | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | Select | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | Select | DIURETICS |
| TRIANEX OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| triazolam tab (HALCION equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| TRICEPTIN PAD | OTC | EXC | DERMATOLOGICALS |
| tricitrates soln (POLYCITRA-LC equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| TRICOPHYTON MENTAGRO SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| TRIENTINE CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab) | ST | Select | MISCELLANEOUS THERAPEUTIC CLASSES |
| TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap) | ST | High Cost Generics | MISCELLANEOUS THERAPEUTIC CLASSES |
| TRIFERIC AVNU INJ | - | EXC | HEMATOPOIETIC AGENTS |
| trifluoperazine tab (STELAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| trihexyphenidyl elixir (ARTANE equiv) | - | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | Select | ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| TRIJARDY XR TAB 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | RESPIRATORY AGENTS - MISC. |
| TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | Preventi ve | CONTRACEPTIVES |
| TRILIPIX CAP | - | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| TRILOCICLO KIT | - | NC | DERMATOLOGICALS |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventi ve | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | Select | ANTIEMETICS |
| TRIMETHOPRIM TAB | - | Preferre d Brands | ANTI-INFECTIVE AGENTS - MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Select | ANTIDEPRESSANTS |
| TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| TRIONEX PACK | - | EXC | DERMATOLOGICALS |
| TRIPONEL SOLN | - | EXC | COUGH/COLD/ALLERGY |
| triprolidine hcl liquid (PEDIACLEAR equiv) | OTC | EXC | ANTIHISTAMINES |
| triprolidine hcl tab (FLONASE ALLERGY RELIEF NIGHT equiv) | - | EXC | ANTIHISTAMINES |
| triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day) | QL | Select | COUGH/COLD/ALLERGY |
| TRIPROLIDINE-DEXTROMETHORPHAN LIQUID | OTC | EXC | COUGH/COLD/ALLERGY |
| TRIPTODUR SUS 22.5MG | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| trispec pse liquid (QL= 1200ml/30 days) | OTC-QL | Select | COUGH/COLD/ALLERGY |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | Preventi ve | CONTRACEPTIVES |
| TRIUMEQ PD TAB (QL= 6 tabs/day) | QL | Preferre d Brands | ANTIVIRALS |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | Preferre d Brands | ANTIVIRALS |
| TRI-VITAMIN INFANT DROPS | OTC | EXC | MULTIVITAMINS |
| TRIZIVIR TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| TROKENDI XR CAP (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |

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|------|---|------|--|------|---|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| TROKENDI XR CAP 200MG (QL= 2 caps/day; ST requires trial of topiramate IF followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | Select | OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | High Cost Generics | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | High Cost Generics | URINARY ANTISPASMODICS |
| TRUBREXA PAD | - | EXC | DERMATOLOGICALS |
| TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| TRUE VIT B1 TAB | - | EXC | VITAMINS |
| TRUE VIT B6 TAB | - | EXC | VITAMINS |
| TRULANCE TAB (QL= 30 tabs/30 days) | QL | Preferre d Brands | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferre d Brands | ANTIDIABETICS |
| TRUMENBA INJ | VAC | Preventi ve | VACCINES |
| TRUQAP TAB (QL= 64 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246) | LD-PA-QL | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUVADA TAB (QL= 30 tabs/30 days) | QL | Non-Pref erred Brands | ANTIVIRALS |
| TRYVIO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | ANTIHYPERTENSIVES |
| TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURMERIC EXT CAP STRENGTH | - | EXC | ALTERNATIVE MEDICINES |
| TURMERIC-GINGER CHEW TAB | - | EXC | ALTERNATIVE MEDICINES |
| TURMERIC-GINGER-BLACK PEPPER CHEW TAB | OTC | EXC | ALTERNATIVE MEDICINES |
| TUSNEL SYRUP | - | EXC | COUGH/COLD/ALLERGY |
| TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days) | QL | Non-Pref erred Brands | COUGH/COLD/ALLERGY |
| tussigon tab (HYCODAN equiv) | - | Select | COUGH/COLD/ALLERGY |
| tussin cf liquid (QL= 1200ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| TUSSIN COUGH LIQUID DM | - | EXC | COUGH/COLD/ALLERGY |
| TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days) | QL | Non-Pref erred Brands | COUGH/COLD/ALLERGY |
| TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days) | QL | Non-Pref erred Brands | COUGH/COLD/ALLERGY |
| TWINRIX INJ | VAC | Preventi ve | VACCINES |
| TWIRLA PATCH | - | Preventi ve | CONTRACEPTIVES |
| TWYNEO CREAM | OTC | EXC | DERMATOLOGICALS |
| TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands | ANTIHYPERTENSIVES |
| TYBLUME TAB | - | Preventi ve | CONTRACEPTIVES |
| TYBOST TAB | - | Preferre d Brands | ANTIVIRALS |
| TYENNE INJ | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| TYENNE INJ (QL= 1.8ml/28 days) | --PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| TYKERB TAB | PA-PMSP | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYMLOS INJ (QL= 1.56 units/30 days) | AMSP-PA-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYPHOID VI MULTI-DOSE | - | Preventi ve | VACCINES |
| TYPHOID VI PREFILLED SYRINGE | VAC | Preventi ve | VACCINES |
| TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | QL-ST | Preferre d Brands | OPHTHALMIC AGENTS |
| TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferre d Specialty | CARDIOVASCULAR AGENTS - MISC. |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--------------------------------|
| TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYZEKA TAB (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ANTIVIRALS |
| TZIELD INJ | - | EXC | ANTIDIABETICS |
| UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab) | QL-ST | Preferred Brands | MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM (QL= 100.2g/30 days) | QL | Non-Preferred Brands | ANORECTAL AND RELATED PRODUCTS |
| UDENYCA INJ (QL = 2 injectors/28 days) | AMSP-PA-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| UDENYCA INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| ULESFIA LOTION | OTC | EXC | DERMATOLOGICALS |
| ULORIC TAB (QL= 1 tab/day) | QL | Non-Preferred Brands | GOUT AGENTS |
| ULTRA PRENATAL VITAMIN CAP | - | EXC | MULTIVITAMINS |
| UMECTA EMULSION | - | Non-Preferred Brands | DERMATOLOGICALS |
| umecta mouss aer (HYDRO 40 equiv) | - | High Cost Generics | DERMATOLOGICALS |
| UMECTA PD EMULSION | - | Non-Preferred Brands | DERMATOLOGICALS |
| UMECTA SUSP | - | EXC | DERMATOLOGICALS |
| UNDECYLENIC ACID CREAM | - | EXC | DERMATOLOGICALS |
| undecylenic acid soln (GORDOCHOM equiv) | - | EXC | DERMATOLOGICALS |
| UNISOM SIMPL CHW SLUMBERS | - | EXC | ALTERNATIVE MEDICINES |
| UPNEEQ SOLN (QL= 30 droppers/30 days) | PA-QL | Non-Preferred Brands | OPHTHALMIC AGENTS |
| UPTRAVI INJ | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| URAMAXIN GEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| urea cream | - | EXC | DERMATOLOGICALS |
| UREA EMULSION | - | EXC | DERMATOLOGICALS |
| UREA FOAM | - | Preferred Brands | DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | Select | DERMATOLOGICALS |
| UREA LOTION | OTC | EXC | DERMATOLOGICALS |
| urea lotion (KERALAC LOTION equiv) | OTC-- | Select | DERMATOLOGICALS |
| UREA NAIL KIT | - | Non-Preferred Brands | DERMATOLOGICALS |
| UREA SOLN | - | EXC | DERMATOLOGICALS |
| UREA SOLN | - | Preferred Brands | DERMATOLOGICALS |
| UREA SUSP | - | Preferred Brands | DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | EXC | DERMATOLOGICALS |
| UREA/SALICYLIC CREAM | - | EXC | DERMATOLOGICALS |
| UREA-LACTIC ACID CREAM | OTC | EXC | DERMATOLOGICALS |
| UREAPRO POWDER | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| URELLE TAB | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| UROGESIC-BLUE TAB | - | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| URSODIOL CAP (Step therapy requires trial of ursodiol tab) | ST | Non-Preferred Brands | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol cap (ACTIGALL equiv) | ST-- | Select | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| ustell cap | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| UTA CAP | - | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| UTA cap | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| UZEDY INJ | AMSP | Non-Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VABYSMO INJ | - | EXC | OPHTHALMIC AGENTS |
| VAFSEO TAB | - | EXC | HEMATOPOIETIC AGENTS |
| VAGISIL CREAM | - | EXC | VAGINAL AND RELATED PRODUCTS |
| valacyclovir tab (VALTREX equiv) | - | Select | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | Select | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | Select | ANTIVIRALS |
| valproate inj (DEPAICON equiv) | - | NC | ANTICONVULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | Select | ANTICONVULSANTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|---|
| valproic acid syrup (DEPAKENE equiv) | - | Select | ANTICONVULSANTS |
| VALSARTAN SOLN (QL= 2400ml/30 days) | QL | Preferred Brands | ANTIHYPERTENSIVES |
| valsartan tab (DIOVAN equiv) | - | Select | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month) | QL | Preferred Brands | ANTICONVULSANTS |
| VANACOF 2 SOL 12.5-1MG | - | EXC | COUGH/COLD/ALLERGY |
| VANACOF CP LIQ | - | EXC | COUGH/COLD/ALLERGY |
| VANACOF LIQUID | - | EXC | COUGH/COLD/ALLERGY |
| VANCOCIN CAP 125MG (QL= 56 caps/30 days) | QL | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOCIN CAP 250MG (QL= 112 caps/30 days) | QL | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days) | QL | Select | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days) | QL | Select | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl for iv soln (VANCOMYCIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | High Cost Generics | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | High Cost Generics | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN INJ | - | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN INJ | - | Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN INJ | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN SOLN | - | NC | OPHTHALMIC AGENTS |
| VANCOMYCIN SOLN | - | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| VANISH LIQ | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| VANOS CREAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARIVAX INJ | VAC | Preventive | VACCINES |
| VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron) | QL-ST | Preferred Brands | ANTIEMETICS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| VASCEPA CAP 0.5GM (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| VASCEPA CAP 1GM (QL= 4 caps/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| VASOPRE/NACL INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| vasopressin iv soln (VASOSTRICT equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VASOPRESSIN SOLN | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VASOPRESSIN-NACL INJ SOLN PEF SYRINGE | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VASOSTRICT INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VASOSTRICT SOLN | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VAXCHORA SUSP | VAC | Preventi ve | VACCINES |
| VAXELIS INJ | VAC | Preventi ve | TOXOIDS |
| VAXNEUVANCE INJ | VAC | Preventi ve | VACCINES |
| VECAMYL TAB | AMSP-PA | Non-Pref erred Specialty | ANTIHYPERTENSIVES |
| VECTIBIX INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VEGZELMA IV SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VELCADE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VELIVET PAK | - | Preventi ve | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | Preventi ve | CONTRACEPTIVES |
| VELPHORO CHEW TAB (QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum) | QL-ST | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| VELSIPITY TAB (QL= 30 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma) | QL-ST | Preferre d Brands | ASSORTED CLASSES |
| VELTASSA POWDER 1GM (QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma) | QL-ST | Non-Pref erred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| VEMLIDY TAB (QL= 1 tab/day) | PMSP-QL | Preferre d Specialty | ANTIVIRALS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|--|
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | Select | ANTIDEPRESSANTS |
| venlafaxine ER tab | - | High Cost Generics | ANTIDEPRESSANTS |
| VENLAFAXINE ER TAB | - | Preferred Brands | ANTIDEPRESSANTS |
| VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab) | QL-ST | Non-Preferred Brands | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | QL-ST | Select | ANTIDEPRESSANTS |
| VENNGEL ONE KIT | OTC | EXC | DERMATOLOGICALS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| VENTIVA DROP 0.7% | - | EXC | OPHTHALMIC AGENTS |
| VENTIVA PLUS DROP | - | EXC | OPHTHALMIC AGENTS |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VEOPOZ INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine) | QL-ST | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VERAPAMIL CAP ER | - | Non-Preferred Brands | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan)) | ST | High Cost Generics | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| VERDESO FOAM | - | Non-Preferred Brands | DERMATOLOGICALS |
| VEREGEN OINT | - | Non-Preferred Brands | DERMATOLOGICALS |
| VERELAN CAP | - | Non-Preferred Brands | CALCIUM CHANNEL BLOCKERS |
| VERELAN PM ER CAP | - | Non-Preferred Brands | CALCIUM CHANNEL BLOCKERS |
| VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth) | QL-ST | Non-Preferred Brands | OPHTHALMIC AGENTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|--------------------------------|--|
| VERQUVO TAB (QL= 30 tabs/30 days) | QL | Non-Pref erred Brands | CARDIOVASCULAR AGENTS - MISC. |
| VERSACLOZ SUSP | - | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VERSAPENN AL GEL ANHYDROU | - | EXC | PHARMACEUTICAL ADJUVANTS |
| VERZENIO TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP | - | NC | URINARY ANTISPASMODICS |
| VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER) | QL-ST | Non-Pref erred Brands | URINARY ANTISPASMODICS |
| VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | Non-Pref erred Brands | MEDICAL DEVICES AND SUPPLIES |
| VIBERZI TAB | - | Non-Pref erred Brands | GASTROINTESTINAL AGENTS - MISC. |
| VIBRAMYCIN CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | TETRACYCLINES |
| VIBRAMYCIN SYRUP | - | Non-Pref erred Brands | TETRACYCLINES |
| VIBRANT | - | EXC | LAXATIVES |
| vibrant starter kit | - | EXC | LAXATIVES |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferre d Brands | ANTIDIABETICS |
| VIDEX SOLN (QL= 600ml/30 days) | QL | Preferre d Brands | ANTIVIRALS |
| VIEKIRA PAK TAB (QL= 4 tabs/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANTIVIRALS |
| VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553) | LMSP-PA-QL | Non-Pref erred Specialty | ANTIVIRALS |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | Preventi ve | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty | ANTICONVULSANTS |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | Generic Specialty | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty | ANTICONVULSANTS |
| VIGAFYDE SOLN (QL= 750ml/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty | ANTICONVULSANTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| VIGAMOX OPHTH SOLN | - | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| VIIBRYD TAB (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox) | QL-ST | Non-Pref erred Brands | ANTIDEPRESSANTS |
| VIJOICE GRANULES PACKET (QL= 1 packet/day) | AMSP-PA-QL | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSE |
| VIJOICE TAB (QL= 1 tab/day) | AMSP-PA-QL | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSE |
| vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox) | QL-ST | High Cost Generics | ANTIDEPRESSANTS |
| VIMOVO TAB | - | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT INJ | - | EXC | ANTICONVULSANTS |
| VIMPAT SOLN (QL= 1200ml/30 days) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| VIMPAT TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| VINCRISTINE INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| vincristine sulfate iv soln (VINCRISTINE equiv) | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VIOKACE TAB (Step Therapy requires trial of Creon) | ST | Non-Pref erred Brands | DIGESTIVE AIDS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | Preventi ve | CONTRACEPTIVES |
| VIRACEPT TAB | - | Preferre d Brands | ANTIVIRALS |
| VIRAMUNE SUSP (QL= 1200ml/30 days) | QL | Non-Pref erred Brands | ANTIVIRALS |
| VIRAMUNE TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| VIRAMUNE XR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| VIRASAL LIQUID | - | Non-Pref erred Brands | DERMATOLOGICALS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------------|--|
| VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP) | RDX | Preferred Brands | ANTIVIRALS |
| VIREAD TAB (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTIVIRALS |
| VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands | ANTIVIRALS |
| VISINE DRY SOLN EYE RLF | - | EXC | OPHTHALMIC AGENTS |
| VISIPAQUE INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| VISTOGARD PAK (Only available through Biologics 800-850-4306) | LD | Preferred Specialty | ANTIDOTES |
| VITAFOL STRIPS | - | Non-Preferred Brands | MULTIVITAMINS |
| VITAMIN A GARMENT SPRAY | - | EXC | DERMATOLOGICALS |
| VITAMIN A OIL | - | EXC | CHEMICALS |
| VITAMIN B-12 TAB 1500 TR | - | EXC | HEMATOPOIETIC AGENTS |
| VITAMIN B-2 TAB | OTC | EXC | VITAMINS |
| VITAMIN B-6 TAB | - | EXC | VITAMINS |
| VITAMIN C TR TAB | OTC | EXC | VITAMINS |
| VITAMIN C VAGINAL TAB | - | EXC | VAGINAL AND RELATED PRODUCTS |
| VITAMIN D AND K DROPS | OTC | EXC | MULTIVITAMINS |
| vitamin D cap (RX strength only) | - | Select | VITAMINS |
| VITAMIN D3 CAP | - | EXC | VITAMINS |
| VITAMIN D3 DROPS | - | EXC | VITAMINS |
| VITAMIN D3 TAB | - | EXC | VITAMINS |
| VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE | OTC | EXC | ALTERNATIVE MEDICINES |
| VITEX FRUIT CAP | - | EXC | ALTERNATIVE MEDICINES |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB | - | NC | MULTIVITAMINS |
| VITRECYL TAB | - | NC | MULTIVITAMINS |
| VIVELLE-DOT PATCH (QL= 8 patches/28 days) | QL | Non-Preferred Brands | ESTROGENS |
| VIVITROL INJ | PMSP | Preferred Specialty | ANTIDOTES |
| VIVJOA CAP (QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | ANTIFUNGALS |

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|--|---------------------|--------------------------------|--|
| VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin) | QL-ST | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| VIVOTIF CAP | - | Preventive | VACCINES |
| VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOCABRIA TAB | - | EXC | ANTIVIRALS |
| VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOPAC 5 CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| VOPAC CREAM | - | NC | DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC | DERMATOLOGICALS |
| VOQUEZNA DUAL PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit) | QL-ST | Non-Pref erred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VOQUEZNA TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VOQUEZNA TRIP PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit) | QL-ST | Non-Pref erred Brands | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VORANIGO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VORICONAZOLE INJ | - | EXC | ANTIFUNGALS |
| voriconazole susp (VFEND equiv) | - | Select | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | Select | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | PA-PMSP-QL | Preferred Specialty | ANTIVIRALS |
| VOTRIENT TAB (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOTRIENT TAB (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |

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|---|---------------------|--------------------------------|--|
| VP-PNV-DHA CAP | - | Select | MULTIVITAMINS |
| VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VSL #3 CAP | - | Non-Pref erred Brands | ANTIDIARRHEALS |
| VTAMA CREAM (QL= 60 grams/30 days) | PA-QL | Non-Pref erred Brands | DERMATOLOGICALS |
| VTOL SOLN | - | Select | ANALGESICS - NONNARCOTIC |
| VUEWAY INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| VUITY OPHTH SOLN | - | EXC | OPHTHALMIC AGENTS |
| VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Preferre d Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYALEV INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| VYJUVEK GEL | - | EXC | DERMATOLOGICALS |
| VYLEESI INJ (QL= 2.4 ml/28 days) | PA-QL | Non-Pref erred Brands | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYLOY INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day) | PA-PMSP-QL | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| VYTONER CREAM 1.9-1% | - | NC | DERMATOLOGICALS |
| VYTORIN TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| VYVANSE CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVANSE CHEW TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVGART HYTRULO INJ | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| VYVGART INJ | - | EXC | MISCELLANEOUS THERAPEUTIC CLASSE |
| VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| WAINUA INJ (QL= 0.8ml/28 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|---|---------------------|--------------------------------|---|
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | Select | ANTICOAGULANTS |
| WEGOVY INJ (QL= 2 mL/28 days; Excluded for weight loss) | PA-QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 1.7MG (QL= 3 ml/28 days; Excluded for weight loss) | PA-QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 2.4MG (QL= 3 ml/28 days; Excluded for weight loss) | PA-QL | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WELCHOL PACK | - | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| WELCHOL TAB | - | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WESTERN JUNIPER INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WHITE ALDER INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WHITE ASH INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WHITE BIRCH INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WHITE POTATO INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WHOLE GRAIN BARLEY INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WHOLE WHEAT INJ | - | EXC | DIAGNOSTIC PRODUCTS |
| WINLEVI CREAM (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| WINREVAIR INJ (QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | Non-Pref erred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| WOUND-DRESSING GELS | - | NC | DERMATOLOGICALS |
| WPR PLUS | - | Non-Pref erred Brands | DERMATOLOGICALS |
| WYNZORA CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| XACDURO INJ | - | EXC | ANTI-INFECTIVE AGENTS - MISC. |
| XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap) | QL-ST | Non-Pref erred Brands | VAGINAL AND RELATED PRODUCTS |
| XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa) | AMSP-QL-ST | Non-Pref erred Brands | ANTIPARKINSON AGENTS |
| XALATAN OPHTH SOLN (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |

| | | | | | |
|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------|--|
| XALIX SOL | - | Preferred Brands | DERMATOLOGICALS |
| XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days) | QL | Preferred Brands | ANTICOAGULANTS |
| XARELTO SUSP (QL= 10ml/day) | QL | Preferred Brands | ANTICOAGULANTS |
| XARELTO TAB 10MG (QL= 30 tabs/30 days) | QL | Preferred Brands | ANTICOAGULANTS |
| XARELTO TAB 15MG (QL= 60 tabs/30 days) | QL | Preferred Brands | ANTICOAGULANTS |
| XARELTO TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferred Brands | ANTICOAGULANTS |
| XARELTO TAB 20MG (QL= 30 tabs/30 days) | QL | Preferred Brands | ANTICOAGULANTS |
| XARTEMIS XR TAB (QL= 12 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI TAB 100MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI TAB 150MG (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI TAB 200MG (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI TAB 50MG (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTICONSULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Preferred Brands | ANTICONSULSANTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands | ANTICONVULSANTS |
| XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)) | LD-QL-RDX | Preferre d Specialty | OPHTHALMIC AGENTS |
| XELJANZ SOLN (QL= 10ml/day) | PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | PA-PMSP-QL | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELODA TAB | PMSP | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| XEMBIFY INJ | PA-PMSP | Non-Pref erred Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| XENAZINE TAB (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| XENLETA TAB (QL= 10 tabs/fill, 1 fill/month) | AMSP-PA-QL | Non-Pref erred Specialty | ANTI-INFECTIVE AGENTS - MISC. |
| XENON XE 129 HYPERPOLARIZED INHALATION GAS | - | EXC | DIAGNOSTIC PRODUCTS |
| XENPOZYME INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XEPI CREAM (QL= 30gm/30 days) | QL | Non-Pref erred Brands | DERMATOLOGICALS |
| XERESE CREAM | - | Non-Pref erred Brands | DERMATOLOGICALS |
| XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306) | LD-PA-QL-ST | Non-Pref erred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| XGEVA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| XHANCE NASAL EXHALER | - | Preferred Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month) | PA-QL | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG (QL= 2 tabs/day) | PA-QL | Non-Preferred Brands | ANTI-INFECTIVE AGENTS - MISC. |
| XIGDUO XR TAB (QL= 1 tab/day) | QL | Preferred Brands | ANTIDIABETICS |
| XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day) | QL | Preferred Brands | ANTIDIABETICS |
| XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day) | QL | Preferred Brands | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | Preferred Brands | ANTIDIABETICS |
| XIIDRA OPHTH SOLN (QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | QL-ST | Non-Preferred Brands | OPHTHALMIC AGENTS |
| XILOGEL POWDER | - | EXC | CHEMICALS |
| XIPERE INJ | - | EXC | OPHTHALMIC AGENTS |
| XODOL TAB 10MG-300MG (QL= 13 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| XODOL TAB 5MG-300MG (QL= 13 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| XODOL TAB 7.5MG-300MG (QL= 13 tabs/day) | QL | Non-Preferred Brands | ANALGESICS - OPIOID |
| XOFLUZA TAB (QL= 2 tabs/120 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days) | QL | Non-Preferred Brands | ANTIVIRALS |
| XOLAIR INJ (QL= 1 syringe/28 days) | M-PA-PMSP-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ (QL= 1 vial/28 days) | M-PA-PMSP-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 150MG/ML (QL= 1ml/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 300MG/2ML (QL= 2ml/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|--|
| XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days) | AMSP-PA-PMSP-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLEGEL | - | Non-Preferred Brands | DERMATOLOGICALS |
| XOLEGEL COREPAK KIT | - | Non-Preferred Brands | DERMATOLOGICALS |
| XOLREMDI CAP (QL= 60 caps/20 days; Only available through PantheRx 855-726-8479) | LD-PA-QL | Non-Preferred Specialty | HEMATOPOIETIC AGENTS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPHOZAH TAB (QL= 60 tablets/30 days) | PA-QL | Non-Preferred Brands | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XRYLIX PAK | - | EXC | DERMATOLOGICALS |
| XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Preferred Brands | ANALGESICS - OPIOID |
| XTANDI CAP (QL= 4 caps/day) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 40MG (QL= 4 tabs/day) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 80MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS) | QL-ST | Non-Preferred Brands | ANTIDIABETICS |
| XURIDEN POWDER (Only available through Biomatrix 855-359-9679) | LD-PA | Non-Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|--------------------------------|---|
| XYLITOL GEL | OTC | EXC | MOUTH/THROAT/DENTAL AGENTS |
| XYLITOL GUM | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| XYMODINE CAP | OTC | EXC | MINERALS & ELECTROLYTES |
| XYOSTED INJ (QL= 4ml/28 days) | PA-QL | Non-Pref erred Brands | ANDROGENS-ANABOLIC |
| XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN | OTC | Non-Pref erred Brands | ANTIHISTAMINES |
| XYZAL TAB | OTC | Non-Pref erred Brands | ANTIHISTAMINES |
| YASMIN TAB | - | NC | CONTRACEPTIVES |
| YAZ TAB | - | Non-Pref erred Brands | CONTRACEPTIVES |
| YF-VAX INJ | - | Preventi ve | VACCINES |
| YONSA TAB (QL= 4 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YORVIPATH INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| YOSPRALA TAB | --OTC | Preferre d Brands | HEMATOLOGICAL AGENTS - MISC. |
| YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| YUMVS BIOTIN CHW ZERO | - | EXC | VITAMINS |
| YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler) | QL-ST | Non-Pref erred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| zafemy patch (XULANE equiv) | - | Preventi ve | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| ZANTAC EFFER TAB | - | Non-Pref erred Brands | ULCER DRUGS |
| ZARXIO INJ (QL= 15 syringes/30 days) | PMSP-QL | Preferre d Specialty | HEMATOPOIETIC AGENTS |
| ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days) | PMSP-QL | Preferre d Specialty | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ZEGALOGUE INJ | - | NC | ANTIDIABETICS |
| ZEGERID CAP | - | Non-Pref erred Brands | ULCER DRUGS |
| ZEGERID CAP OTC | OTC | Non-Pref erred Brands | ULCER DRUGS |
| ZEGERID POWDER PACK | - | Non-Pref erred Brands | ULCER DRUGS |
| ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | Non-Pref erred Brands | ANTIPARKINSON AGENTS |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELNORM TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ZEMAIRA INJ | - | EXC | RESPIRATORY AGENTS - MISC. |
| ZENIFIBER AG PAD | - | EXC | DERMATOLOGICALS |
| zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|--|
| ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPATIER TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty | ANTIVIRALS |
| ZEPBOUND INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPBOUND VIAL INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPHREX-D TAB | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| zephrex-d tab 30mg (QL= 240 tabs/30 days) | QL | High Cost Generics | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ZEPOSIA CAP (QL=30 caps/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK (QL= 37 caps/37 days) | PA-PMSP-QL | Non-Pref erred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days) | QL | Preferre d Brands | OPHTHALMIC AGENTS |
| ZETIA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTHYPERLIPIDEMICS |
| ZETONNA NASAL SPRAY | - | Preferre d Brands | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ZIAGEN SOLN (QL= 960ml/30 days) | QL | Non-Pref erred Brands | ANTIVIRALS |
| ZIAGEN TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | ANTIVIRALS |
| ZIANA GEL (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| zidovudine cap (RETROVIR equiv) (QL= 6 caps/day) | QL | Select | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days) | QL | Select | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| ZIEXTENZO INJ (QL= 1.2 units/28 days) | PA-PMSP-QL | Non-Pref erred Specialty | HEMATOPOIETIC AGENTS |
| ZILACAINE PAK | - | NC | DERMATOLOGICALS |
| ZILACTIN BABY GEL | - | EXC | MOUTH/THROAT/DENTAL AGENTS |
| ZILBRYSQ INJ 16.6MG/0.416ML (QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| ZILBRYSQ INJ 23MG/0.574ML (QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 32.4MG/0.81ML (QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day) | QL | High Cost Generics | ASTHMA AND BRONCHODILATOR AGENTS |
| ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj) | QL-ST | Non-Pref erred Brands | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ZINBRYTA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZINC CHLORID INJ | - | EXC | MINERALS & ELECTROLYTES |
| zinc chloride inj | - | EXC | MINERALS & ELECTROLYTES |
| ZINC CITRATE CHEW TAB | - | EXC | MINERALS & ELECTROLYTES |
| ZINC HIGH AB CHEW TAB | - | EXC | MINERALS & ELECTROLYTES |
| ZINC OXIDE 40% AND DIMETHICONE 1% OINTMENT THERAPY PACK | - | EXC | DERMATOLOGICALS |
| zinc oxide oint | - | EXC | DERMATOLOGICALS |
| zinc sulfate inj | - | EXC | MINERALS & ELECTROLYTES |
| ZINCTRAL PASTE | OTC | EXC | DERMATOLOGICALS |
| ZINC-VITAMIN C-VITAMIN A LOZENGE | - | EXC | MINERALS & ELECTROLYTES |
| ZINGO INJ | - | EXC | LOCAL ANESTHETICS-PARENTERAL |
| ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands | OPHTHALMIC AGENTS |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIPSOR CAP (QL= 4 caps/day) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| ZIRGAN OPHTH GEL | - | Preferre d Brands | OPHTHALMIC AGENTS |
| ZITHRANOL SHAMPOO | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ZITHROMAX POWDER PACK | - | Preferre d Brands | MACROLIDES |
| ZITUVIMET XR TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands | ANTIDIABETICS |
| ZMA CLEAR SUSP | - | EXC | DERMATOLOGICALS |
| ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day) | QL | Non-Pref erred Brands | ANTHYPERLIPIDEMICS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|---|
| ZOCOR TAB 80MG (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands | ANTIHYPERLIPIDEMICS |
| ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days) | QL | Non-Pref erred Brands | ANTIEMETICS |
| ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ZOKINVY CAP | AMSP-PA | Non-Pref erred Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| ZOLINZA CAP | LMSP-PA-SF | Preferre d Specialty | ANTINEOPLASTICS |
| zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT) | QL-ST | High Cost Generics | MIGRAINE PRODUCTS |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days) | QL | High Cost Generics | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| ZOLPAK KIT | - | NC | DERMATOLOGICALS |
| ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL) | QL-ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | Select | HYPNOTICS |
| zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day) | QL | Select | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day) | QL | High Cost Generics | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | ST | Non-Pref erred Brands | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZOMACTON INJ | PA-PMSP | Non-Pref erred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|--------------------------------|-----------------------------------|
| ZOMIG TAB (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ZOMIG ZMT (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands | MIGRAINE PRODUCTS |
| ZONISADE SUSP (QL= 900ml/30 days) | QL | Non-Pref erred Brands | ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | Select | ANTICONVULSANTS |
| ZONTIVITY TAB (Step Therapy requires trial of clopidogrel) | ST | Non-Pref erred Brands | HEMATOLOGICAL AGENTS - MISC. |
| ZORTRESS TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands | MISCELLANEOUS THERAPEUTIC CLASSES |
| ZORVOLEX CAP (QL= 3 caps/day) | QL | Non-Pref erred Brands | ANALGESICS - ANTI-INFLAMMATORY |
| ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ZORYVE CREAM (QL= 60g/30 days; ST req trial of tacrolimus oint) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ZORYVE FOAM 0.3% (QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro)) | QL-ST | Non-Pref erred Brands | DERMATOLOGICALS |
| ZOVIRAX OINT | - | Non-Pref erred Brands | DERMATOLOGICALS |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty | ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | Non-Pref erred Brands | ANALGESICS - OPIOID |
| ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron) | ST | Non-Pref erred Brands | ANTIEMETICS |
| ZURAMPIC TAB (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands | GOUT AGENTS |
| ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days) | PA-QL | Non-Pref erred Brands | ANTIDEPRESSANTS |
| ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days) | PA-QL | Non-Pref erred Brands | ANTIDEPRESSANTS |
| ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days) | PA-QL | Non-Pref erred Brands | ANTIDEPRESSANTS |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------------------|---|
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream) | QL-ST | Non-Preferred Brands | DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO CR TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYFLO TAB (QL= 4 tabs/day) | QL | Non-Preferred Brands | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP | - | Preferred Brands | OPHTHALMIC AGENTS |
| ZYLOTROL-L KIT | - | EXC | DERMATOLOGICALS |
| ZYMAXID OPHTH SOLN | - | Non-Preferred Brands | OPHTHALMIC AGENTS |
| ZYMFENTRA INJ (QL= 2 pens/28 days) | PA-PMSP-QL | Non-Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| ZYNLONTA SOLN | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYNTGLO INJ | - | EXC | HEMATOPOIETIC AGENTS |
| ZYNYZ INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | Non-Preferred Brands | ANTIHYPERTENSIVES |
| ZYPREXA RELPREVV INJ | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA TAB | - | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA ZYDIS TAB (QL= 1 tab/day) | QL | Non-Preferred Brands | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYRTEC CHILD CHEW ALLERGY | - | EXC | ANTIHISTAMINES |
| ZYRTEC CHILD CHEW TAB | - | EXC | ANTIHISTAMINES |
| ZYRTEC CHILD TAB | OTC | EXC | ANTIHISTAMINES |
| ZYRTEC-D TAB 5-120MG | - | EXC | COUGH/COLD/ALLERGY |

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|------|--|------|--|------|--|
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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
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| ST | Step Therapy | VAC | Vaccine Program | | |

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**PeaceHealth Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|-----------------------------------|---------------------|--------------------------------|---|
| ZYTAZE CAP | - | Non-Pref erred Brands | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ZYTIGA TAB 250MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYTIGA TAB 500MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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PeaceHealth Formulary
Category/Class
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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine) | QL-ST | High Cost Generics |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | High Cost Generics |
| dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day) | QL | High Cost Generics |
| dextroamphetamine ER cap 15mg (QL= 4 caps/day) | QL | High Cost Generics |
| dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day) | QL | High Cost Generics |
| dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days) | QL | High Cost Generics |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab) | QL-ST | High Cost Generics |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab) | QL-ST | High Cost Generics |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab) | QL-ST | High Cost Generics |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day) | QL | High Cost Generics |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day) | QL | High Cost Generics |
| zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics |
| zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | High Cost Generics |
| ADDERALL TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| ADDERALL XR CAP | - | Non-Pref erred Brands |
| ADDERALL XR CAP 10MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands |
| ADDERALL XR CAP 15MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands |

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

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|------|---|------|--|------|--------------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSF | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
Category/Class
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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| ADDERALL XR CAP 20MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands |
| ADDERALL XR CAP 30MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands |
| ADDERALL XR CAP 5MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap) | QL-ST | Non-Pref erred Brands |
| ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands |
| ADZENYS XR TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| DESOXYN TAB (QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine) | QL-ST | Non-Pref erred Brands |
| DEXEDRINE CAP 10MG (QL= 120 caps/30 days) | QL | Non-Pref erred Brands |
| DEXEDRINE CAP 15MG (QL= 4 caps/day) | QL | Non-Pref erred Brands |
| DEXEDRINE CAP 5MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands |
| EVEKEO TAB | - | Non-Pref erred Brands |
| MYDAYIS CAP 12.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| MYDAYIS CAP 25MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands |
| MYDAYIS CAP 37.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands |
| MYDAYIS CAP 50MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER) | QL-ST | Non-Pref erred Brands |
| VYVANSE CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| VYVANSE CHEW TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands |
| ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate) | QL-ST | Non-Pref erred Brands |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | Select |
| amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days) | QL | Select |
| dextroamphetamine 5mg tab (QL= 180 tabs/30 days) | QL | Select |
| dextroamphetamine tab 10mg (QL= 6 tabs/day) | QL | Select |
| ANALECTICS | | |
| CAFCIT INJ | - | Non-Pref erred Brands |
| caffeine citrate soln (CAFCIT equiv) | - | Select |
| 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 | - | EXC |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| XENICAL CAP | - | EXC |
| ZEPBOUND INJ | - | EXC |
| ZEPBOUND VIAL INJ | - | EXC |
| WEGOVY INJ (QL= 2 mL/28 days; Excluded for weight loss) | PA-QL | Non-Pref erred Brands |
| WEGOVY INJ 1.7MG (QL= 3 ml/28 days; Excluded for weight loss) | PA-QL | Non-Pref erred Brands |
| WEGOVY INJ 2.4MG (QL= 3 ml/28 days; Excluded for weight loss) | PA-QL | Non-Pref erred Brands |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| INTUNIV TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| INTUNIV TAB 1MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| INTUNIV TAB 2MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| KAPVAY TAB (QL= 4 tabs/day) | PA-QL | Non-Pref erred Brands |
| ONYDA XR SUSP (QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap) | QL-ST | Non-Pref erred Brands |
| QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine) | QL-ST | Non-Pref erred Brands |
| QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine) | QL-ST | Non-Pref erred Brands |
| QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine) | QL-ST | Non-Pref erred Brands |
| STRATTERA CAP 10MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| STRATTERA CAP 18MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| STRATTERA CAP 25MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| STRATTERA CAP 40MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--|--------------------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| STRATTERA CAP 60MG (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select |
| atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days) | QL | Select |
| atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select |
| atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select |
| clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day) | QL | Select |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | Select |
| guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select |
| guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB 150MG (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands |
| SUNOSI TAB 75 MG (QL= 2 tabs/day) | PA-QL | Non-Pref erred Brands |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| STIMULANTS - MISC. | | |
| methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day) | QL | High Cost Generics |
| methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day) | QL | High Cost Generics |
| methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
| methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | High Cost Generics |
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| AMSP LMSP PA RDX ST | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Restricted to Diagnosis Step Therapy | EXC M PMSP SF VAC |
| | generic =small letters Plan Exclusion Medical Benefit PeaceHealth Mandatory Specialty Pharmacy Program Limited to two 15 day fills per month for first 3 months Vaccine Program | LD OTC QL SMKG |
| | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Quantity Limit Smoking Cessation | |

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|---|--------------|-----------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| ADHANSIA XR CAP 35MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 10MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 15MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 20MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 30MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 40MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 50MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| APTENSIO XR CAP 60MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| AZSTARYS CAP (QL= 30 caps/30 days) | QL | Non-Pref erred Brands |
| CONCERTA TAB 18MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| CONCERTA TAB 27MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| CONCERTA TAB 36MG (QL= 1 tabs/day) | QL | Non-Pref erred Brands |
| CONCERTA TAB 54MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| COTEMPLA XR ODT 17.3MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |

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| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| COTEMPLA XR ODT 8.6MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| DAYTRANA PATCH (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| FOCALIN TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| FOCALIN XR CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| NUVIGIL TAB 150MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| NUVIGIL TAB 200G (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| NUVIGIL TAB 250MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| NUVIGIL TAB 50MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| PROVIGIL TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| QUILLICHEW ER TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| QUILLIVANT XR SUSP (QL= 360ml/30 days) | QL | Non-Pref erred Brands |
| RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| RITALIN LA CAP (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)) | QL-ST | Non-Pref erred Brands |
| RITALIN TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select |
| armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select |
| armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days) | QL | Select |
| armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day) | QL | Select |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 2 caps/day) | QL | Select |
| dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days) | QL | Select |
| dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days) | QL | Select |
| dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days) | QL | Select |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL | Select |
| methylphenidate ER tab 10mg (QL= 3 tabs/day) | QL | Select |
| methylphenidate ER tab 20mg (QL= 3 tabs/day) | QL | Select |
| methylphenidate soln (METHYLIN equiv) | - | Select |
| methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days) | QL | Select |
| methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days) | QL | Select |
| methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days) | QL | Select |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | Select |

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

| ALLERGENIC EXTRACTS | Special Code | Tier |
|-------------------------------|--------------|------|
| ACACIA INJ | - | EXC |
| ALTERNARIA ALTERNATA INJ | - | EXC |
| AMERICAN ELM INJ | - | EXC |
| AMERICAN SYCAMORE INJ | - | EXC |
| ASPEN POLLEN EXTRACT INJ | - | EXC |
| BIPOL SOROKI INJ | - | EXC |
| BLACK WALNUT INJ | - | EXC |
| BLACK WILLOW INJ | - | EXC |
| BLACK/SWEET BIRCH POLLEN INJ | - | EXC |
| BOX ELDER INJ | - | EXC |
| CLADO SPHAER INJ | - | EXC |
| COCKROACH INJ | - | EXC |
| EASTERN COTTONWOOD INJ | - | EXC |
| ENGLISH PLAN INJ | - | EXC |
| GRASS POLLEN INJ | - | EXC |
| GREEN ASH POLLEN EXTRACT INJ | - | EXC |
| MOUNTAIN CEDAR INJ | - | EXC |
| NETTLE INJ | - | EXC |
| OREGON ASH POLLEN EXTRACT INJ | - | EXC |
| PECAN POLLEN INJ | - | EXC |

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| | | | | | |
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont. | | |
| RED ALDER INJ | - | EXC |
| RED CEDAR INJ | - | EXC |
| RED MAPLE INJ | - | EXC |
| RED OAK INJ | - | EXC |
| RIVER BIRCH POLLEN EXTRACT INJ | - | EXC |
| SAGEBRUSH INJ | - | EXC |
| SG RAGWEED INJ | - | EXC |
| TREE MIX 9 | - | EXC |
| WESTERN JUNIPER INJ | - | EXC |
| WHITE ALDER INJ | - | EXC |
| WHITE ASH INJ | - | EXC |
| WHITE BIRCH INJ | - | EXC |
| TRICOPHYTON MENTAGRO SOLN | - | NC |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| ODACTRA SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands |

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - A'S

| | | |
|---|-------|-----|
| ALPHA LIPOIC TAB | --OTC | EXC |
| apple cider vinegar tab | - | EXC |
| ASHWAGANDHA (WITHANA SOMNFERA) CHEW TAB | - | EXC |
| ASHWAGANDHA CAP 35 | OTC | EXC |
| ASHWAGANDHA TAB | - | EXC |

ALTERNATIVE MEDICINE - B'S

| | | |
|---------------------------------------|-----|-----|
| BERBERINE CAP | OTC | EXC |
| bilberry (vaccinium myrtillus) cap | - | EXC |
| BITTER MELON TAB | - | EXC |
| BLACK COHOSH CAP | - | EXC |
| BLACK COHOSH TAB | OTC | EXC |
| BLACK ELDERBERRY (SAMBUCUS NIGRA) CAP | - | EXC |
| BLACK ELDERBERRY SYRUP | - | EXC |
| BOSWELLIA TAB | - | EXC |

ALTERNATIVE MEDICINE - C'S

| | | |
|------------------------------|-----|-----|
| CALCIUM D-CAP GLUCARAT | OTC | EXC |
| CO Q-10 CAP | - | EXC |
| CRANBERRY CAP | OTC | EXC |
| CRANBERRY TAB DISINTEGRATING | - | EXC |
| SM CRANBERRY TAB | - | EXC |
| VITEX FRUIT CAP | - | EXC |

ALTERNATIVE MEDICINE - D'S

| | | |
|--------------------------------------|-----|-----|
| DANDELION (TARAXACUM OFFICINALE) CAP | - | EXC |
| DIHYDROBERBERINE CAP | OTC | EXC |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ALTERNATIVE MEDICINES Cont. | | |
| DONG QUAI CAP | - | EXC |
| ALTERNATIVE MEDICINE - E'S | | |
| ERGOTHIONEINE CAP | OTC | EXC |
| ALTERNATIVE MEDICINE - F'S | | |
| fenugreek (trigonella foenum-graecum) cap | - | EXC |
| ALTERNATIVE MEDICINE - G'S | | |
| COFFEE BEAN CAP | - | EXC |
| GARLIC CAP | OTC | EXC |
| GARLIC TAB | - | EXC |
| GINKGO BILOB CAP | - | EXC |
| GOLDENSEAL CAP | - | EXC |
| GRAPE SEED CAP | - | EXC |
| GREEN TEA CAP | - | EXC |
| IMMUNOTIX CAP | OTC | EXC |
| ONCOPLEX ES CAP | - | EXC |
| ALTERNATIVE MEDICINE - H'S | | |
| 5-HYDROXYTRYPTOPHAN TAB | - | EXC |
| 5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING | - | EXC |
| HOODIA CAP | - | EXC |
| HORSE CHESTNUT CAP | - | EXC |
| ALTERNATIVE MEDICINE - L'S | | |
| LACTOFERRIN CAP | - | EXC |
| ALTERNATIVE MEDICINE - M'S | | |
| MACA ROOT CAP | - | EXC |
| melatonin chew tab | - | EXC |
| MELATONIN TAB | - | EXC |
| MELATONIN TAB DISINTEGRATING | - | EXC |
| milk thistle (silybum marianum) cap | - | EXC |
| MILK THISTLE CAP | - | EXC |
| MSM TAB | OTC | EXC |
| ALTERNATIVE MEDICINE - N'S | | |
| NATTOKINASE CAP | - | EXC |
| ALTERNATIVE MEDICINE - P'S | | |
| PEPPERMINT OIL CAP | - | EXC |
| ALTERNATIVE MEDICINE - R'S | | |
| RASPBERRY KETONES CAP | - | EXC |
| RED YEAST RICE CAP | OTC | EXC |
| ROYAL JELLY CAP | - | EXC |
| RESERVAPAK SYRUP | - | NC |
| ALTERNATIVE MEDICINE - S'S | | |
| HYDROLYZED SILK TAB | - | EXC |
| S-ADENOSYLMETHIONINE CAP | - | EXC |
| SAW PALMETTO CAP | - | EXC |
| shark cartilage cap | - | EXC |
| SOY ISOFLAVONE CAP | - | EXC |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|--------------|------|
| ALTERNATIVE MEDICINES Cont. | | |
| ALTERNATIVE MEDICINE - T'S | | |
| TART CHERRY CAP | - | EXC |
| TART CHERRY CHW ULTRA | - | EXC |
| TURMERIC EXT CAP STRENGTH | - | EXC |
| ALTERNATIVE MEDICINE COMBINATIONS | | |
| ALAMAX CR TAB | - | EXC |
| ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP | - | EXC |
| APPLE CIDER VINEGAR-GINGER CHEW TAB | OTC | EXC |
| BIOTIN-KERAT CAP ALPHA | - | EXC |
| CHOLINE-SILICON LIQUID | - | EXC |
| CINNAMON-CHROMIUM-BIOTIN TAB | - | EXC |
| COCONUT OIL | - | EXC |
| COLLAGEN-VITAMIN C TAB | OTC | EXC |
| COQ10/BLACK PEPPER CAP | - | EXC |
| COQMAX OMEGA CAP | OTC | EXC |
| CRANRX CHW | - | EXC |
| ECHINACEA-VITAMIN C CHEW TAB | OTC | EXC |
| ELDERBERRY-VITAMIN C-ZINC CHEW TAB | - | EXC |
| GINGER-ASHWAGANDHA LOZENGE | - | EXC |
| GINGER-CHASTEBERRY-VALERIAN CAP | - | EXC |
| GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP | OTC | EXC |
| GLUCOS/CHOND LIQ MAX-STR | OTC | EXC |
| GLUCOSAMINE/MSM CAP | - | EXC |
| GLUCOSAMINE-CHONDROITIN-HYALURONIC ACID-MSM LIQUID | - | EXC |
| GLUCOSAMINE-CHONDROITIN-MSM CAP | OTC | EXC |
| GLUCOSAMINE-MSM-HYALURONIC ACID CAP | - | EXC |
| HYALURONIC CAP | - | EXC |
| LIFES DHA CAP | OTC | EXC |
| MEGARED ADV CAP 4 IN 1 | OTC | EXC |
| MELATONIN-5-HTP-PYRIDOXINE ER TAB | - | EXC |
| MELATONIN-ASHWAGANDHA-THEANINE-LEMON BALM CAP | - | EXC |
| MELATONIN-ELDERBERRY-VIT C-VIT D3-ZINC CAP | - | EXC |
| MELATONIN-LEMON BALM ORALLY DISINTEGRATING TAB | - | EXC |
| MELATONIN-PYRIDOXINE TAB ER | - | EXC |
| MELATONIN-THEANINE CHEW TAB | OTC | EXC |
| MELATONIN-THEANINE TABLET DISINTEGRATING | - | EXC |
| MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB | - | EXC |
| MELATONIN-TURMERIC-BLACK PEPPER CAP | - | EXC |
| MYLK CAP | - | EXC |
| MYROSINASE-ASCORBIC ACID CAP | OTC | EXC |
| OMEGA 3 FATTY ACIDS-LUTEIN-ZEAXANTHIN CAP | - | EXC |
| OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR | - | EXC |
| OREGANO OIL CAP | - | EXC |
| SAM-E TMG PAK | OTC | EXC |
| SLEEP+IMMUNE CHW HEALTH | - | EXC |
| SUPER GINSNG CAP COMPLEX | - | EXC |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ALTERNATIVE MEDICINES Cont. | | |
| TART CHERRY CAP | - | EXC |
| THEANINE-5 HTP-LEMON BALM CHEW TAB | - | EXC |
| TURMERIC-GINGER CHEW TAB | - | EXC |
| TURMERIC-GINGER-BLACK PEPPER CHEW TAB | OTC | EXC |
| UNISOM SIMPL CHW SLUMBERS | - | EXC |
| VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE | OTC | EXC |

AMEBICIDES

| | | |
|--|-------|-----------------------------|
| AMEBICIDES | | |
| SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole) | QL-ST | Non-Pref erred Brands |

AMINOGLYCOSIDES

| | | |
|--|----------|--------------------------------|
| AMINOGLYCOSIDES | | |
| gentamicin sulfate inj (GENTAMICIN equiv) | - | EXC |
| tobramycin neb soln (BETHKIS equiv) | AMSP-PA | Generic Specialty |
| tobramycin neb soln (TOBI equiv) | AMSP-PA | Generic Specialty |
| HUMATIN CAP | - | Non-Pref erred Brands |
| ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | Non-Pref erred Specialty |
| KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| TOBI PODHALER | PA-PMSP | Non-Pref erred Specialty |
| neomycin tab | - | Select |
| paromomycin cap (HUMATIN equiv) | - | Select |

ANALGESICS - ANTI-INFLAMMATORY

| | | |
|--|-----|---------------------|
| ANALGESICS - ANTI-INFLAMMATORY COMBINATIONS | | |
| LEFLUNICLO PAK | OTC | Preferred Brands |

| | | |
|--|------------|--------------------------------|
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT TAB 4MG | - | EXC |
| OLUMIANT TAB (QL= 1 tab/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| RINVOQ ER TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year) | PA-PMSP-QL | Non-Pref erred Specialty |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| RINVOQ ORAL SOLN (QL= 360ml/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| XELJANZ SOLN (QL= 10ml/day) | PA-PMSP-QL | Preferred Specialty |
| XELJANZ TAB (QL= 2 tabs/day) | PA-PMSP-QL | Preferred Specialty |
| XELJANZ XR TAB (QL= 1 tab/day) | PA-PMSP-QL | Preferred Specialty |
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| REDITREX INJ | - | NC |
| OTREXUP INJ 10MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| OTREXUP INJ 15MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 10MG (QL= 0.8ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 12.5MG (QL= 1ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 15MG (QL= 1.2ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 17.5MG (QL= 1.4ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 22.5MG (QL= 1.8ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 25MG (QL= 2ml/28 days) | QL | Non-Pref erred Brands |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| RASUVO INJ 27.5MG (QL= 2.2ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 30MG (QL= 2.4ml/28 days) | QL | Non-Pref erred Brands |
| RASUVO INJ 7.5MG (QL= 0.6ml/28 days) | QL | Non-Pref erred Brands |
| RHEUMATREX TAB | - | Non-Pref erred Brands |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| ABRILADA INJ (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMU-ADBM KIT (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMU-ADBM KIT (QL= 4 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMU-ADBM KIT (QL= 6 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMU-ADBM KIT 40/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| ADALIMU-FKJP KIT 20/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| ADALIMUMAB KIT ADBM (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMUMAB-AATY KIT 20MG/0.2ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMUMAB-ADBM KIT (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ADALIMUMAB-RYVK INJ (QL = 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| ADALIMUMAB-RYVK INJ (QL= 2 syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |

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|--|-----------------|--------------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| CYLTEZO AUTO-INJECTOR (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| CYLTEZO INJ 10MG/0.2ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| CYLTEZO INJ 20MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| CYLTEZO INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| CYLTEZO INJ CROHNS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| CYLTEZO INJ PSORIASIS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| CYLTEZO KIT (QL= 2 inj/28 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty |
| CYLTEZO KIT CROHNS (QL= 6 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| CYLTEZO PSORIASIS KIT (QL= 4 inj/28 days, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| HULIO INJ 40MG/0.8ML (QL= 2 pens/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| HULIO KIT 20MG/0.4ML (QL= 2 pens/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| HUMIRA 10MG/0.1ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty |
| HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty |
| HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty |
| HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Non-Pref erred Specialty |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-PMSP-QL | Non-Pref erred Specialty |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Non-Pref erred Specialty |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Non-Pref erred Specialty |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty |
| HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| HYRIMOZ INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| HYRIMOZ INJ 80MG/0.8ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |

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|--|---------------------|--------------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| HYRIMOZ INJ CROHNS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| HYRIMOZ INJ PLAQUE PSORIASIS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| HYRIMOZ PFS INJ 10MG/0.1ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| HYRIMOZ PFS INJ 20MG/0.2ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| HYRIMOZ-PED INJ CROHNS (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| HYRIMOZ-PED INJ CROHNS 80MG/0.8ML (QL= 1 pack/fill, 1 fill/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| IDACIO INJ 40MG/0.8ML (QL= 2 pens/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| SIMLANDI INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| SIMPONI SC INJ (QL= 1 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| GOLD COMPOUNDS | | |

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| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| RIDAURA CAP | PMSP | Non-Pref erred Specialty |
| INTERLEUKIN-1 BLOCKERS | | |
| ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
| INTERLEUKIN-1BETA BLOCKERS | | |
| ILARIS INJ | - | EXC |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| TOFIDENCE INJ | - | EXC |
| TYENNE INJ | - | EXC |
| KEVZARA INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| TYENNE INJ (QL= 1.8ml/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| ADVIL DUAL TAB ACTION | OTC | EXC |
| COMBOGESIC INJ | - | EXC |
| ibuprofen-acetaminophen tab (ADVIL equiv) | OTC | EXC |
| INDOMETHACIN INJ | - | EXC |
| NAPROTIN KIT | - | EXC |
| TRESNI SUPP | - | EXC |
| diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets) | QL-ST | High Cost Generics |
| diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets) | QL-ST | High Cost Generics |
| fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | QL-ST | High Cost Generics |
| fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | ST | High Cost Generics |
| indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)) | QL-ST | High Cost Generics |
| indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp) | QL-ST | High Cost Generics |
| mefenamic acid cap (PONSTEL equiv) | - | High Cost Generics |
| meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin) | QL-ST | High Cost Generics |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| naproxen sodium CR tab (NAPRELAN CR equiv) (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap) | ST | High Cost Generics |
| COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)) | QL-ST | Non-Pref erred Brands |
| DUEXIS TAB | - | Non-Pref erred Brands |
| FENOPROFEN CAP, NAFLON CAP (QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | QL-ST | Non-Pref erred Brands |
| INDOCIN SUSP (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp) | QL-ST | Non-Pref erred Brands |
| INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)) | ST | Non-Pref erred Brands |
| INDOMETHACIN SUPP | - | Non-Pref erred Brands |
| KETOPROFEN CAP | - | Non-Pref erred Brands |
| KETOPROFEN ER CAP | - | Non-Pref erred Brands |
| LODINE TAB | - | Non-Pref erred Brands |
| MELOXICAM COMFORT KIT | - | Non-Pref erred Brands |
| MELOXICAM SUSP | - | Non-Pref erred Brands |
| MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp) | --QL-ST | Non-Pref erred Brands |
| NAFLON CAP (QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | QL-ST | Non-Pref erred Brands |
| NAPRELAN CR TAB (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap) | ST | Non-Pref erred Brands |
| QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin) | ST | Non-Pref erred Brands |
| RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone) | QL-ST | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| SPRIX NASAL SPRAY (QL= 5 units/30 days) | QL | Non-Pref erred Brands |
| TOLMETIN CAP (Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | ST | Non-Pref erred Brands |
| TOLMETIN TAB (Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen) | ST | Non-Pref erred Brands |
| VIMOVO TAB | - | Non-Pref erred Brands |
| VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin) | QL-ST | Non-Pref erred Brands |
| ZIPSOR CAP (QL= 4 caps/day) | QL | Non-Pref erred Brands |
| ZORVOLEX CAP (QL= 3 caps/day) | QL | Non-Pref erred Brands |
| KETOROLAC INJ | - | Preferred Brands |
| MECLOFENAMATE CAP | - | Preferred Brands |
| NAPROXEN SUSP | - | Preferred Brands |
| celecoxib cap (CELEBREX equiv) | - | Select |
| diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day) | QL | Select |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | Select |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | Select |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | Select |
| etodolac cap (LODINE equiv) | - | Select |
| etodolac ER tab (LODINE XL equiv) | - | Select |
| etodolac tab | - | Select |
| FLURBIPROFEN TAB | - | Select |
| flurbiprofen tab (ANSAID equiv) | - | Select |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | Select |
| ibuprofen tab | - | Select |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | Select |
| indomethacin cap (INDOCIN equiv) | - | Select |
| indomethacin CR cap (INDOCIN SR equiv) | - | Select |
| ketorolac inj | - | Select |
| ketorolac tab (TORADOL equiv) | - | Select |
| meloxicam tab (MOBIC equiv) | - | Select |
| nabumetone tab (RELAFEN equiv) | - | Select |
| naproxen EC tab (NAPROSYN EC equiv) | - | Select |
| naproxen sodium tab (ANAPROX equiv) | - | Select |
| naproxen susp (NAPROSYN equiv) | - | Select |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| naproxen tab (NAPROSYN equiv) | - | Select |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | Select |
| oxaprozin tab (DAYPRO equiv) | - | Select |
| piroxicam cap (FELDENE equiv) | - | Select |
| sulindac tab (CLINORIL equiv) | - | Select |
| tolmetin cap (TOLECTIN DS equiv) | - | Select |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | PA-PMSP-QL | Preferred Specialty |
| OTEZLA TAB (QL= 2 tabs/day) | PA-PMSP-QL | Preferred Specialty |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | Select |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | PA-PMSP-QL | Non-Preferred Specialty |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ (QL= 8 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | AMSP-PA-PMSP-QL | Preferred Specialty |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-PMSP-QL | Preferred Specialty |
| ENBREL MINI INJ (QL= 4 inj/28 days) | AMSP-PA-PMSP-QL | Preferred Specialty |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-PMSP-QL | Preferred Specialty |
| ANALGESICS - NONNARCOTIC | | |
| ANALGESIC COMBINATIONS | | |
| ANACIN TAB | - | EXC |
| aspirin-caffeine powder packet (BC FAST PAIN RELIEF equiv) | - | EXC |
| BC FAST PAIN POW RLF MAX | OTC | EXC |
| BC FAST PAIN RELIEF POWDER | - | EXC |
| butalbital/acetaminophen cap | - | High Cost Generics |
| ALLZITAL TAB (QL= 12 tabs/day) | QL | Non-Preferred Brands |

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|---|---------------------|-----------------------------|
| ANALGESICS - NONNARCOTIC Cont. | | |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | Non-Pref erred Brands |
| ESGIC TAB | - | Non-Pref erred Brands |
| FIORICET CAP | - | Non-Pref erred Brands |
| FIORINAL CAP | - | Non-Pref erred Brands |
| TENCON TAB (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day) | QL | Select |
| butalbital/acetaminophen/caffeine soln | - | Select |
| VTOL SOLN | - | Select |

ANALGESICS OTHER

| | | |
|----------------------------|---|-----|
| ACETAMINOPHEN SUPP | - | EXC |
| AMINOFEN TAB | - | EXC |
| LOTREXONE CAP, NALTREX CAP | - | EXC |

SALICYLATES

| | | |
|---|-------|-----------------------------|
| ALKA-SELTZER TAB | - | EXC |
| aspirin ec tab 325mg | OTC | EXC |
| aspirin effer tab (ALKA-SELTZER equiv) | - | EXC |
| aspirin tab 325mg | OTC | EXC |
| DOLOBID TAB (QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone) | QL-ST | Non-Pref erred Brands |
| aspirin chew tab 81mg (Covered for females only) | - | Preventiv e |
| aspirin ec tab 325mg (Covered for females only) | OTC | Preventiv e |
| aspirin ec tab 81mg (Covered for females only) | OTC | Preventiv e |
| aspirin tab (Covered for females only) | OTC | Preventiv e |
| diflunisal tab (DOLOBID equiv) | - | Select |
| salsalate tab (DISALCID equiv) | - | Select |

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|---|---|-----|
| DILAUDID INJ | - | EXC |
| FENTANYL CIT INJ | - | EXC |
| FENTANYL CITRATE INJ | - | EXC |
| fentanyl citrate pf soln prefilled syringe (FENTANYL equiv) | - | EXC |
| FENTANYL CITRATE-NAACL IV SOLN | - | EXC |
| hydromorphone hcl inj (DILAUDID equiv) | - | EXC |
| HYDROMORPHONE HCL-NAACL INJ SOLN PREF SYR | - | EXC |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------|
| ANALGESICS - OPIOID Cont. | | |
| HYDROMORPHONE HCL-SODIUM CHLORIDE 0.9% INJ | - | EXC |
| HYDROMORPHONE INJ | - | EXC |
| METHADONE HCL-SODIUM CHLORIDE SOLN PREF SYR | - | EXC |
| METHADONE INJ | - | EXC |
| MORPHINE SUL INJ | - | EXC |
| MORPHINE SULFATE-NACL INJ SOLN PREF SYR | - | EXC |
| SUFENTANIL INJ | - | EXC |
| CODEINE SULFATE TAB | - | High Cost Generics |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days) | PA-QL | High Cost Generics |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | High Cost Generics |
| fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days) | QL | High Cost Generics |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day) | QL | High Cost Generics |
| hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| levorphanol tab (LEVORPHANOL equiv) (QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)) | QL-ST | High Cost Generics |
| MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | High Cost Generics |
| oxycodone conc (ROXICODONE equiv) | - | High Cost Generics |
| oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day) | QL | High Cost Generics |
| oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day) | QL | High Cost Generics |
| tramadol ER tab (RYZOLT equiv) | - | High Cost Generics |

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|------|---|------|--|------|-------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| ANALGESICS - OPIOID Cont. | | |
| DSUVIA SL TAB | - | NC |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| ACTIQ LOZENGE (QL= 120 lozenges/30 days) | PA-QL | Non-Pref erred Brands |
| ARYMO ER TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| CODEINE SULFATE SOLN | - | Non-Pref erred Brands |
| CODEINE SULFATE TAB | - | Non-Pref erred Brands |
| DEMEROL TAB (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| DILAUDID LIQUID | - | Non-Pref erred Brands |
| DOLOPHINE TAB 10MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| DOLOPHINE TAB 5MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands |
| DURAGESIC PATCH (QL=15 patches/30 days) | QL | Non-Pref erred Brands |
| EXALGO TAB 12MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| EXALGO TAB 16MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| EXALGO TAB 32MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| EXALGO TAB 8MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER) | QL-ST | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | | | |

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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| ANALGESICS - OPIOID Cont. | | |
| KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| LAZANDA NASAL SPRAY (QL= 15 sprays/30 days) | PA-QL | Non-Pref erred Brands |
| METHADONE INJ | - | Non-Pref erred Brands |
| METHADONE SOLN | - | Non-Pref erred Brands |
| METHADOSE CONC (QL= 4 ml/day) | QL | Non-Pref erred Brands |
| MORPHABOND TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| MORPHINE SULFATE ORAL SOLN 10MG/5ML (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| ANALGESICS - OPIOID Cont. | | |
| MORPHINE SULFATE TAB | - | Non-Pref erred Brands |
| MS CONTIN TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| NUCYNTA TAB (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| OXYCONTIN ER TAB (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| QDOLO SOLN (QL= 80ml/day) | QL | Non-Pref erred Brands |
| ROXYBOND TAB (ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln) | ST | Non-Pref erred Brands |
| ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln) | ST | Non-Pref erred Brands |
| RYBIX ODT | - | Non-Pref erred Brands |
| SUBSYS SPRAY (QL= 180 sprays/30 days) | PA-QL | Non-Pref erred Brands |
| TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab) | QL-ST | Non-Pref erred Brands |
| TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT) | QL-ST | Non-Pref erred Brands |
| TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT) | QL-ST | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ANALGESICS - OPIOID Cont. | | |
| TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT) | QL-ST | Non-Pref erred Brands |
| TRAMADOL HCL TAB (QL= 30 tabs/30 days) | QL | Non-Pref erred Brands |
| XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Non-Pref erred Brands |
| MEPERIDINE SOLN | - | Preferred Brands |
| MORPHINE SULFATE SOLN | - | Preferred Brands |
| MORPHINE SULFATE SUPP | - | Preferred Brands |
| OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred Brands |
| OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day) | QL | Preferred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------|
| ANALGESICS - OPIOID Cont. | | |
| OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day) | QL | Preferred Brands |
| OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day) | QL | Preferred Brands |
| OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day) | QL | Preferred Brands |
| OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day) | QL | Preferred Brands |
| OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day) | QL | Preferred Brands |
| OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day) | QL | Preferred Brands |
| codeine sulfate tab | - | Select |
| hydromorphone liquid (DILAUDID equiv) | - | Select |
| HYDROMORPHONE SUPP | - | Select |
| hydromorphone tab (DILAUDID equiv) | - | Select |
| meperidine tab (DEMEROL equiv) (QL= 6 tabs/day) | QL | Select |
| methadone sol 10mg/5ml (QL= 20ml/day) | QL | Select |
| methadone soln (QL= 4 ml/day) | QL | Select |
| methadone soln 5mg/5ml (QL= 40ml/day) | QL | Select |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day) | QL | Select |
| methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day) | QL | Select |
| methadose tab (QL= 1 tab/day) | QL | Select |
| morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select |
| morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day) | QL | Select |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Select |
| morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Select |
| MORPHINE SULFATE SOLN | - | Select |
| morphine sulfate soln (MORPHINE equiv) | - | Select |
| morphine sulfate tab | - | Select |
| oxycodone cap (OXYIR equiv) | - | Select |
| oxycodone soln (ROXICODONE equiv) | - | Select |
| oxycodone tab (ROXICODONE equiv) | - | Select |
| oxymorphone tab (OPANA equiv) | - | Select |
| tramadol ER tab 100mg (ULTRAM ER equiv) | - | Select |
| tramadol ER tab 200mg (ULTRAM ER equiv) | - | Select |
| tramadol ER tab 300mg (ULTRAM ER equiv) | - | Select |
| tramadol hcl tab 100mg (QL= 4 tabs/day) | QL | Select |
| tramadol tab (ULTRAM equiv) | - | Select |
| OPIOID COMBINATIONS | | |
| FENTANYL CITRATE-BUPIVACAINE EPIDURAL INJ | - | EXC |
| FENTANYL CIT-ROPIV-NACL SOL PREF SYR | - | EXC |
| FENTANYL/BUPIVACAINE/NACL INJ | - | EXC |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day) | QL | High Cost Generics |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------|
| ANALGESICS - OPIOID Cont. | | |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | High Cost Generics |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day) | QL | High Cost Generics |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day) | QL | High Cost Generics |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day) | QL | High Cost Generics |
| APADAZ TAB (QL= 12 tabs/day) | PA-QL | Non-Pref erred Brands |
| FIORINAL/CODEINE CAP | - | Non-Pref erred Brands |
| HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older) | QL | Non-Pref erred Brands |
| LORTAB ELIXIR | - | Non-Pref erred Brands |
| NORCO 10-325mg (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| NORCO 5-325mg (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| NORCO TAB 7.5MG-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | Non-Pref erred Brands |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day) | QL | Non-Pref erred Brands |
| PERCOCET TAB 10-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| PERCOCET TAB 2.5-325mg (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| PERCOCET TAB 5-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| PERCOCET TAB 7.5-325MG (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| PRIMLEV TAB 10-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| ANALGESICS - OPIOID Cont. | | |
| PRIMLEV TAB 5-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands |
| PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab) | QL-ST | Non-Pref erred Brands |
| SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol) | QL-ST | Non-Pref erred Brands |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= 10 caps/day) | QL | Non-Pref erred Brands |
| XARTEMIS XR TAB (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| XODOL TAB 10MG-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands |
| XODOL TAB 5MG-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands |
| XODOL TAB 7.5MG-300MG (QL= 13 tabs/day) | QL | Non-Pref erred Brands |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | Select |
| APAP/CODEINE SOLN | - | Select |
| aspirin/codeine tab | - | Select |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | Select |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day) | QL | Select |
| hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day) | QL | Select |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day) | QL | Select |
| hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day) | QL | Select |
| hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day) | QL | Select |
| HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day) | QL | Select |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | QL-- | Select |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | Select |
| oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| OXYCODONE/ASPIRIN TAB | - | Select |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | Select |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | Select |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | Select |
| OPIOID PARTIAL AGONISTS | | |
| BRIXADI SOLN | - | EXC |
| nalbuphine inj | - | EXC |
| buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch) | ST | High Cost Generics |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| ANALGESICS - OPIOID Cont. | | |
| BELBUCA FILM (Step therapy requires trial of buprenorphine patch) | ST | Non-Pref erred Brands |
| BUNAVAIL FILM | - | Non-Pref erred Brands |
| BUTRANS PATCH | - | Non-Pref erred Brands |
| SUBOXONE SL FILM 2-0.5MG (QL= 4 films/day) | QL | Non-Pref erred Brands |
| SUBOXONE SL FILM 4-1MG (QL= 4 films/day) | QL | Non-Pref erred Brands |
| ZUBSOLV SL TAB | - | Non-Pref erred Brands |
| SUBOXONE SL FILM 12-3MG (QL= 2 films/day) | QL | Preferred Brands |
| SUBOXONE SL FILM 8-2MG (QL= 3 films/day) | QL | Preferred Brands |
| buprenorphine patch (BUTRANS equiv) | - | Select |
| buprenorphine SL tab (SUBUTEX equiv) | - | Select |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | Select |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | Select |
| butorphanol nasal spray (QL= 5ml/30 days) | QL | Select |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | Select |

ANDROGENS-ANABOLIC

| ANABOLIC STEROIDS | | |
|----------------------------------|---|-----------------------------|
| oxandrolone tab (OXANDRIN equiv) | - | EXC |
| ANADROL TAB | - | Non-Pref erred Brands |

| ANDROGENS | | |
|---|-------|-----------------------------|
| methyltestosterone cap (QL= 150 tablets/30 days) | PA-QL | High Cost Generics |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | High Cost Generics |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | High Cost Generics |
| TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days) | PA-QL | High Cost Generics |
| testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days) | PA-QL | High Cost Generics |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | High Cost Generics |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | Non-Pref erred Brands |

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| ANDROGENS-ANABOLIC Cont. | | |
| ANDROGEL 1% 25MG (QL= 150gm/30 days) | PA-QL | Non-Pref erred Brands |
| ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 300gm/30 days) | QL | Non-Pref erred Brands |
| ANDROGEL 1% 50MG/5GM (QL= 300gm/30 days) | PA-QL | Non-Pref erred Brands |
| ANDROGEL 1.62% 1.25GM (QL= 2 packets/day) | PA-QL | Non-Pref erred Brands |
| ANDROGEL 1.62% 2.5GM (QL= 2 packets/day) | PA-QL | Non-Pref erred Brands |
| ANDROGEL PUMP 1.62% (QL= 150gm/30 days) | PA-QL | Non-Pref erred Brands |
| DEPO-TESTOSTERONE INJ (QL= 1 vial/28 days) | QL | Non-Pref erred Brands |
| DEPO-TESTOSTERONE INJ (QL= 4 vials/28 days) | QL | Non-Pref erred Brands |
| FORTESTA GEL 2% (QL= 2 bottles/30 days) | PA-QL | Non-Pref erred Brands |
| JATENZO CAP 158MG (QL= 4 caps/day) | PA-QL | Non-Pref erred Brands |
| JATENZO CAP 198MG (QL= 4 caps/day) | PA-QL | Non-Pref erred Brands |
| JATENZO CAP 237MG (QL= 2 caps/day) | PA-QL | Non-Pref erred Brands |
| KYZATREX CAP (QL= 4 tabs/day) | PA-QL | Non-Pref erred Brands |
| KYZATREX CAP, TLANDO CAP (QL= 4 tabs/day) | PA-QL | Non-Pref erred Brands |
| METHITEST TAB (QL= 150 tablets/30 days) | PA-QL | Non-Pref erred Brands |
| NATESTO GEL (QL= 3 bottles/30 days) | PA-QL | Non-Pref erred Brands |
| NATESTO NASAL GEL (QL= 3 bottles/30 days) | PA-QL | Non-Pref erred Brands |

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| ANDROGENS-ANABOLIC Cont. | | |
| STRIANT FILM (QL= 60 films/30 days) | PA-QL | Non-Pref erred Brands |
| TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day) | PA-QL | Non-Pref erred Brands |
| XYOSTED INJ (QL= 4ml/28 days) | PA-QL | Non-Pref erred Brands |
| TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days) | QL | Preferred Brands |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | Preferred Brands |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | Preferred Brands |
| TESTOSTERONE INJ (QL= 1 vial/28 days) | QL | Preferred Brands |
| TESTOSTERONE INJ (QL= 4 vials/28 days) | QL | Preferred Brands |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days) | QL | Preferred Brands |
| danazol cap (DANOCRINE equiv) (QL= 4 caps/day) | QL | Select |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | Select |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days) | --QL | Select |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | --QL | Select |
| testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | QL | Select |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days) | QL | Select |
| testosterone gel 1% 50mg (QL= 300gm/30 days) | QL | Select |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days) | QL | Select |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days) | QL | Select |
| TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days) | QL | Select |

ANORECTAL AGENTS

INTRARECTAL STEROIDS

| | | |
|--|---|-----------------------------|
| CORTIFOAM | - | Non-Pref erred Brands |
| hydrocortisone enema (CORTENEMA equiv) | - | Select |

RECTAL COMBINATIONS

| | | |
|--|---|-----------------------------|
| LIDO-HYDRO GEL | - | EXC |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | NC |
| ANALPRAM ADVANCED KIT | - | Non-Pref erred Brands |
| ANALPRAM-E KIT | - | Non-Pref erred Brands |
| PROCTOFOAM HC FOAM | - | Preferred Brands |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | Select |

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| ANORECTAL AGENTS Cont. | | |
| lidocaine/hydrocortisone kit (ANALPRAM equiv) | - | Select |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | Select |
| RECTAL STEROIDS | | |
| hydrocortisone supp (ANUSOL HC equiv) | - | NC |
| proctosol HC cream (ANUSOL HC equiv) | - | Select |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema) | QL-ST | High Cost Generics |
| UCERIS RECTAL FOAM (QL= 100.2g/30 days) | QL | Non-Pref erred Brands |
| RECTAL COMBINATIONS | | |
| HYDROCORTISONE/PRAMOXINE SUPP | - | EXC |
| LIDOCAINE-PHENYLEPHRINE HCL AEROSOL | - | EXC |
| ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM) | ST | Non-Pref erred Brands |
| RECTAL LOCAL ANESTHETICS | | |
| LIDOCAINE SUPP | - | NC |
| RECTAL PRODUCTS - MISC. | | |
| BARRIGEL INJ | - | EXC |
| PHENYLEPHRINE HCL SUPPOSITORIES | OTC | EXC |
| VASODILATING AGENTS | | |
| RECTIV OINT (Diagnosis Restricted – Anal Fissure (K60.2)) | RDX | Non-Pref erred Brands |
| nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2)) | RDX | Select |
| ANTACIDS | | |
| ANTACID COMBINATIONS | | |
| ANTACID CHEW | - | EXC |
| CALCIUM/MAGNESIUM CARBONATES TAB | OTC | EXC |
| FOAM ANTACID CHEW | - | EXC |
| SODIUM BICARBONATE-CITRIC ACID EFFER TAB | - | EXC |
| ANTACIDS - CALCIUM SALTS | | |
| CALCIUM CARB SUSP | OTC | EXC |
| CALCIUM CARBONATE DISINTEGRATING TAB | - | EXC |
| ANTACIDS - MAGNESIUM SALTS | | |
| MAGNESIUM CARBONATE SUSP | - | EXC |
| ANTACIDS - SODIUM CITRATE | | |
| EMETROL CHEW TAB | - | EXC |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |

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| DrugName | Special Code | Tier |
|-------------------------------------|---------------------|----------------------|
| ANTHELMINTICS Cont. | | |
| BILTRICIDE TAB | - | Non-Preferred Brands |
| EGATEN TAB | - | Non-Preferred Brands |
| EMVERM TAB | - | Non-Preferred Brands |
| BENZNIDAZOLE TAB | - | Preferred Brands |
| ivermectin tab (STROMEKTOL equiv) | - | Select |
| praziquantel tab (BILTRICIDE equiv) | - | Select |

ANTIANGINAL AGENTS

| ANTIANGINALS-OTHER | | |
|--|-------|----------------------|
| RANEXA TAB (QL= 120 tabs/30 days) | QL | Non-Preferred Brands |
| ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab) | QL-ST | Preferred Brands |
| ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days) | QL | Select |

| NITRATES | | |
|---|----|----------------------|
| isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER) | ST | High Cost Generics |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | High Cost Generics |
| GONITRO POWDER | - | Non-Preferred Brands |
| ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER) | ST | Non-Preferred Brands |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | Non-Preferred Brands |
| NITROMIST SPRAY | - | Non-Preferred Brands |
| NITRO-BID OINT | - | Preferred Brands |
| isosorbide dinitrate tab 5mg (ISORDIL equiv) | - | Select |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | Select |
| isosorbide mononitrate tab (MONOKET equiv) | - | Select |
| NITROGLYCERIN ER CAP | - | Select |
| nitroglycerin patch (NITRO-DUR equiv) | - | Select |
| nitroglycerin SL tab (NITROSTAT equiv) | - | Select |

ANTIANGIETY AGENTS

ANTIANGIETY AGENTS - MISC.

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| ANTIAXIETY AGENTS Cont. | | |
| meprobamate tab (MILTOWN equiv) | - | High Cost Generics |
| buspirone tab (BUSPAR equiv) | - | Select |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | Select |
| hydroxyzine syrup (ATARAX equiv) | - | Select |
| hydroxyzine tab (ATARAX equiv) | - | Select |
| BENZODIAZEPINES | | |
| alprazolam ODT (NIRAVAM equiv) | - | High Cost Generics |
| oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab) | ST | High Cost Generics |
| ALPRAZOLAM INTENSOL CONC | - | Non-Pref erred Brands |
| LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab) | QL-ST | Non-Pref erred Brands |
| LOREEV XR CAP 3MG (QL= 3 cap/day; Step therapy requires trial of lorazepam tab) | QL-ST | Non-Pref erred Brands |
| alprazolam ER tab (XANAX XR equiv) | - | Select |
| alprazolam tab (XANAX equiv) | - | Select |
| chlordiazepoxide cap (LIBRIUM equiv) | - | Select |
| clorazepate tab (TRANXENE-T equiv) | - | Select |
| diazepam conc (VALIUM equiv) | - | Select |
| diazepam oral soln (QL= 360ml/30 days) | QL | Select |
| diazepam tab (VALIUM equiv) | - | Select |
| lorazepam conc (ATIVAN equiv) | - | Select |
| lorazepam tab (ATIVAN equiv) | - | Select |

ANTIARRHYTHMICS

| | | |
|--|----|-----------------------|
| ANTIARRHYTHMICS TYPE I-A | | |
| PROCAINAMIDE INJ | - | EXC |
| quinidine gluconate CR tab | - | High Cost Generics |
| NORPACE CR CAP | - | Preferred Brands |
| QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day) | QL | Preferred Brands |
| QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day) | QL | Preferred Brands |
| disopyramide cap (NORPACE equiv) | - | Select |
| quinidine sulfate tab (QL= 8 tabs/day) | QL | Select |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine hcl cap | - | Select |
| ANTIARRHYTHMICS TYPE I-C | | |
| propafenone ER cap (RYTHMOL SR equiv) | - | High Cost Generics |
| flecainide tab (TAMBOCOR equiv) | - | Select |

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| ANTIARRHYTHMICS Cont. | | |
| propafenone tab (RYTHMOL equiv) | - | Select |
| ANTIARRHYTHMICS TYPE III | | |
| AMIODARONE INJ | - | EXC |
| dofetilide cap (TIKOSYN equiv) | - | High Cost Generics |
| MULTAQ TAB | - | Non-Pref erred Brands |
| amiodarone tab (CORDARONE equiv) | - | Select |

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
|--|-----------------|--------------------------------|
| CINQAIR INJ (QL= 4 vials/28 days) | M-PA-PMSP-QL | Non-Pref erred Specialty |
| FASENRA INJ (QL= 1 syringe/56 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| FASENRA INJ 10MG/0.5ML (QL= 1 syringe/56 days) | M-PA-PMSP-QL | Non-Pref erred Specialty |
| FASENRA PEN INJ (QL= 1 pen/56 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| TEZSPIRE INJ (QL= 1 pen/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| TEZSPIRE SOLN (QL= 1 syringe/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| NUCALA INJ (QL= 1 inj/28 days) | M-PA-PMSP-QL | Preferred Specialty |
| XOLAIR INJ (QL= 1 syringe/28 days) | M-PA-PMSP-QL | Preferred Specialty |
| XOLAIR INJ (QL= 1 vial/28 days) | M-PA-PMSP-QL | Preferred Specialty |
| XOLAIR INJ 150MG/ML (QL= 1ml/28 days) | AMSP-PA-QL | Preferred Specialty |
| XOLAIR INJ 300MG/2ML (QL= 2ml/28 days) | AMSP-PA-QL | Preferred Specialty |
| XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days) | AMSP-PA-PMSP-QL | Preferred Specialty |

| ANTI-INFLAMMATORY AGENTS | | |
|---|-------|-----------------------------|
| cromolyn neb soln (INTAL equiv) | - | Select |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device) | QL | Non-Pref erred Brands |
| TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler) | QL-ST | Non-Pref erred Brands |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT c tiotropium bromide cap inhaler) | QL-ST | Non-Pref erred Brands |
| ATROVENT HFA INHALER (QL= 25.8gm/30 days) | QL | Preferred Brands |
| INCRUSE ELLIPTA INHALER (QL= 30 units/30 days) | QL | Preferred Brands |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler) | QL-ST | Preferred Brands |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| ipratropium neb soln (ATROVENT equiv) | - | Select |
| tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device) | QL | Select |
| LEUKOTRIENE MODULATORS | | |
| zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day) | QL | High Cost Generics |
| ZYFLO CR TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| ZYFLO TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| montelukast chew tab (SINGULAIR equiv) | - | Select |
| montelukast granule pack (SINGULAIR equiv) | - | Select |
| montelukast tab (SINGULAIR equiv) | - | Select |
| zafirlukast tab (ACCOLATE equiv) | - | Select |
| PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS | | |
| OHTUVAYRE SUSP (QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | Non-Pref erred Specialty |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP TAB (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands |
| roflumilast tab (DALIRESP equiv) (QL= 1 tab/day) | PA-QL | Select |
| STEROID INHALANTS | | |
| QVAR INHALER | - | NC |
| ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands |
| ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands |
| ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands |
| ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands |

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|------|---|------|--|------|--------------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days) | QL | Non-Pref erred Brands |
| FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days) | QL | Non-Pref erred Brands |
| FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days) | QL | Non-Pref erred Brands |
| FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days) | QL | Non-Pref erred Brands |
| PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR) | QL-ST | Non-Pref erred Brands |
| PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days) | QL | Non-Pref erred Brands |
| PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days) | QL | Non-Pref erred Brands |
| ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Select |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | Select |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | Select |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days) | QL | Select |
| budesonide inh susp 1mg/2ml (QL= 60 units/30 days) | QL | Select |
| QVAR REDHALER (QL= 21.2gm/30 days) | QL | Select |
| SYMPATHOMIMETICS | | |
| ephedrine hcl tab (PRIMATENE equiv) | OTC | EXC |
| PRIMATENE TAB | OTC | EXC |
| arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | High Cost Generics |
| budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | High Cost Generics |
| formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | High Cost Generics |
| ANORO ELLIPTA INHALER | - | NC |
| BREO ELLIPTA INHALER | - | NC |
| DULERA AER 100-5MCG | - | NC |
| DULERA AER 200-5MCG | - | NC |
| TRELEGY ELLIPTA INHALER | - | NC |
| ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands |
| ADVAIR HFA INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela) | QL-ST | Non-Pref erred Brands |
| AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | | | |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| AIRDUO RESPICLICK (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands |
| AIRSUPRA AER 90-80MCG (QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar) | QL-ST | Non-Pref erred Brands |
| ARCAPTA NEOHALER (Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER) | ST | Non-Pref erred Brands |
| BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER) | QL-ST | Non-Pref erred Brands |
| BROVANA NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Non-Pref erred Brands |
| budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands |
| DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALE | QL-ST | Non-Pref erred Brands |
| FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA ar fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands |
| FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days) | QL | Non-Pref erred Brands |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Pref erred Brands |
| PERFOROMIST NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Non-Pref erred Brands |
| PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Pref erred Brands |
| PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler) | ST | Non-Pref erred Brands |
| PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler) | QL-ST | Non-Pref erred Brands |
| PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Pref erred Brands |
| SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi) | QL-ST | Non-Pref erred Brands |
| SYMBICORT INHALER (QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela) | QL-ST | Non-Pref erred Brands |

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|------|--|------|--|------|--|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler) | QL-ST | Non-Pref erred Brands |
| ANORO ELLIPTA INHALER (QL= 60gm/30 days) | QL | Preferred Brands |
| BREO ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days) | QL | Preferred Brands |
| DULERA INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| STIOLTO INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Preferred Brands |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | Select |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | Select |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | Select |
| albuterol neb soln | - | Select |
| ALBUTEROL NEBULIZER SOLN | - | Select |
| albuterol sulfate syrup | - | Select |
| albuterol sulfate tab | - | Select |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | Select |
| FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days) | QL | Select |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days) | QL | Select |
| levalbuterol neb soln (XOPENEX equiv) | - | Select |
| terbutaline sulfate tab (BRETHINE equiv) | - | Select |
| XANTHINES | | |
| ELIXOPHYLLIN ELIXIR | - | Preferred Brands |
| THEOPHYLLINE TAB ER (QL= 1 tab/day) | QL | Preferred Brands |
| theophylline CR tab (QUIBRON-T equiv) | - | Select |
| theophylline ER tab (UNIPHYL equiv) | - | Select |
| theophylline soln | - | Select |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | Select |
| DIRECT FACTOR XA INHIBITORS | | |
| BEVYXXA CAP (QL= 43 caps/42 days) | PA-QL | Non-Pref erred Brands |
| SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO) | QL-ST | Non-Pref erred Brands |

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|---|---------------------|------------------|
| ANTICOAGULANTS Cont. | | |
| ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days) | QL | Preferred Brands |
| ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferred Brands |
| ELIQUIS TAB 5MG (QL= 74 tabs/30 days) | QL | Preferred Brands |
| XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days) | QL | Preferred Brands |
| XARELTO SUSP (QL= 10ml/day) | QL | Preferred Brands |
| XARELTO TAB 10MG (QL= 30 tabs/30 days) | QL | Preferred Brands |
| XARELTO TAB 15MG (QL= 60 tabs/30 days) | QL | Preferred Brands |
| XARELTO TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferred Brands |
| XARELTO TAB 20MG (QL= 30 tabs/30 days) | QL | Preferred Brands |

HEPARINS AND HEPARINOID-LIKE AGENTS

| | | |
|---------------------------------------|-----|----------------------|
| ENOXILUV KIT INJ | OTC | EXC |
| FRAGMIN INJ | - | Non-Preferred Brands |
| FRAGMIN INJ 10000 (QL= 10ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 12500 (QL= 5ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 15000 (QL= 6ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 18000 (QL= 7.2ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 2500 (QL= 2ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 5000 (QL= 2ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 7500 (QL= 3ml/30 days) | QL | Non-Preferred Brands |
| FRAGMIN INJ 95000 (QL= 7.6ml/30 days) | QL | Non-Preferred Brands |
| LOVENOX INJ | - | Non-Preferred Brands |

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|--|--------------|--------------------------------|
| ANTICOAGULANTS Cont. | | |
| LOVENOX INJ 300MG | - | Non-Pref erred Brands |
| ARIXTRA INJ 10MG/0.8ML | - | Non-Pref erred Specialty |
| ARIXTRA INJ 2.5MG/0.5ML | - | Non-Pref erred Specialty |
| ARIXTRA INJ 5MG/0.4ML | - | Non-Pref erred Specialty |
| ARIXTRA INJ 7.5MG/0.6ML | - | Non-Pref erred Specialty |
| enoxaparin inj (LOVENOX equiv) | - | Select |
| enoxaparin inj 300mg (LOVENOX equiv) | - | Select |
| fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) | - | Select |
| fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) | - | Select |
| fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) | - | Select |
| fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) | - | Select |
| heparin porcine inj | - | Select |
| IN VITRO/LOCK ANTICOAGULANTS | | |
| DEFENCATH SOLN | - | EXC |
| THROMBIN INHIBITORS | | |
| ARGATROBAN INJ | - | EXC |
| argatroban iv soln | - | EXC |
| BIVALIRUDIN INJ | - | EXC |
| BIVALIRUDIN SOLN RTU | - | EXC |
| PRADAXA CAP 75MG, 150MG (QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto) | QL-ST | Non-Pref erred Brands |
| PRADAXA PELLETT PACK (QL= 2 packets/day) | QL | Non-Pref erred Brands |
| dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day) | QL | Select |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| FYCOMPA SUSP | - | Non-Pref erred Brands |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| DIASTAT ACDL GEL (QL= 4 doses/fill) | QL | Non-Pref erred Brands |

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| ANTICONVULSANTS Cont. | | |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill) | QL | Non-Pref erred Brands |
| LIBERVANT FILM (QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel) | QL-ST | Non-Pref erred Brands |
| ONFI SUSP (QL= 480ml/30 days) | QL | Non-Pref erred Brands |
| ONFI TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| SYMPAZAN ORAL FILM | - | Non-Pref erred Brands |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | Preferred Brands |
| NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month) | QL | Preferred Brands |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month) | QL | Preferred Brands |
| clobazam susp (ONFI equiv) (QL= 480ml/30 days) | QL | Select |
| clobazam tab (ONFI equiv) | - | Select |
| clonazepam ODT (KLONOPIN equiv) | - | Select |
| clonazepam tab (KLONOPIN equiv) | - | Select |
| diazepam rectal gel (QL= 4 doses/fill) | QL | Select |
| ANTICONVULSANTS - MISC. | | |
| lacosamide iv inj (VIMPAT equiv) | - | EXC |
| VIMPAT INJ | - | EXC |
| lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew) | QL-ST | High Cost Generics |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | High Cost Generics |
| oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day) | QL | High Cost Generics |
| rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | High Cost Generics |
| rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | High Cost Generics |
| topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | High Cost Generics |
| topiramate ER cap (QUDEXY equiv) (QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | High Cost Generics |
| topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | High Cost Generics |

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|--|---------------------|-----------------------------|
| ANTICONVULSANTS Cont. | | |
| BANZEL SUSP (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | Non-Pref erred Brands |
| BANZEL TAB (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam) | QL-ST | Non-Pref erred Brands |
| BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days) | QL | Non-Pref erred Brands |
| BRIVIACT TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| CARBAMAZEPINE CHEW TAB 200MG (Step therapy requires trial of carbamazepine 100mg chew tab) | ST | Non-Pref erred Brands |
| ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab) | QL-ST | Non-Pref erred Brands |
| ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab) | QL-ST | Non-Pref erred Brands |
| EPRONTIA SOLN (QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps) | QL-ST | Non-Pref erred Brands |
| LAMICTAL ODT (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | Non-Pref erred Brands |
| LAMICTAL XR TAB 100MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| LAMICTAL XR TAB 200MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| LAMICTAL XR TAB 250MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| LAMICTAL XR TAB 25MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| LAMICTAL XR TAB 300MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| LAMICTAL XR TAB 50MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| LYRICA CAP (Step Therapy required trial of gabapentin and pregabalin) | ST | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| ANTICONVULSANTS Cont. | | |
| LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin) | QL-ST | Non-Pref erred Brands |
| MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap) | QL-ST | Non-Pref erred Brands |
| MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap) | QL-ST | Non-Pref erred Brands |
| MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap) | QL-ST | Non-Pref erred Brands |
| OXTELLAR XR TAB 150MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| OXTELLAR XR TAB 300MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| OXTELLAR XR TAB 600MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands |
| QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands |
| QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands |
| QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands |
| QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR) | QL-ST | Non-Pref erred Brands |
| SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER) | ST | Non-Pref erred Brands |
| TROKENDI XR CAP (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | Non-Pref erred Brands |
| TROKENDI XR CAP 200MG (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)) | QL-ST | Non-Pref erred Brands |
| VIMPAT SOLN (QL= 1200ml/30 days) | QL | Non-Pref erred Brands |
| VIMPAT TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ANTICONVULSANTS Cont. | | |
| ZONISADE SUSP (QL= 900ml/30 days) | QL | Non-Pref erred Brands |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | Non-Pref erred Specialty |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | Non-Pref erred Specialty |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty |
| APTIOM TAB (QL= 60 tabs/30 days) | QL | Preferred Brands |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | Preferred Specialty |
| carbamazepine chew tab (TEGRETOL equiv) | - | Select |
| carbamazepine ER cap (CARBATROL equiv) | - | Select |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | Select |
| carbamazepine susp (TEGRETOL equiv) | - | Select |
| carbamazepine tab (TEGRETOL equiv) | - | Select |
| gabapentin cap (NEURONTIN equiv) | - | Select |
| gabapentin tab (NEURONTIN equiv) | - | Select |
| lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days) | QL | Select |
| lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine chew tab (LAMICTAL equiv) | - | Select |
| lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day) | QL | Select |
| lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select |
| lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select |
| lamotrigine tab (LAMICTAL equiv) | - | Select |
| levetiracetam ER tab (KEPPRA XR equiv) | - | Select |
| levetiracetam soln (KEPPRA equiv) | - | Select |
| levetiracetam tab (KEPPRA equiv) | - | Select |
| oxcarbazepine susp (TRILEPTAL equiv) | - | Select |
| oxcarbazepine tab (TRILEPTAL equiv) | - | Select |
| pregabalin cap (LYRICA equiv) | - | Select |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | Select |
| PRIMIDONE TAB (QL= 4 tabs/day) | QL | Select |
| primidone tab (MYSOLINE equiv) | QL-- | Select |
| topiramate sprinkle cap (TOPAMAX equiv) | - | Select |
| topiramate tab (TOPAMAX equiv) | - | Select |
| zonisamide cap (ZONEGRAN equiv) | - | Select |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| ANTICONVULSANTS Cont. | | |
| CARBAMATES | | |
| FELBATOL SUSP (QL= 30ml/day) | QL | Non-Pref erred Brands |
| FELBATOL TAB 400MG (QL= 9 tabs/day) | QL | Non-Pref erred Brands |
| FELBATOL TAB 600MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands |
| XCOPRI TAB 100MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| XCOPRI TAB 150MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| XCOPRI TAB 200MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| XCOPRI TAB 50MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category) | QL-ST | Non-Pref erred Brands |
| felbamate susp (FELBATOL equiv) (QL= 30ml/day) | QL | Select |
| felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day) | QL | Select |
| felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day) | QL | Select |
| GABA MODULATORS | | |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | Generic Specialty |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------------------|
| ANTICONVULSANTS Cont. | | |
| vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| GABITRIL TAB 12MG (QL= 4 tabs/day) | QL | Non-Preferred Brands |
| GABITRIL TAB 16MG (QL= 3 tabs/day) | QL | Non-Preferred Brands |
| GABITRIL TAB 2mg (QL= 4 tabs/day) | QL | Non-Preferred Brands |
| GABITRIL TAB 4MG (QL= 4 tabs/day) | QL | Non-Preferred Brands |
| SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty |
| SABRIL TAB (QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty |
| VIGAFYDE SOLN (QL= 750ml/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Preferred Specialty |
| tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select |
| tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day) | QL | Select |
| tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select |
| tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select |
| HYDANTOINS | | |
| PHENYTOIN INJ | - | EXC |
| phenytoin sodium inj | - | EXC |
| PEGANONE TAB | - | Non-Preferred Brands |
| DILANTIN CAP 30MG | - | Preferred Brands |
| phenytoin cap (DILANTIN equiv) | - | Select |
| phenytoin chew tab (DILANTIN equiv) | - | Select |
| phenytoin susp (DILANTIN equiv) | - | Select |
| SUCCINIMIDES | | |
| methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln) | QL-ST | High Cost Generics |
| CELONTIN CAP (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln) | QL-ST | Non-Preferred Brands |
| ethosuximide cap (ZARONTIN equiv) | - | Select |
| ethosuximide soln (ZARONTIN equiv) | - | Select |
| VALPROIC ACID | | |
| DEPACON INJ | - | NC |
| valproate inj (DEPACON equiv) | - | NC |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| ANTICONVULSANTS Cont. | | |
| STAVZOR CAP | - | Non-Pref erred Brands |
| divalproex ER tab (DEPAKOTE ER equiv) | - | Select |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | Select |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | Select |
| valproic acid cap (DEPAKENE equiv) | - | Select |
| valproic acid syrup (DEPAKENE equiv) | - | Select |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | Select |
| mirtazapine tab (REMERON equiv) | - | Select |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone) | QL-ST | Non-Pref erred Brands |
| ANTIDEPRESSANTS - MISC. | | |
| APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Pref erred Brands |
| bupropion ER tab (WELLBUTRIN equiv) | - | Select |
| bupropion tab (WELLBUTRIN equiv) | - | Select |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | Select |
| MAPROTILINE TAB | - | Select |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days) | PA-QL | Non-Pref erred Brands |
| ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days) | PA-QL | Non-Pref erred Brands |
| ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days) | PA-QL | Non-Pref erred Brands |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| EMSAM PATCH | - | Non-Pref erred Brands |
| MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Pref erred Brands |
| NARDIL TAB 15MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| PHENELZINE SULFATE TAB (QL= 4 tabs/day) | QL | Select |

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|---|---------------------|--------------------------------|
| ANTIDEPRESSANTS Cont. | | |
| phenelzine tab (NARDIL equiv) | - | Select |
| tranylcypromine tab (PARNATE equiv) | - | Select |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap) | ST | High Cost Generics |
| fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day) | QL | High Cost Generics |
| paroxetine ER tab (PAXIL CR equiv) | - | High Cost Generics |
| paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | High Cost Generics |
| CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab) | QL-ST | Non-Pref erred Brands |
| PAXIL ORAL SUSP (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab) | QL-ST | Non-Pref erred Brands |
| PROZAC WEEKLY CAP | - | Preferred Brands |
| citalopram soln (CELEXA equiv) | - | Select |
| citalopram tab (CELEXA equiv) | - | Select |
| escitalopram soln (LEXAPRO equiv) | - | Select |
| escitalopram tab (LEXAPRO equiv) | - | Select |
| fluoxetine cap (PROZAC equiv) | - | Select |
| fluoxetine cap 90mg (QL= 4 caps/28 days) | QL | Select |
| fluoxetine soln (PROZAC equiv) | - | Select |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | Select |
| fluvoxamine tab (LUVOX equiv) | - | Select |
| paroxetine tab (PAXIL equiv) | - | Select |
| sertraline conc (ZOLOFT equiv) | - | Select |
| sertraline tab (ZOLOFT equiv) | - | Select |
| SEROTONIN MODULATORS | | |
| vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox) | QL-ST | High Cost Generics |
| TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| ANTIDEPRESSANTS Cont. | | |
| VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Pref erred Brands |
| VIIBRYD TAB (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox) | QL-ST | Non-Pref erred Brands |
| NEFAZODONE TAB | - | Select |
| nefazodone tab 50mg, 250mg | - | Select |
| trazodone tab 50mg, 100mg, 150mg (DESYREL equiv) | - | Select |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day) | QL | High Cost Generics |
| venlafaxine ER tab | - | High Cost Generics |
| CYMBALTA CAP 20MG (QL= 6 caps/day) | QL | Non-Pref erred Brands |
| CYMBALTA CAP 30MG (QL= 4 caps/day) | QL | Non-Pref erred Brands |
| CYMBALTA CAP 60MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| DRIZALMA DR CAP | - | Non-Pref erred Brands |
| FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | QL-ST | Non-Pref erred Brands |
| VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab) | QL-ST | Non-Pref erred Brands |
| VENLAFAXINE ER TAB | - | Preferred Brands |
| desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day) | QL | Select |
| duloxetine EC cap 20mg (QL= 6 caps/day) | QL | Select |
| duloxetine EC cap 30mg (QL= 4 caps/day) | QL | Select |
| duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day) | QL | Select |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | Select |
| venlafaxine tab (EFFEXOR equiv) | - | Select |
| TRICYCLIC AGENTS | | |

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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------|
| ANTIDEPRESSANTS Cont. | | |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | High Cost Generics |
| SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Non-Pref erred Brands |
| amitriptyline tab (ELAVIL equiv) | - | Select |
| amoxapine tab (QL= 4 tabs/day) | QL | Select |
| clomipramine cap (ANAFRANIL equiv) | - | Select |
| desipramine tab (NORPRAMIN equiv) | - | Select |
| doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day) | QL | Select |
| doxepin conc (SINEQUAN equiv) | - | Select |
| imipramine tab (TOFRANIL equiv) | - | Select |
| nortriptyline cap (PAMELOR equiv) | - | Select |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | Select |
| protriptyline tab (VIVACTIL equiv) | - | Select |
| trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Select |

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

| | | |
|-------------------------------|---|--------------------|
| MIGLITOL TAB | - | High Cost Generics |
| miglitol tab (MIGLITOL equiv) | - | High Cost Generics |
| acarbose tab (PRECOSE equiv) | - | Select |

ANTIDIABETIC - AMYLIN ANALOGS

| | | |
|--|-------|-----------------------|
| SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart) | QL-ST | Non-Pref erred Brands |
| SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart) | QL-ST | Non-Pref erred Brands |

ANTIDIABETIC - CELLULAR THERAPY

| | | |
|--------------|---|-----|
| LANTIDRA INJ | - | EXC |
|--------------|---|-----|

ANTIDIABETIC COMBINATIONS

| | | |
|--|-------|-----------------------|
| pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER) | ST | High Cost Generics |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto) | QL-ST | High Cost Generics |
| ACTOPLUS MET TAB | - | Non-Pref erred Brands |
| ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Pref erred Brands |
| ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto) | QL-ST | Non-Pref erred Brands |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OF Jentadueto) | QL-ST | Non-Pref erred Brands |

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| ANTIDIABETICS Cont. | | |
| ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| DAPAGLIF-MET TAB 10-1000 (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands |
| DAPAGLIF-MET TAB 5-1000MG (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands |
| DUETACT TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Pref erred Brands |
| INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands |
| INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Pref erred Brands |
| JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| PRANDIMET TAB | - | Non-Pref erred Brands |
| QTERN TAB | - | Non-Pref erred Brands |
| SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, c SYNJARDY XR) | QL-ST | Non-Pref erred Brands |
| SITAGLIPTIN/METFORMIN TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS) | QL-ST | Non-Pref erred Brands |
| STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | ST | Non-Pref erred Brands |
| TRIJARDY XR TAB 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands |

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| ANTIDIABETICS Cont. | | |
| TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands |
| TRIJARDY XR TAB 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands |
| TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Non-Pref erred Brands |
| XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS) | QL-ST | Non-Pref erred Brands |
| ZITUVIMET XR TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Preferred Brands |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | Preferred Brands |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | Preferred Brands |
| REPAGLINIDE TAB | - | Preferred Brands |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | Preferred Brands |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | Preferred Brands |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | Preferred Brands |
| XIGDUO XR TAB (QL= 1 tab/day) | QL | Preferred Brands |
| XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day) | QL | Preferred Brands |
| XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day) | QL | Preferred Brands |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | Preferred Brands |
| glipizide/metformin tab (METAGLIP equiv) | - | Select |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | Select |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | Select |
| ANTIDIABETIC-ANTIBODIES | | |
| TZIELD INJ | - | EXC |
| BIGUANIDES | | |
| metformin soln (RIOMET equiv) | - | High Cost Generics |
| FORTAMET TAB | - | Non-Pref erred Brands |
| GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Pref erred Brands |

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| ANTIDIABETICS Cont. | | |
| GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Pref erred Brands |
| METFORMIN TAB (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER) | QL-ST | Non-Pref erred Brands |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | Select |
| metformin tab (GLUCOPHAGE equiv) | - | Select |
| DIABETIC OTHER | | |
| glucose chew tab | OTC | EXC |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty NC |
| ZEGALOGUE INJ | - | NC |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | Non-Pref erred Brands |
| GLUCAGON KIT (QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT) | QL-ST | Non-Pref erred Brands |
| KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596)) | LD-PA-QL | Non-Pref erred Specialty |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month) | QL | Preferred Brands |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred Brands |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | Preferred Brands |
| GVOKE INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred Brands |
| GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days) | QL | Preferred Brands |
| GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred Brands |
| diazoxide susp (PROGLYCEM equiv) | - | Select |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | High Cost Generics |
| ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto) | QL-ST | Non-Pref erred Brands |
| ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |
| ONGLYZA TAB (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Pref erred Brands |

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| ANTIDIABETICS Cont. | | |
| ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto) | QL-ST | Non-Preferred Brands |
| TRADJENTA TAB (QL= 1 tab/day) | QL | Preferred Brands |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Preferred Brands |
| INCRETIN MIMETIC AGENTS | | |
| LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, and Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| MOUNJARO INJ (QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Rybelsus, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferred Brands |
| TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferred Brands |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferred Brands |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| TANZEUM INJ (Diagnosis Restricted – Type 2 Diabetes (E11)) | RDX | NC |
| ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX-ST | Non-Preferred Brands |
| OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferred Brands |
| RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Preferred Brands |
| INSULIN | | |
| FIASP PUMP CARTRIDGE | - | NC |
| INSULIN GLAR INJ 100U/ML | - | NC |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) | - | NC |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) | - | NC |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC |
| SEMGLEE INJ 100U/ML | - | NC |

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| TOUJEO MAX SOLOSTAR INJ | - | NC |
| TOUJEO SOLOSTAR INJ | - | NC |
| ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfqn and Toujeo) | QL-ST | Non-Pref erred Brands |
| BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfqn and Toujeo) | QL-ST | Non-Pref erred Brands |
| BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfqn and Toujeo) | QL-ST | Non-Pref erred Brands |
| HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------|
| ANTIDIABETICS Cont. | | |
| HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART or FIASP) | QL-ST | Non-Pref erred Brands |
| HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands |
| HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands |
| HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands |
| HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands |
| HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN) | OTC-QL-ST | Non-Pref erred Brands |
| INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands |
| LANTUS INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands |
| LANTUS SOLOSTAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands |
| LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP) | QL-ST | Non-Pref erred Brands |
| LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, FIASP) | QL-ST | Non-Pref erred Brands |
| REZVOGLAR INJ (QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Non-Pref erred Brands |
| DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfg and Toujeo) | QL-ST | Preferred Brands |
| DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfg and Toujeo) | QL-ST | Preferred Brands |
| DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands |
| FIASP FLEXTOUCH INJ (QL= 60 units/30 days) | QL | Preferred Brands |
| FIASP INJ (QL= 60 units/30 days) | QL | Preferred Brands |

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| | | | | | |
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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|--|---------------------|------------------|
| ANTIDIABETICS Cont. | | |
| FIASP PENFILL INJ (QL= 60 units/30 days) | QL | Preferred Brands |
| FIASP PUMP CARTRIDGE (QL= 60 units/30 days) | QL | Preferred Brands |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/30 days) | QL | Preferred Brands |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/30 days) | QL | Preferred Brands |
| INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days) | QL | Preferred Brands |
| LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands |
| LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days) | QL | Preferred Brands |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days) | QL | Preferred Brands |
| TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days) | QL | Preferred Brands |
| TOUJEO SOLOSTAR INJ (QL= 18ml/30 days) | QL | Preferred Brands |
| TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands |
| TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred Brands |
| HUMULIN R INJ U-500 (QL= 40ml/30 days) | QL | Select |
| HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days) | QL | Select |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN LISP INJ 100/ML (QL= 60 units/30 days) | QL | Select |
| NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days) | OTC-QL | Select |
| NOVOLIN 70/30 INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLIN N INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLIN N RELION INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLIN R INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days) | QL | Select |
| NOVOLIN VIAL (QL= 60 units/30 days) | QL | Select |
| NOVOLOG FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG MIX INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG PENFILL INJ (QL= 60 units/30 days) | QL | Select |

INSULIN SENSITIZING AGENTS

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|--|---------------------|----------------------|
| ANTIDIABETICS Cont. | | |
| AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER) | ST | Non-Preferred Brands |
| pioglitazone tab (ACTOS equiv) | - | Select |
| MEGLITINIDE ANALOGUES | | |
| nateglinide tab (STARLIX equiv) | - | Select |
| repaglinide tab (PRANDIN equiv) | - | Select |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab) | QL-ST | Non-Preferred Brands |
| DAPAGLIF PRO TAB 10MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Preferred Brands |
| DAPAGLIF PRO TAB 5MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Preferred Brands |
| INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR) | QL-ST | Non-Preferred Brands |
| STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB) | QL-ST | Non-Preferred Brands |
| FARXIGA TAB (QL= 1 tab/day) | QL | Preferred Brands |
| JARDIANCE TAB (QL= 1 tab/day) | QL | Preferred Brands |
| SULFONYLUREAS | | |
| GLIMEPIRIDE TAB (QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab) | QL-ST | Non-Preferred Brands |
| GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide) | QL-ST | Non-Preferred Brands |
| TOLBUTAMIDE TAB | - | Preferred Brands |
| glimepiride tab (AMARYL equiv) | - | Select |
| glipizide ER tab (GLUCOTROL XL equiv) | - | Select |
| glipizide tab (GLUCOTROL equiv) | - | Select |
| GLYBURID MCR TAB | - | Select |
| glyburide tab (MICRONASE equiv) | - | Select |
| tolazamide tab (TOLINASE equiv) | - | Select |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC. | | |
| BISMUTH SUBSALICYLATE CAP | - | EXC |
| BISMUTH SUBSALICYLATE TAB | OTC | EXC |
| S. BOULARDII CAP PROBIOTIC | - | EXC |
| ANTIDIARRHEAL/PROBIOTIC COMBINATIONS | | |

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|---|--------------|-----------------------------|
| ANTIDIARRHEAL/PROBIOTIC AGENTS Cont. | | |
| FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER | OTC | EXC |
| ANTIPERISTALTIC AGENTS | | |
| ANTI-DIARRHEA LIQ | - | EXC |
| loperamide hcl soln | - | EXC |
| LOPERAMIDE SOLN | - | EXC |
| DIPHENOXYLATE/ATROPINE LIQUID | - | Preferred Brands |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | Non-Preferred Brands |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| VSL #3 CAP | - | Non-Preferred Brands Select |
| REZYST CHEW TAB | - | Non-Preferred Brands Select |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| opium tincture | - | EXC |
| MOTOFEN TAB | - | Non-Preferred Brands |
| PAREGORIC TINCTURE | - | Non-Preferred Brands |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | Select |
| loperamide cap (IMODIUM equiv) | - | Select |
| ANTIDOTES | | |
| ANTIDOTES | | |
| methylene blue inj | - | EXC |
| VISTOGARD PAK (Only available through Biologics 800-850-4306) | LD | Preferred Specialty |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | Non-Preferred Brands |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Preferred Specialty |
| OPIOID ANTAGONISTS | | |
| EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY) | ST | Non-Preferred Brands |
| VIVITROL INJ | PMSP | Preferred Specialty |

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|------------------------------|---------------------|-------------|
| ANTIDOTES Cont. | | |
| naltrexone tab (REVIA equiv) | - | Select |

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

| | | |
|---|---------|-------------------------|
| deferasirox granules packet (JADENU equiv) | AMSP-PA | Generic Specialty |
| deferasirox tab (EXJADE equiv) | AMSP-PA | Generic Specialty |
| deferasirox tab 90mg, 360mg (JADENU equiv) | AMSP-PA | Generic Specialty |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |
| deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |
| FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Preferred Specialty |
| FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Preferred Specialty |
| FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | Non-Preferred Specialty |
| JADENU SPRINKLE | AMSP-PA | Non-Preferred Specialty |

ANTIDOTES AND SPECIFIC ANTAGONISTS

| | | |
|----------------|---|----------------------|
| PROVAYBLUE INJ | - | EXC |
| SUGAMMADEX INJ | - | EXC |
| CETYLEV TAB | - | Non-Preferred Brands |

OPIOID ANTAGONISTS

| | | |
|---|-------|----------------------|
| EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY) | ST | Non-Preferred Brands |
| ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj) | QL-ST | Non-Preferred Brands |
| KLOXXADO NASAL SPRAY | - | Preferred Brands |
| OPVEE NASAL SPRAY | - | Preferred Brands |
| naloxone hcl nasal spray (NARCAN equiv) | - | Select |
| NALOXONE HCL SOLN 0.4MG/ML (QL= 2ml/fill, 2 fills/30 days) | QL | Select |
| naloxone inj | - | Select |
| NALOXONE NASAL SPRAY | - | Select |
| naloxone prefilled inj | - | Select |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month) | --QL | Select |
| NARCAN HCL SPRAY (OTC) | OTC | Select |

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| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| PALONOSETRON INJ | - | EXC |
| SUSTOL INJ | - | NC |
| ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Pref erred Brands |
| GRANISOL SOLN (QL= 60ml/30 days) | QL | Non-Pref erred Brands |
| KYTRIL TAB (QL= 8 tabs/30 days) | QL | Non-Pref erred Brands |
| ONDANSETRON TAB ODT 16MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln) | QL-ST | Non-Pref erred Brands |
| SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron) | QL-ST | Non-Pref erred Brands |
| ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days) | QL | Non-Pref erred Brands |
| ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron) | ST | Non-Pref erred Brands |
| granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days) | QL | Select |
| ondansetron ODT (ZOFRAN equiv) | - | Select |
| ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days) | QL | Select |
| ONDANSETRON TAB | - | Select |
| ondansetron tab (ZOFRAN equiv) | - | Select |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| TRANSDERM-SCOP PATCH (QL= 10 patches/30 days) | QL | Non-Pref erred Brands |
| ANTIVERT TAB, MECLIZINE TAB | OTC | Preferred Brands |
| meclizine chew tab (BONINE equiv) | OTC | Select |
| meclizine tab (ANTIVERT equiv) | OTC | Select |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days) | QL | Select |
| trimethobenzamide cap (TIGAN equiv) | - | Select |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron) | QL-ST | Non-Pref erred Brands |
| CESAMET CAP (Step Therapy requires trial of ondansetron) | ST | Non-Pref erred Brands |
| DICLEGIS TAB (QL= 120 tabs/30 days) | QL | Non-Pref erred Brands |

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|--|---------------------|-----------------------------|
| ANTIEMETICS Cont. | | |
| MARINOL CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| SYNDROS SOLN (QL= 60ml/30 days) | QL | Non-Pref erred Brands |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days) | QL | Select |
| dronabinol cap (MARINOL equiv) (QL= 2 caps/day) | QL | Select |

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

| | | |
|---|-------|-----------------------------|
| APONVIE INJ | - | EXC |
| FOCINVEZ INJ | - | EXC |
| EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Pref erred Brands |
| EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Pref erred Brands |
| EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Non-Pref erred Brands |
| EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Non-Pref erred Brands |
| EMEND SUSP (QL= 3 doses/fill, 2 fills/month) | QL | Non-Pref erred Brands |
| VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron) | QL-ST | Preferred Brands |
| aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select |
| aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Select |
| aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Select |

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

| | | |
|----------------------|---|-----|
| MICAFUNGIN INJ NAACL | - | EXC |
| REZZAYO IV SOLN | - | EXC |

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

| | | |
|---|-------|-----------------------------|
| BREXAFEMME TAB (QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole) | QL-ST | Non-Pref erred Brands |
|---|-------|-----------------------------|

ANTIFUNGALS

| | | |
|--|---|-----------------------|
| AMBISOME INJ | - | EXC |
| amphotericin b liposome iv for susp (AMBISOME equiv) | - | EXC |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | High Cost Generics |
| griseofulvin tab (GRIS-PEG equiv) | - | High Cost Generics |
| flucytosine cap (ANCOBON equiv) | - | Select |
| griseofulvin susp (GRIFULVIN equiv) | - | Select |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|--|
| ANTIFUNGALS Cont. | | |
| nystatin powder | - | Select |
| nystatin tab | - | Select |
| terbinafine tab (LAMISIL equiv) | - | Select |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| CRESEMBA INJ | - | EXC |
| NOXAFIL INJ | - | EXC |
| posaconazole iv soln (NOXAFIL equiv) | - | EXC |
| VORICONAZOLE INJ | - | EXC |
| itraconazole soln (SPORANOX equiv) | - | High Cost Generics |
| posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND) | QL-ST | High Cost Generics |
| posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole) | ST | High Cost Generics |
| CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole) | QL-ST | Non-Pref erred Brands |
| CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole) | QL-ST | Non-Pref erred Brands |
| NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab) | QL-ST | Non-Pref erred Brands |
| NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole) | ST | Non-Pref erred Brands |
| NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND) | QL-ST | Non-Pref erred Brands |
| SPORANOX SOLN | - | Non-Pref erred Brands |
| TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole) | QL-ST | Non-Pref erred Brands |
| VIVJOA CAP (QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty Select |
| fluconazole susp (DIFLUCAN equiv) | - | Select |
| fluconazole tab (DIFLUCAN equiv) | - | Select |
| itraconazole cap (SPORANOX equiv) | - | Select |
| ketoconazole tab (NIZORAL equiv) | - | Select |
| voriconazole susp (VFEND equiv) | - | Select |
| voriconazole tab (VFEND equiv) | - | Select |

ANTIHISTAMINES

| ANTIHISTAMINES - ALKYLAMINES | | |
|--|-----|-----|
| FLONASE NIGHT TIME ALLERGY RELIEF TAB | - | EXC |
| PEDIACLEAR PD LIQUID | OTC | EXC |
| triprolidine hcl liquid (PEDIACLEAR equiv) | OTC | EXC |

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|---|---------------------|----------------------|
| ANTIHISTAMINES Cont. | | |
| triprolidine hcl tab (FLONASE ALLERGY RELIEF NIGHT equiv) | - | EXC |
| DEXCHLORPHENIRAMINE SYRUP | - | NC |
| MICLARA LIQUID | - | Non-Preferred Brands |
| RYCLORA SOLN | - | Preferred Brands |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| CLEMASTINE SYRUP | - | EXC |
| KARBINAL ER SUSP (QL= 960ml/30 days) | QL | Non-Preferred Brands |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB (QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab) | QL-ST | Non-Preferred Brands |
| CARBINOXAMINE SOLN (QL= 40ml/day) | QL | Preferred Brands |
| CLEMASTINE TAB | - | Preferred Brands |
| DIPHENHYDRAMINE ELIXIR | - | Preferred Brands |
| CARBINOXAMINE SOLN (QL= 40ml/day) | QL | Select |
| carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days) | QL | Select |
| clemastine fumarate syrup (CLEMASTINE equiv) | OTC | Select |
| clemastine tab | - | Select |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Select |
| diphenhydramine inj | - | Select |
| ANTIHISTAMINES - NON-SEDATING | | |
| cetirizine hcl orally disintegrating tab (ZYRTEC equiv) | OTC | EXC |
| CLARINEX SYRUP | - | EXC |
| CLARITIN CAP | OTC | EXC |
| CLARITIN CHEW TAB | - | EXC |
| loratadine cap (CLARITIN equiv) | OTC | EXC |
| ZYRTEC CHILD CHEW ALLERGY | - | EXC |
| ZYRTEC CHILD CHEW TAB | - | EXC |
| ZYRTEC CHILD TAB | OTC | EXC |
| CLARINEX TAB | - | Non-Preferred Brands |
| CLARITIN CHEW TAB | OTC | Non-Preferred Brands |
| XYZAL SOLN | OTC | Non-Preferred Brands |
| XYZAL TAB | OTC | Non-Preferred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|----------------------|
| ANTIHISTAMINES Cont. | | |
| DES Loratadine ODT | - | Preferred Brands |
| desloratadine tab (CLARINEX equiv) | - | Select |
| levocetirizine soln (XYZAL equiv) | OTC | Select |
| levocetirizine tab (XYZAL equiv) | OTC | Select |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine inj (PHENERGAN equiv) | - | Select |
| promethazine supp (PHENERGAN equiv) | - | Select |
| promethazine syrup | - | Select |
| promethazine tab (PHENERGAN equiv) | - | Select |
| PROMETHEGAN SUPP | - | Select |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | Select |
| cyproheptadine tab | - | Select |
| ANTIHYPERTENSIVES | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands |
| ANTIHYPERTENSIVES - COMBINATIONS | | |
| OMEGA-3 RX PAK COMPLETE | - | NC |
| EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe) | QL-ST | Non-Preferred Brands |
| NEXLIZET TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands |
| ROSZET TAB (QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe) | QL-ST | Non-Preferred Brands |
| ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe) | QL-ST | Non-Preferred Brands |
| VYTORIN TAB (QL= 1 tab/day) | QL | Non-Preferred Brands |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day) | QL | Select |
| ANTIHYPERTENSIVES - MISC. | | |
| LOVAZA CAP (QL= 4 caps/day) | QL | Non-Preferred Brands |
| VASCEPA CAP 0.5GM (QL= 2 caps/day) | QL | Non-Preferred Brands |
| VASCEPA CAP 1GM (QL= 4 caps/day) | QL | Non-Preferred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| ANTIHYPERTENSIVES Cont. | | |
| KYNAMRO INJ (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day) | QL | Select |
| icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day) | QL | Select |
| omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day) | QL | Select |
| BILE ACID SEQUESTRANTS | | |
| colestevlam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colestevlam, or colestipol) | ST | High Cost Generics |
| WELCHOL PACK | - | Non-Pref erred Brands |
| WELCHOL TAB | - | Non-Pref erred Brands |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | Select |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | Select |
| cholestyramine powder (QUESTRAN equiv) | - | Select |
| cholestyramine powder pack (QUESTRAN equiv) | - | Select |
| colestevlam tab (WELCHOL equiv) | - | Select |
| colestipol granule (COLESTID equiv) | - | Select |
| colestipol powder packet (COLESTID equiv) | - | Select |
| colestipol tab (COLESTID equiv) | - | Select |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | High Cost Generics |
| ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)) | QL-ST | Non-Pref erred Brands |
| ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg) | QL-ST | Non-Pref erred Brands |
| ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg) | QL-ST | Non-Pref erred Brands |
| FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)) | QL-ST | Non-Pref erred Brands |
| FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)) | QL-ST | Non-Pref erred Brands |
| FENOFIBRIC TAB, FIBRICOR TAB | - | Non-Pref erred Brands |
| TRIGLIDE TAB | - | Non-Pref erred Brands |
| TRILIPIX CAP | - | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|--|--------------|----------------------|
| ANTIHYPERTENSIVES Cont. | | |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | Preferred Brands |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | Select |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | Select |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | Select |
| fenofibric acid DR cap (TRILIPIX equiv) | - | Select |
| gemfibrozil tab (LOPID equiv) | - | Select |
| HMG COA REDUCTASE INHIBITORS | | |
| pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs) | QL-ST | High Cost Generics |
| ADVICOR TAB 1000-20MG (QL= 2 tabs/day) | QL | Non-Preferred Brands |
| ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day) | QL | Non-Preferred Brands |
| ADVICOR TAB 750-20MG (QL= 2 tabs/day) | QL | Non-Preferred Brands |
| ALTOPREV TAB (QL= 1 tab/day) | QL | Non-Preferred Brands |
| ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab) | QL-ST | Non-Preferred Brands |
| CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab) | QL-ST | Non-Preferred Brands |
| EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin) | QL-ST | Non-Preferred Brands |
| FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Non-Preferred Brands |
| LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.) | QL-ST | Non-Preferred Brands |
| LIPITOR TAB (QL= 1 tab/day) | QL | Non-Preferred Brands |
| LIVALO TAB (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs) | QL-ST | Non-Preferred Brands |
| SIMCOR TAB (QL= 1 tab/day) | QL | Non-Preferred Brands |
| ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day) | QL | Non-Preferred Brands |

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|---|--------------|-----------------------------|
| ANTIHYPERTENSIVES Cont. | | |
| ZOCOR TAB 80MG (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands |
| ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | Non-Pref erred Brands |
| SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Preferred Brands |
| atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventiv e |
| fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventiv e |
| lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventiv e |
| simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | PA-QL | Preventiv e |

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

| | | |
|---|----|-----------------------------|
| ZETIA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) | QL | Select |

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

| | | |
|--|-------|------------------------|
| JUXTAPID CAP (Only available through Accredo 888-773-7376) | LD-PA | Preferred Specialty |
|--|-------|------------------------|

NICOTINIC ACID DERIVATIVES

| | | |
|--|----|-----------------------------|
| NIACOR TAB | - | Non-Pref erred Brands |
| NIASPAN ER TAB | - | Non-Pref erred Brands |
| niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) | QL | Select |

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

| | | |
|-------------|---|-----|
| LEQVIO SOLN | - | EXC |
|-------------|---|-----|

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|--|---------------------|-----------------------------|
| ANTIHYPERTENSIVES Cont. | | |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | Non-Pref erred Brands |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | Preferred Brands |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | Preferred Brands |

ANTIHYPERTENSIVES

ACE INHIBITORS

| | | |
|--|-------|-----------------------------|
| enalaprilat inj | - | EXC |
| captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors) | ST | High Cost Generics |
| enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab) | QL-ST | High Cost Generics |
| EPANED SOLN (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab) | QL-ST | Non-Pref erred Brands |
| PERINDOPRIL TAB | - | Non-Pref erred Brands |
| QBRELIS SOLN | - | Non-Pref erred Brands |
| benazepril tab (LOTENSIN equiv) | - | Select |
| enalapril tab (VASOTEC equiv) | - | Select |
| fosinopril tab (MONOPRIL equiv) | - | Select |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | Select |
| moexipril tab (UNIVASC equiv) | - | Select |
| perindopril tab (ACEON equiv) | - | Select |
| quinapril tab (ACCUPRIL equiv) | - | Select |
| ramipril cap (ALTACE equiv) | - | Select |
| trandolapril tab (MAVIK equiv) | - | Select |

AGENTS FOR PHEOCHROMOCYTOMA

| | | |
|---|-------|-----------------------------|
| phentolamine mesylate for inj (PHENTOLAMINE equiv) | - | EXC |
| metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days) | PA-QL | High Cost Generics |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | High Cost Generics |
| DEMSEER CAP (QL= 448 caps/28 days) | PA-QL | Non-Pref erred Brands |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|---|----|-----------------------------|
| ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------------------------|
| ANTIHYPERTENSIVES Cont. | | |
| MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| VALSARTAN SOLN (QL= 2400ml/30 days) | QL | Preferred Brands Select |
| candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select |
| irbesartan tab (AVAPRO equiv) | - | Select |
| losartan tab (COZAAR equiv) | - | Select |
| olmesartan tab (BENICAR equiv) | - | Select |
| telmisartan tab (MICARDIS equiv) | - | Select |
| valsartan tab (DIOVAN equiv) | - | Select |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine patch (CATAPRES-TTS equiv) | - | High Cost Generics |
| CATAPRES-TTS PATCH | - | Non-Pref erred Brands |
| NEXICLON XR TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| METHYLDOPA TAB | - | Preferred Brands |
| clonidine tab (CATAPRES equiv) | - | Select |
| doxazosin tab (CARDURA equiv) | - | Select |
| guanfacine IR tab (TENEX equiv) | - | Select |
| methyldopa tab (ALDOMET equiv) | - | Select |
| prazosin cap (MINIPRESS equiv) | - | Select |
| terazosin cap (HYTRIN equiv) | - | Select |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ) | QL-ST | High Cost Generics |
| telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics |
| telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics |
| telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | High Cost Generics |
| ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan) | ST | Non-Pref erred Brands |

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|---|--------------|-----------------------------|
| ANTIHYPERTENSIVES Cont. | | |
| BYVALSON TAB | - | Non-Pref erred Brands |
| DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers) | QL-ST | Non-Pref erred Brands |
| EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| EXFORGE HCT TAB (QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab) | QL-ST | Non-Pref erred Brands |
| MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor) | ST | Non-Pref erred Brands |
| QUINAPRIL/HCTZ TAB | - | Non-Pref erred Brands |
| TARKA TAB | - | Non-Pref erred Brands |
| TEKURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan) | QL-ST | Non-Pref erred Brands |
| TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG | - | Non-Pref erred Brands |
| TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG | - | Non-Pref erred Brands |
| TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan) | ST | Non-Pref erred Brands |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug) | ST | Preferred Brands |
| amlodipine/benazepril cap (LOTREL equiv) | - | Select |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | Select |
| amlodipine/valsartan tab (EXFORGE equiv) | - | Select |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | Select |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | Select |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | Select |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------|
| ANTIHYPERTENSIVES Cont. | | |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | Select |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | Select |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | Select |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | Select |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | Select |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | Select |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | Select |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | Select |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days) | QL | Select |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | Select |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | Select |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | Select |
| trandolapril/verapamil ER tab (TARKA equiv) | - | Select |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | Select |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | AMSP-PA | Non-Pref erred Specialty |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)) | ST | High Cost Generics |
| TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)) | ST | Non-Pref erred Brands |
| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| TRYVIO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPIRA equiv) | - | Select |
| VASODILATORS | | |
| NIPRIDE RTU INJ | - | EXC |
| nitroprusside sodium in nacl 0.9% iv soln (NIPRIDE RTU equiv) | - | EXC |
| hydralazine tab (APRESOLINE equiv) | - | Select |
| minoxidil tab (LONITEN equiv) | - | Select |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| BACITRACIN INJ | - | EXC |
| FIRST METRONIDAZOLE SUSP | - | EXC |
| metronidazole cap (FLAGYL equiv) | - | High Cost Generics |
| pentamidine neb soln (NEBUPENT equiv) | - | High Cost Generics |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month) | QL | Non-Pref erred Brands |
| XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month) | PA-QL | Non-Pref erred Brands |
| XIFAXAN TAB 550MG (QL= 2 tabs/day) | PA-QL | Non-Pref erred Brands |
| LIKMEZ SUSP (QL= 210ml/14 days) | QL | Preferred Brands |
| PRIMSOL SOLN | - | Preferred Brands |
| TRIMETHOPRIM TAB | - | Preferred Brands |
| IMPAVIDO CAP (QL= 3 caps/day) | AMSP-QL | Preferred Specialty |
| metronidazole tab (FLAGYL equiv) | - | Select |
| tinidazole tab (TINDAMAX equiv) | - | Select |
| trimethoprim tab (PROLOPRIM equiv) | - | Select |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| methenamine-sodium salicylate tab | - | EXC |
| URELLE TAB | - | EXC |
| ustell cap | - | EXC |
| XACDURO INJ | - | EXC |
| UROGESIC-BLUE TAB | - | Non-Pref erred Brands |
| UTA CAP | - | Non-Pref erred Brands |
| HYOPHEN TAB | - | Preferred Brands |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | Select |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | Select |
| UTA cap | - | Select |
| ANTIPROTOZOAL AGENTS | | |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month) | QL | High Cost Generics |
| ALINIA SUSP (QL= 60ml/fill, 2 fills/month) | QL | Non-Pref erred Brands |
| ALINIA TAB (QL= 6 tabs/fill, 2 fills/month) | QL | Non-Pref erred Brands |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days; ST req trial of 1: metronidazole, tinidazole) | QL-ST | Non-Pref erred Brands |
| LAMPIT TAB 120MG (QL= 225 tabs/30 days) | QL | Preferred Brands |

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| DrugName | Special Code | Tier |
|---|--------------|----------------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| LAMPIT TAB 30MG (QL= 360 tabs/30 days) | QL | Preferred Brands |
| atovaquone susp (MEPRON equiv) | - | Select |
| CARBAPENEMS | | |
| MEROPENEM IV SOLN | - | EXC |
| CYCLIC LIPOPEPTIDES | | |
| DAPTOMY/NACL INJ | - | EXC |
| GLYCOPEPTIDES | | |
| vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | High Cost Generics |
| vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | High Cost Generics |
| FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | Non-Preferred Brands |
| FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution) | QL-ST | Non-Preferred Brands |
| VANOCIN CAP 125MG (QL= 56 caps/30 days) | QL | Non-Preferred Brands |
| VANOCIN CAP 250MG (QL= 112 caps/30 days) | QL | Non-Preferred Brands |
| VANCOMYCIN INJ | - | Non-Preferred Brands |
| VANCOMYCIN SOLN | - | Non-Preferred Brands |
| VANCOMYCIN INJ | - | Preferred Brands |
| vancomycin cap 125mg (VANOCIN equiv) (QL= 56 caps/30 days) | QL | Select |
| vancomycin cap 250mg (VANOCIN equiv) (QL= 112 caps/30 days) | QL | Select |
| vancomycin hcl for iv soln (VANCOMYCIN equiv) | - | Select |
| VANCOMYCIN INJ | - | Select |
| LEPROSTATICS | | |
| dapsone tab | - | Select |
| LINCOSAMIDES | | |
| CLEOCIN PHOSPHATE INJ | - | EXC |
| clindamycin cap (CLEOCIN equiv) | - | Select |
| clindamycin soln (CLEOCIN equiv) | - | Select |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |
| OXAZOLIDINONES | | |
| SIVEXTRO INJ | - | EXC |

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|--|---------------------|--------------------------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| SIVEXTRO TAB (QL= 6 tabs/fill) | QL | Preferred Brands |
| linezolid susp | - | Select |
| linezolid tab (ZYVOX equiv) | - | Select |
| PLEUROMUTILINS | | |
| XENLETA TAB (QL= 10 tabs/fill, 1 fill/month) | AMSP-PA-QL | Non-Pref erred Specialty |
| POLYMYXINS | | |
| colistimethate inj (COLY-MYCIN M equiv) | - | Select |
| URINARY ANTI-INFECTIVES | | |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | High Cost Generics |
| MONUROL GRANULE PACK | - | Non-Pref erred Brands |
| NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML) | ST | Non-Pref erred Brands |
| methenamine hippurate tab (HIPREX equiv) | - | Select |
| methenamine mandelate tab | - | Select |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | Select |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | Select |
| nitrofurantoin susp (FURADANTIN equiv) | - | Select |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |
| COARTEM TAB | - | Non-Pref erred Brands |
| atovaquone/proguanil tab (MALARONE equiv) | - | Select |
| ANTIMALARIALS | | |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| mefloquine tab (LARIAM equiv) | - | High Cost Generics |
| primaquine tab (PRIMAQUINE equiv) | - | High Cost Generics |
| ARAKODA TAB | - | Non-Pref erred Brands |
| QUALAQUIN CAP | - | Non-Pref erred Brands |
| SOVUNA TAB (Step therapy requires trial of generic hydroxychloroquine (generic for Planquenil)) | ST | Non-Pref erred Brands |

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|--|---------------------|--------------------------------|
| ANTIMALARIALS Cont. | | |
| DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| KRINTAFEL TAB (QL= 2 tabs/365 days) | QL | Preferred Brands |
| chloroquine tab (ARALEN equiv) | - | Select |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | Select |
| quinine sulfate cap (QUALAQUIN equiv) | - | Select |

ANTIMYASTHENIC/CHOLINERGIC AGENTS

| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
|--|----------|--------------------------------|
| NEOSTIGMINE METHYLSULFATE INJ | - | EXC |
| neostigmine methylsulfate soln pref syringe | - | EXC |
| pyridostigmine soln (MESTINON equiv) | - | High Cost Generics |
| PYRIDOSTIGMINE TAB 30MG | - | Non-Pref erred Brands |
| FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty |
| RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| GUANIDINE TAB | - | Select |
| pyridostigmine CR tab (MESTINON equiv) | - | Select |
| pyridostigmine tab (MESTINON equiv) | - | Select |

ANTIMYCOBACTERIAL AGENTS

| ANTI TB COMBINATIONS | | |
|-----------------------------|---|-----------------------------|
| RIFAMATE CAP | - | Non-Pref erred Brands |
| RIFATER TAB | - | Non-Pref erred Brands |

| ANTIMYCOBACTERIAL AGENTS | | |
|---------------------------------|---------|--------------------------------|
| CAPASTAT INJ | - | NC |
| PASER GRANULE | - | Non-Pref erred Brands |
| PRIFTIN TAB | - | Non-Pref erred Brands |
| TRECATOR TAB | - | Non-Pref erred Brands |
| PRETOMANID TAB (QL= 1 tab/day) | AMSP-QL | Non-Pref erred Specialty |

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| ANTIMYCOBACTERIAL AGENTS Cont. | | |
| SIRTURO TAB (Only available through MMS Solutions 855-691-0963) | LD | Preferred Specialty |
| cycloserine cap (CYCLOSERINE equiv) | - | Select |
| ethambutol tab (MYAMBUTOL equiv) | - | Select |
| isoniazid tab | - | Select |
| pyrazinamide tab | - | Select |
| rifabutin cap (MYCOBUTIN equiv) | - | Select |
| rifampin cap (RIFADIN equiv) | - | Select |

ANTINEOPLASTICS

ALKYLATING AGENTS

| | | |
|---|------|----------------------|
| LEUKERAN TAB | - | Non-Preferred Brands |
| HEXALEN CAP (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |
| MYLERAN TAB | AMSP | Preferred Specialty |

ANTIMETABOLITES

| | | |
|---------------------------------------|---------|---------------------|
| TABLOID TAB (QL= 4 tabs/day) | AMSP-QL | Preferred Specialty |
| mercaptopurine tab (PURINETHOL equiv) | - | Select |
| methotrexate tab (TREXALL equiv) | - | Select |

ANTINEOPLASTIC ENZYME INHIBITORS

| | | |
|-------------|------------|---------------------|
| ZOLINZA CAP | LMSP-PA-SF | Preferred Specialty |
|-------------|------------|---------------------|

ANTINEOPLASTICS MISC.

| | | |
|---|-------|-------------------------|
| ALFERON-N INJ | - | EXC |
| tretinoin cap (VESANOID equiv) | PMSP | Generic Specialty |
| PROLEUKIN INJ | - | NC |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Preferred Specialty |
| INTRON-A INJ | PMSP | Preferred Specialty |
| MATULANE CAP (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |
| hydroxyurea cap (HYDREA equiv) | - | Select |

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

| | | |
|----------------|------|---------------------|
| MESNEX TAB | PMSP | Preferred Specialty |
| leucovorin tab | - | Select |

MITOTIC INHIBITORS

| | | |
|-------------------------------|---|--------|
| etoposide cap (VEPESID equiv) | - | Select |
|-------------------------------|---|--------|

TOPOISOMERASE I INHIBITORS

| | | |
|--------------|---------|---------------------|
| HYCANTIN CAP | PA-PMSP | Preferred Specialty |
|--------------|---------|---------------------|

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
Category/Class
Last Updated* 11/15/2024**

| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ALKYLATING AGENTS | | |
| bendamustine hcl for iv soln (TREANDA equiv) | - | EXC |
| CARMUSTINE INJ | - | EXC |
| CISPLATIN INJ | - | EXC |
| CYCLOPHOSPHAMIDE INJ | - | EXC |
| HEPZATO INJ | - | EXC |
| IFOSFAMIDE INJ | - | EXC |
| PEPAXTO INJ | - | EXC |
| TREANDA INJ | - | EXC |
| cyclophosphamide cap | - | Generic Specialty |
| MELPHALAN TAB | AMSP | Generic Specialty |
| temozolomide cap (TEMODAR equiv) | AMSP | Generic Specialty |
| CYCLOPHOSPHAMIDE TAB | - | Non-Pref erred Brands |
| ALKERAN TAB | PA-PMSP | Non-Pref erred Specialty |
| GLEOSTINE/LOMUSTINE CAP | PMSP | Non-Pref erred Specialty |
| ANTIMETABOLITES | | |
| ALIMTA INJ | - | EXC |
| ARRANON INJ | - | EXC |
| CYTARABINE INJ | - | EXC |
| FLOXURIDINE INJ | - | EXC |
| FLUDARABINE INJ | - | EXC |
| FOLOTYN INJ | - | EXC |
| nelarabine iv soln (ARRANON equiv) | - | EXC |
| pemetrexed disodium for iv soln (ALIMTA equiv) | - | EXC |
| PEMETREXED INJ | - | EXC |
| PEMETREXED SOLN | - | EXC |
| PEMFEXY SOL | - | EXC |
| capecitabine tab (XELODA equiv) | PMSP | Generic Specialty |
| JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days) | QL | Non-Pref erred Brands |
| ONUREG TAB (QL= 14 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| XELODA TAB | PMSP | Non-Pref erred Specialty |
| PURIXAN SUSP | AMSP-PA | Preferred Specialty |
| METHOTREXATE INJ | - | Select |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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PeaceHealth Formulary
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Last Updated* 11/15/2024

| DrugName | Special Code | Tier |
|---|--------------|----------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| ALYMSYS IV SOLN | - | EXC |
| VEGZELMA IV SOLN | - | EXC |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty |
| INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty |
| ANTINEOPLASTIC - ANTIBODIES | | |
| ARZERRA CON | - | EXC |
| CAMPATH INJ | - | EXC |
| COLUMVI INJ | - | EXC |
| ELAHERE INJ | - | EXC |
| ELREXFIO INJ | - | EXC |
| EPKINLY INJ | - | EXC |
| IMDELLTRA INJ | - | EXC |
| IMJUDO INJ | - | EXC |
| JEMPERLI SOLN | - | EXC |
| KEYTRUDA SOLN 50MG | - | EXC |
| KIMMTRAK SOLN | - | EXC |
| LOQTORZI INJ | - | EXC |
| LUNSUMIO INJ | - | EXC |
| OPDIVO INJ | - | EXC |
| RYBREVANT SOLN | - | EXC |
| TALVEY INJ | - | EXC |
| TECVAYLI INJ | - | EXC |
| TEVIMBRA INJ | - | EXC |
| TIVDAK INJ | - | EXC |
| VECTIBIX INJ | - | EXC |
| VYLOY INJ | - | EXC |
| ZYNLONTA SOLN | - | EXC |
| ZYNYZ INJ | - | EXC |
| BLENREP INJ | - | NC |
| RIABNI SOLN | - | NC |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| MARGENZA INJ | - | EXC |
| TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Preferred Specialty |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty |

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| | | | | | |
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------|--------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty |
| ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY | | |
| ABECMA INJ | - | EXC |
| AMTAGVI INJ | - | EXC |
| CARVYKTI INJ | - | EXC |
| TECARTUS SUSP | - | EXC |
| TECELRA SUSP | - | EXC |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| gefitinib tab (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty |
| LAZCLUZE TAB | | |
| EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| IRESSA TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| TARCEVA TAB 100MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| TARCEVA TAB 150MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| TARCEVA TAB 25MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TAGRISSO TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |
| ANTINEOPLASTIC - GENE THERAPY AGENTS | | |
| ADSTILADRIN SUSP | - | EXC |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |
| DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ERIVEDGE CAP (QL= 1 cap/day) | AMSP-PA-QL-SF | Preferred Specialty |
| ODOMZO CAP | AMSP-PA-SF | Preferred Specialty |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| CAMCEVI INJ | - | EXC |
| FIRMAGON INJ | - | EXC |
| abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| leuprolide inj (LUPRON equiv) | PA-PMSP | Generic Specialty |
| nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Generic Specialty |
| EMCYT CAP | - | Non-Preferred Brands |
| EULEXIN CAP (QL= 6 caps/day) | QL | Non-Preferred Brands |
| FLUTAMIDE CAP (QL= 6 caps/day) | QL | Non-Preferred Brands |
| SOLTAMAX SOLN | - | Non-Preferred Brands |
| AKEEGA TAB (QL= 60 tablets/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty |
| FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen) | LD-ST | Non-Preferred Specialty |
| NILANDRON TAB (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Non-Preferred Specialty |
| ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty |
| ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Preferred Specialty |
| XTANDI CAP (QL= 4 caps/day) | AMSP-PA-QL-SF | Non-Preferred Specialty |
| XTANDI TAB 40MG (QL= 4 tabs/day) | AMSP-PA-QL-SF | Non-Preferred Specialty |

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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------|--------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| XTANDI TAB 80MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| YONSA TAB (QL= 4 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| ZYTIGA TAB 250MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| ZYTIGA TAB 500MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| ERLEADA TAB (QL= 4 tabs/day) | AMSP-PA-QL | Preferred Specialty |
| ERLEADA TAB 240MG (QL= 1 tab/day) | PA-PMSP-QL | Preferred Specialty |
| HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days) | PA-PMSP-QL | Preferred Specialty |
| LEUPROLIDE INJ (QL= 1 kit/90 days) | AMSP-PA-QL | Preferred Specialty |
| LUPRON DEPOT INJ | PA-PMSP | Preferred Specialty |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |
| NUBEQA TAB (QL= 4 tabs/day) | PA-PMSP-QL | Preferred Specialty |
| anastrozole tab (ARIMIDEX equiv) | - | Preventiv e |
| exemestane tab (AROMASIN equiv) | - | Preventiv e |
| letrozole tab (FEMARA equiv) | - | Preventiv e |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | Preventiv e |
| bicalutamide tab (CASODEX equiv) | - | Select |
| flutamide cap (EULEXIN equiv) | - | Select |
| megestrol susp (MEGACE equiv) | - | Select |
| megestrol tab (MEGACE equiv) | - | Select |
| toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen) | ST | Select |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days) | PA-PMSP-QL | Preferred Specialty |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |

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Category/Class
Last Updated* 11/15/2024

| DrugName | Special Code | Tier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|--|-----------------|-------------------------|------------------------|----|-------------------------|------|--|---|----------------|-----|----------------------|----|---|------|-----------------|----|------------------|-----|---------------------|----|--|------|----------------|----|-------------------------|-----|--|--|-------------------|--|--------------|--|-----------------|--|--|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTINEOPLASTIC ANTIBIOTICS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| daunorubicin hcl iv soln | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAUNORUBICIN INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOXIL INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| doxorubicin hcl inj (ADRIAMYCIN equiv) | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOXORUBICIN INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELLENCEN INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JELMYTO INJ | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTINEOPLASTIC COMBINATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DARZALEX FASPRO SOLN | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPDUALAG SOLN | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TECENTRIQ HYBREZA INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HERCEPTIN HYLECTA INJ | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA-QL | Non-Preferred Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KISQALI PAK (QL= 91 tabs/28 days) | PA-PMSP-QL | Preferred Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA | Preferred Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTINEOPLASTIC ENZYME INHIBITORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BORTEZOMIB INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| bortezomib inj (VELCADE equiv) | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FYARRO INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ISTODAX OVR INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| romidepsin for iv inj (ISTODAX equiv) | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RYTELO INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VELCADE INJ | - | EXC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dasatinib tab (SPRYCEL equiv) | AMSP-PA-SF | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day) | PA-PMSP-QL | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day) | PA-PMSP-QL | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| lapatinib ditosylate tab (TYKERB equiv) | AMSP-PA | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | AMSP-PA-QL-SF | Generic Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITOVEBI TAB | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>AMSP</td> <td>NC =Not Covered</td> <td>EXC</td> <td>generic =small letters</td> <td>LD</td> <td>BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP</td> <td>Ardon Mandatory Specialty Pharmacy Program</td> <td>M</td> <td>Plan Exclusion</td> <td>OTC</td> <td>Limited Distribution</td> </tr> <tr> <td>PA</td> <td>Lumicera Mandatory Specialty Pharmacy Program</td> <td>PMSP</td> <td>Medical Benefit</td> <td>QL</td> <td>Over-the-Counter</td> </tr> <tr> <td>RDX</td> <td>Prior Authorization</td> <td>SF</td> <td>PeaceHealth Mandatory Specialty Pharmacy Program</td> <td>SMKG</td> <td>Quantity Limit</td> </tr> <tr> <td>ST</td> <td>Restricted to Diagnosis</td> <td>VAC</td> <td>Limited to two 15 day fills per month for first 3 months</td> <td></td> <td>Smoking Cessation</td> </tr> <tr> <td></td> <td>Step Therapy</td> <td></td> <td>Vaccine Program</td> <td></td> <td></td> </tr> </tbody> </table> | | | AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS | LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter | RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit | ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy | | Vaccine Program | | |
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Step Therapy | | Vaccine Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

**PeaceHealth Formulary
Category/Class
Last Updated* 11/15/2024**

| DrugName | Special Code | Tier |
|---|---------------------|--------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| VORANIGO TAB | - | NC |
| AFINITOR DISPERZ TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp) | AMSP-PA-QL-SF-ST | Non-Pref erred Specialty |
| AFINITOR TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab) | AMSP-PA-QL-SF-ST | Non-Pref erred Specialty |
| ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| AUGTYRO CAP (QL= 240 caps/30 days) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| AUGTYRO CAP 160MG (QL= 2 caps/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| BALVERSA TAB 3MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| BALVERSA TAB 4MG (QL= 2 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| BALVERSA TAB 5MG (QL= 1 tab/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | Non-Pref erred Specialty |
| BRUKINSA CAP (QL= 4 caps/day) | LMSP-PA-QL-SF | Non-Pref erred Specialty |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | Non-Pref erred Specialty |
| FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| GAVRETO CAP (QL= 120 caps/30 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty |
| GLEEVEC TAB (QL= 2 tabs/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| GLEEVEC TAB 100 MG (QL= 3 tabs/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
Category/Class
Last Updated* 11/15/2024

| DrugName | Special Code | Tier |
|---|---------------|--------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LMSP-PA-QL-SF | Non-Pref erred Specialty |
| JAYPIRCA TAB 100MG (QL= 60 tabs/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Non-Pref erred Specialty |
| JAYPIRCA TAB 50MG (QL= 30 tabs/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Non-Pref erred Specialty |
| KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| KRAZATI TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LUMAKRAS TAB (QL= 2 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LUMAKRAS TAB 320MG (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Non-Pref erred Specialty |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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PeaceHealth Formulary
Category/Class
Last Updated* 11/15/2024

| DrugName | Special Code | Tier |
|---|---------------|--------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| NEXAVAR TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Non-Pref erred Specialty |
| OGSIVEO TAB (QL= 168 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| OGSIVEO TAB 100MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| OGSIVEO TAB 150MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| OJEMDA SUSP (QL= 96 mL/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| OJEMDA TAB (QL= 24 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
| PIQRAY TAB | AMSP-PA-SF | Non-Pref erred Specialty |
| QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
| RETEVMO CAP 40MG (QL= 180 caps/30 days; Only available through Lumicera 855-847-3553) | LMSP-PA-QL-SF | Non-Pref erred Specialty |
| RETEVMO CAP 80MG (QL= 120 caps/30 days; Only available through Lumicera 855-847-3553) | LMSP-PA-QL-SF | Non-Pref erred Specialty |
| RETEVMO TAB (QL= 60 tabs/30 days) | LMSP-PA-QL-SF | Non-Pref erred Specialty |
| RETEVMO TAB 40MG (QL= 90 tabs/30 days) | LMSP-PA-QL-SF | Non-Pref erred Specialty |
| REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| ROZLYTREK CAP (QL= 1 cap/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| ROZLYTREK CAP 200MG (QL= 3 caps/day) | PA-PMSP-QL | Non-Pref erred Specialty |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------|--------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ROZLYTREK PAK (QL= 360 packets/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| RYDAPT CAP | PA-PMSP | Non-Pref erred Specialty |
| SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| SCEMBLIX TAB 20MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| SCEMBLIX TAB 40MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| SPRYCEL TAB | AMSP-PA-SF | Non-Pref erred Specialty |
| SUTENT CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |
| TABRECTA TAB (QL= 112 tabs/28 days) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| TALZENNA CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Non-Pref erred Specialty |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| TRUQAP TAB (QL= 64 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246) | LD-PA-QL | Non-Pref erred Specialty |
| TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246) | LD-PA-QL | Non-Pref erred Specialty |
| TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246) | LD-PA-QL | Non-Pref erred Specialty |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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| DrugName | Special Code | Tier |
|---|---------------|--------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| TYKERB TAB | PA-PMSP | Non-Pref erred Specialty |
| VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL-SF | Non-Pref erred Specialty |
| VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL-SF | Non-Pref erred Specialty |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376) | LD-PA-QL-SF | Non-Pref erred Specialty |
| VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Pref erred Specialty |
| VOTRIENT TAB (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Non-Pref erred Specialty |
| ALECENSA CAP (QL= 8 caps/day) | PA-PMSP-QL | Preferred Specialty |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Preferred Specialty |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Preferred Specialty |
| BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| BOSULIF TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Preferred Specialty |
| CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| CALQUENCE CAP (QL= 2 caps/day) | AMSP-PA-QL-SF | Preferred Specialty |
| CALQUENCE TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty |
| CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Preferred Specialty |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Preferred Specialty |
| COMETRIQ KIT (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty |
| COTELLIC TAB (QL= 3 tabs/day) | PA-PMSP-QL | Preferred Specialty |

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Category/Class
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| DrugName | Special Code | Tier |
|--|---------------|---------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | Preferred Specialty |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty |
| IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Preferred Specialty |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL | Preferred Specialty |
| JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| KISQALI TAB (QL= 63 tabs/28 days) | PA-PMSP-QL | Preferred Specialty |
| LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty |
| MEKINIST SOLN (QL= 40ml/day) | LMSP-PA-QL | Preferred Specialty |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | PA-PMSP-QL | Preferred Specialty |
| MEKINIST TAB 2MG (QL= 1 tab/day) | PA-PMSP-QL | Preferred Specialty |
| NINLARO CAP | PA-PMSP | Preferred Specialty |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty |
| sorafenib tosylate tab (NEXAVAR equiv) | AMSP-PA-SF | Preferred Specialty |
| STIVARGA TAB (QL= 4 tabs/day) | PA-PMSP-QL | Preferred Specialty |
| TAFINLAR CAP (QL= 4 caps/day) | PA-PMSP-QL | Preferred Specialty |
| TAFINLAR TAB (QL= 12 tabs/day) | LMSP-PA-QL | Preferred Specialty |
| TASIGNA CAP | AMSP-PA-SF | Preferred Specialty |
| VERZENIO TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty |
| VOTRIENT TAB (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Preferred Specialty |
| XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty |
| ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Preferred Specialty |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL-SF | Preferred Specialty |

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

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|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
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| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | | | |

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

PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|---------------|-------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZYDELIG TAB (Only available through Optum 877-445-6874) | LD-PA | Preferred Specialty |
| ZYKADIA CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Preferred Specialty |
| ZYKADIA TAB (QL= 3 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty |
| ANTINEOPLASTIC ENZYMES | | |
| RYLAZE INJ | - | EXC |
| ANTINEOPLASTIC RADIOPHARMACEUTICALS | | |
| PLUVICTO INJ | - | EXC |
| ANTINEOPLASTICS MISC. | | |
| ANKTIVA SOLN | - | EXC |
| bexarotene cap (TARGRETIN equiv) | AMSP-PA-SF | Generic Specialty |
| BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Non-Preferred Specialty |
| SYLATRON INJ | PA-PMSP | Non-Preferred Specialty |
| SYNRIBO INJ (Only available through US Bioservices 888-518-7246) | LD-PA | Preferred Specialty |
| CHEMOTHERAPY ADJUNCTS | | |
| KEPIVANCE INJ | - | EXC |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| LEUCOVORIN INJ | - | EXC |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS | | |
| LEVOLEUCOVORIN SOLN | - | EXC |
| PEDMARK INJ | - | EXC |
| IWILFIN TAB (QL= 240 tablets/30 days; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-PA-QL | Non-Preferred Specialty |
| MITOTIC INHIBITORS | | |
| ABRAXANE INJ | - | EXC |
| docetaxel inj | - | EXC |
| DOCIVYX INJ | - | EXC |
| eribulin mesylate inj (HALAVEN equiv) | - | EXC |
| HALAVEN INJ | - | EXC |
| paclitaxel protein-bound particles for iv susp (ABRAXANE equiv) | - | EXC |
| VINCRISTINE INJ | - | EXC |
| vincristine sulfate iv soln (VINCRISTINE equiv) | - | EXC |
| ETOPOSIDE CAP | - | Preferred Brands |

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

| | | |
|-------------------------------|---|--------|
| carbidopa tab (LODOSYN equiv) | - | Select |
|-------------------------------|---|--------|

ANTIPARKINSON ANTICHOLINERGICS

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

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| ANTIPARKINSON AGENTS Cont. | | |
| benztropine tab | - | Select |
| trihexyphenidyl tab (ARTANE equiv) | - | Select |
| ANTIPARKINSON COMT INHIBITORS | | |
| tolcapone tab (TASMAR equiv) (QL= 3 caps/day) | QL | High Cost Generics |
| TASMAR TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| entacapone tab (COMTAN equiv) | - | Select |
| ANTIPARKINSON DOPAMINERGICS | | |
| pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day) | QL | High Cost Generics |
| ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole) | QL-ST | High Cost Generics |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | Non-Pref erred Brands |
| GOCOVRI CAP (Step Therapy requires trial of amantadine) | ST | Non-Pref erred Brands |
| MIRAPEX ER TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| NEUPRO PATCH (QL= 1 patch/day) | QL | Non-Pref erred Brands |
| REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole) | QL-ST | Non-Pref erred Brands |
| RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| amantadine cap (SYMMETREL equiv) | - | Select |
| amantadine syrup (SYMMETREL equiv) | - | Select |
| amantadine tab | - | Select |
| bromocriptine cap (PARLODEL equiv) | - | Select |
| bromocriptine tab (PARLODEL equiv) | - | Select |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | Select |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | Select |
| carbidopa/levodopa tab (SINEMET equiv) | - | Select |
| pramipexole tab (MIRAPEX equiv) | - | Select |
| ropinirole tab (REQUIP equiv) | - | Select |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| AZILECT TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa) | AMSP-QL-ST | Non-Pref erred Brands |

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| ANTIPARKINSON AGENTS Cont. | | |
| ZELAPAR ODT | - | Non-Pref erred Brands |
| rasagiline tab (AZILECT equiv) (QL= 1 tab/day) | QL | Select |
| selegiline cap (ELDEPRYL equiv) | - | Select |
| selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day) | QL | Select |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| NOURIANZ TAB (QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)) | LMSP-QL-ST | Non-Pref erred Specialty |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | Select |
| TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days) | QL | Select |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline) | ST | Non-Pref erred Brands |
| ANTIPARKINSON DOPAMINERGICS | | |
| apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767) | LD-QL | Generic Specialty NC |
| VYALEV INJ | - | NC |
| CARBIDOPA/LEVODOPA ODT TAB | - | Non-Pref erred Brands |
| DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab) | QL-ST | Non-Pref erred Brands |
| OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine) | QL-ST | Non-Pref erred Brands |
| OSMOLEX ER TAB (Step Therapy requires trial of amantadine) | QL-ST | Non-Pref erred Brands |
| STALEVO TAB 12.5-50-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands |
| STALEVO TAB 18.75-75-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands |
| STALEVO TAB 25-100-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands |
| STALEVO TAB 31.25-125-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands |
| STALEVO TAB 37.5-150-200MG (QL= 8 tabs/day) | QL | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| ANTIPARKINSON AND RELATED THERAPY AGENTS Cont. | | |
| STALEVO TAB 50-200-200MG (QL= 6 tabs/day) | QL | Non-Pref erred Brands |
| APOKYN INJ (QL= 54ml/30 days; Only available through Accredo 800-803-2523) | LD-QL | Non-Pref erred Specialty |
| INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| KYNMOBI FILM (QL= 150 films/30 days) | PMSP-QL | Non-Pref erred Specialty |
| KYNMOBI TITRATION KIT | AMSP-PA | Non-Pref erred Specialty |
| CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone) | QL-ST | Preferred Brands |
| amantadine soln | - | Select |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day) | QL | Select |

ANTIPSYCHOTICS/ANTIMANIC AGENTS

| ANTIMANIC AGENTS | | |
|---|---|-----------------------------|
| LITHIUM CARBONATE CAP | - | Non-Pref erred Brands |
| lithium carbonate cap (ESKALITH ER equiv) | - | Select |
| lithium carbonate ER tab (LITHOBID equiv) | - | Select |
| lithium carbonate tab | - | Select |
| lithium oral solution (LITHIUM equiv) | - | Select |

| ANTIPSYCHOTICS - MISC. | | |
|--|-------|-----------------------------|
| CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| EQUETRO CAP | - | Non-Pref erred Brands |
| GEODON CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| LATUDA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands |
| VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands |
| NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day) | QL | Select |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | Select |
| BENZISOXAZOLES | | |
| risperidone microspheres inj (RISPERDAL equiv) | AMSP | Generic Specialty |
| FANAPT TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | QL | Non-Pref erred Brands |
| INVEGA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| RISPERDAL M ODT | - | Non-Pref erred Brands |
| RISPERDAL SOLN | - | Non-Pref erred Brands |
| RISPERDAL TAB | - | Non-Pref erred Brands |
| ERZOFRI INJ 117MG/0.75ML | - | Non-Pref erred Specialty |
| ERZOFRI INJ 156MG/ML | - | Non-Pref erred Specialty |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| ERZOFRI INJ 234MG/1.5ML | - | Non-Pref erred Specialty |
| ERZOFRI INJ 351MG/2.25ML | - | Non-Pref erred Specialty |
| ERZOFRI INJ 39MG/0.25ML | - | Non-Pref erred Specialty |
| ERZOFRI INJ 78MG/0.5ML | - | Non-Pref erred Specialty |
| RISPERDAL INJ | AMSP | Non-Pref erred Specialty |
| RYKINDO INJ | AMSP | Non-Pref erred Specialty |
| UZEDY INJ | AMSP | Non-Pref erred Specialty |
| RISPERIDONE ODT | - | Preferred Brands |
| INVEGA HAFYERA INJ | AMSP | Preferred Specialty |
| INVEGA INJ | AMSP | Preferred Specialty |
| PERSERIS INJ | AMSP | Preferred Specialty |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | Select |
| risperidone ODT (RISPERDAL M equiv) | - | Select |
| risperidone soln (RISPERDAL equiv) | - | Select |
| risperidone tab (RISPERDAL equiv) | - | Select |
| BUTYROPHENONES | | |
| haloperidol decanoate inj | AMSP | Generic Specialty |
| HALDOL DECANOATE INJ | - | Preferred Specialty |
| haloperidol lactate conc (HALDOL equiv) | - | Select |
| haloperidol tab (HALDOL equiv) | - | Select |
| DIBENZAPINES | | |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT) | QL-ST | High Cost Generics |
| ADASUVE INHALER | - | NC |
| CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| CLOZARIL TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs) | QL-ST | Non-Pref erred Brands |
| SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT) | QL-ST | Non-Pref erred Brands |
| SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT) | QL-ST | Non-Pref erred Brands |
| SEROQUEL TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |
| SEROQUEL XR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| VERSACLOZ SUSP | - | Non-Pref erred Brands |
| ZYPREXA TAB | - | Non-Pref erred Brands |
| ZYPREXA ZYDIS TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ZYPREXA RELPREVV INJ | AMSP | Preferred Specialty |
| CLOZAPINE ODT (QL= 3 tabs/day) | QL | Select |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day) | QL | Select |
| clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day) | QL | Select |
| loxapine cap (LOXITANE equiv) | - | Select |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | Select |
| olanzapine tab (ZYPREXA equiv) | - | Select |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | Select |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day) | QL | Select |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | Preferred Brands |
| MUSCARINIC AGENTS | | |
| COBENFY CAP | - | NC |
| COBENFY CAP STARTER PACK | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine hcl inj | - | EXC |
| CHLORPROMAZINE CONC (QL= 800ml/30 days) | QL | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| CHLORPROMAZINE CONC 100MG/ML (QL= 2000ml/30 days) | QL | Non-Pref erred Brands |
| CHLORPROMAZINE CONC 30MG/ML (QL= 600ml/30 days) | QL | Non-Pref erred Brands |
| chlorpromazine tab (THORAZINE equiv) | - | Select |
| fluphenazine tab (PROLIXIN equiv) | - | Select |
| perphenazine tab (TRILAFON equiv) | - | Select |
| prochlorperazine supp (COMPAZINE equiv) | - | Select |
| prochlorperazine tab (COMPAZINE equiv) | - | Select |
| thioridazine tab (MELLARIL equiv) | - | Select |
| trifluoperazine tab (STELAZINE equiv) | - | Select |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY ASIM INJ 960MG | - | NC |
| ABILIFY TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) | QL-ST | Non-Pref erred Brands |
| ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics) | QL-ST | Non-Pref erred Specialty |
| ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics) | QL-ST | Non-Pref erred Specialty |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML | AMSP | Preferred Specialty |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML | AMSP | Preferred Specialty |
| ABILIFY MAINTENA INJ | AMSP | Preferred Specialty |
| ARISTADA 675MG/2.4ML INJ | AMSP | Preferred Specialty |
| ARISTADA INJ | AMSP | Preferred Specialty |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | QL | Select |
| aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day) | QL | Select |
| aripiprazole tab (ABILIFY equiv) | - | Select |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | Select |

ANTISEPTICS & DISINFECTANTS

| ANTISEPTICS & DISINFECTANTS | | |
|--|---|-----|
| HYLAMEND GEL FIRST AID | - | NC |
| IODINE ANTISEPTICS | | |
| BETADINE SOLN | - | EXC |
| FIRST AID OINTMENT | - | EXC |

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

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| ANTISEPTICS & DISINFECTANTS Cont. | | |
| IODOFLEX PAD | - | Non-Pref erred Brands |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| APRETUDE SUSP | - | EXC |
| SUNLENCA INJ | - | EXC |
| VOCABRIA TAB | - | EXC |
| CABENUVA IM SUSP | - | NC |
| SUNLENCA TAB | - | NC |
| COMBIVIR TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| DOVATO TAB | - | Non-Pref erred Brands |
| EMTRIVA CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| EPIVIR SOLN (QL= 960ml/30 days) | QL | Non-Pref erred Brands |
| EPIVIR TAB 150MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| EPIVIR TAB 300MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| EPZICOM TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| INTELENCE TAB 100MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| INTELENCE TAB 200MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| KALETRA SOLN (QL= 480ml/30 days) | QL | Non-Pref erred Brands |
| KALETRA TAB 100-25MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| KALETRA TAB 200-50MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| LEXIVA SUSP (QL= 1800ml/30 days) | QL | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|--------------------------------------|---------------------|-----------------------------|
| ANTIVIRALS Cont. | | |
| LEXIVA TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| NORVIR TAB (QL= 12 tabs/day) | QL | Non-Pref erred Brands |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| PREZISTA TAB 800MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| RETROVIR CAP (QL= 6 caps/day) | QL | Non-Pref erred Brands |
| RETROVIR SYRUP (QL= 1920ml/30 days) | QL | Non-Pref erred Brands |
| RETROVIR TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| REYATAZ CAP 150 MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| REYATAZ CAP 200MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| REYATAZ CAP 300MG (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| RUKOBIA ER TAB (QL= 60 tabs/30 days) | QL | Non-Pref erred Brands |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| STAVUDINE CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| SUSTIVA TAB | - | Non-Pref erred Brands |
| SYMFI (LO) TAB | - | Non-Pref erred Brands |
| TRIZIVIR TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMS | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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PeaceHealth Formulary
Category/Class
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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| ANTIVIRALS Cont. | | |
| TRUVADA TAB (QL= 30 tabs/30 days) | QL | Non-Pref erred Brands |
| VIRAMUNE SUSP (QL= 1200ml/30 days) | QL | Non-Pref erred Brands |
| VIRAMUNE TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| VIRAMUNE XR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| VIREAD TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ZERIT CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| ZIAGEN SOLN (QL= 960ml/30 days) | QL | Non-Pref erred Brands |
| ZIAGEN TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| APTIVUS CAP (QL= 4 caps/day) | QL | Preferred Brands |
| APTIVUS SOLN (QL= 380ml/30 days) | QL | Preferred Brands |
| ATRIPLA TAB (QL= 1 tab/day) | QL | Preferred Brands |
| BIKTARVY TAB (QL= 1 tab/day) | QL | Preferred Brands |
| CIMDUO TAB | - | Preferred Brands |
| COMPLERA TAB (QL= 1 tab/day) | QL | Preferred Brands |
| CRIXIVAN CAP | - | Preferred Brands |
| DELSTRIGO TAB | - | Preferred Brands |
| DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | PA-QL-RDX | Preferred Brands |
| DIDANOSINE DR CAP (QL= 2 caps/day) | QL | Preferred Brands |
| EDURANT TAB (QL= 1 tab/day) | QL | Preferred Brands |
| EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| EVOTAZ TAB (QL= 1 tab/day) | QL | Preferred Brands |
| GENVOYA TAB (QL= 1 tab/day) | QL | Preferred Brands |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|------------------|
| ANTIVIRALS Cont. | | |
| INTELENCE TAB (QL= 4 tabs/day) | QL | Preferred Brands |
| INTELENCE TAB 25MG (QL= 4 tabs/day) | QL | Preferred Brands |
| INVIRASE CAP (QL= 10 caps/day) | QL | Preferred Brands |
| INVIRASE TAB (QL= 4 tabs/day) | QL | Preferred Brands |
| ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| JULUCA TAB (QL= 1 tab/day) | QL | Preferred Brands |
| KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| NEVIRAPINE ER TAB (QL= 3 tabs/day) | QL | Preferred Brands |
| NEVIRAPINE SUSP (QL= 1200ml/30 days) | QL | Preferred Brands |
| NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| ODEFSEY TAB (QL= 1 tab/day) | QL | Preferred Brands |
| PIFELTRO TAB | - | Preferred Brands |
| PREZCOBIX TAB (QL= 1 tab/day) | QL | Preferred Brands |
| PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| PREZISTA TAB (QL= 1 tab/day) | QL | Preferred Brands |
| PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Preferred Brands |
| PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| RESCRIPTOR TAB | - | Preferred Brands |
| REYATAZ POWDER PACK (QL= 5 packets/day) | QL | Preferred Brands |
| SELZENTRY SOLN (QL= 31ml/day) | QL | Preferred Brands |

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| | | | | | |
|------|--|------|--|------|--|
| AMSP | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program | EXC | generic =small letters Plan Exclusion | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | OTC | Over-the-Counter |
| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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**PeaceHealth Formulary
Category/Class
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| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| ANTIVIRALS Cont. | | |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Preferred Brands |
| SELZENTRY TAB 25MG (QL= 4 tabs/day) | QL | Preferred Brands |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Preferred Brands |
| SELZENTRY TAB 75MG (QL= 2 tabs/day) | QL | Preferred Brands |
| STRIBILD TAB (QL= 1 tab/day) | QL | Preferred Brands |
| SYMTUZA TAB | - | Preferred Brands |
| TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| TRIUMEQ PD TAB (QL= 6 tabs/day) | QL | Preferred Brands |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | Preferred Brands |
| TYBOST TAB | - | Preferred Brands |
| VIDEX SOLN (QL= 600ml/30 days) | QL | Preferred Brands |
| VIRACEPT TAB | - | Preferred Brands |
| VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP) | RDX | Preferred Brands |
| VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preferred Brands |
| FUZEON INJ | AMSP | Preferred Specialty |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preventive |
| abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days) | QL | Select |
| abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day) | QL | Select |
| abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day) | QL | Select |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day) | QL | Select |
| atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select |
| atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select |
| atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day) | QL | Select |
| darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day) | QL | Select |
| EFAVIRENZ CAP | - | Select |
| efavirenz tab (SUSTIVA equiv) | - | Select |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | Select |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | Select |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ANTIVIRALS Cont. | | |
| emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day) | QL | Select |
| etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day) | QL | Select |
| fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day) | QL | Select |
| lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days) | QL | Select |
| lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day) | QL | Select |
| lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day) | QL | Select |
| lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day) | QL | Select |
| maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day) | QL | Select |
| nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day) | QL | Select |
| nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day) | QL | Select |
| ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| stavudine cap (ZERIT equiv) (QL= 2 caps/day) | QL | Select |
| tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Select |
| zidovudine cap (RETROVIR equiv) (QL= 6 caps/day) | QL | Select |
| zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days) | QL | Select |
| zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day) | QL | Select |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older) | QL | Preferred Brands |
| PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older) | QL | Preferred Brands |
| CMV AGENTS | | |
| LIVTENCITY TAB (QL= 112 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
| PREVYMIS TAB | PA-PMSP | Non-Pref erred Specialty |
| valganciclovir soln (VALCYTE equiv) | - | Select |
| valganciclovir tab (VALCYTE equiv) | - | Select |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | Generic Specialty |

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| | | | | | |
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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| ANTIVIRALS Cont. | | |
| lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty |
| RIBAVIRIN CAP | AMSP | Generic Specialty |
| ribavirin cap (REBETOL equiv) | AMSP-PMSP | Generic Specialty |
| RIBAVIRIN TAB | PMSP | Generic Specialty |
| INCIVEK TAB | - | NC |
| BARACLUDE TAB (QL= 1 tab/day) | PMSP-QL | Non-Pref erred Specialty |
| DAKLINZA TAB (Only available through Lumicera 855-847-3553) | LMSP-PA | Non-Pref erred Specialty |
| EPCLUSA PAK (QL= 1 packet/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| EPCLUSA TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| EPIVIR HBV TAB (QL= 1 tab/day) | PMSP-QL | Non-Pref erred Specialty |
| HARVONI PELLETT PAK (QL= 28 tabs/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| HARVONI TAB (QL= 28 tabs/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| HEPSERA TAB (QL= 1 tab/day) | PMSP-QL | Non-Pref erred Specialty |
| MODERIBA TAB | AMSP-PA | Non-Pref erred Specialty |
| OLYSIO CAP (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| SOVALDI PELLETT PAK | PMSP | Non-Pref erred Specialty |
| SOVALDI TAB (QL= 28 tabs/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| VIEKIRA PAK TAB (QL= 4 tabs/day) | PA-PMSP-QL | Non-Pref erred Specialty |

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| | | | | | |
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| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| ANTIVIRALS Cont. | | |
| VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553) | LMSP-PA-QL | Non-Pref erred Specialty |
| ZEPATIER TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| BARACLUDE SOLN (QL= 630ml/30 days) | PA-PMSP-QL | Preferred Specialty |
| EPIVIR HBV SOLN (QL= 720ml/30 days) | PMSP-QL | Preferred Specialty |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | AMSP-QL | Preferred Specialty |
| MAVYRET PAK (QL= 5 packets/day) | AMSP-QL | Preferred Specialty |
| MAVYRET TAB (QL= 3 tabs/day) | PMSP-QL | Preferred Specialty |
| PEGASYS INJ | AMSP-PA-PMSP | Preferred Specialty |
| PEG-INTRON INJ | PMSP | Preferred Specialty |
| REBETOL SOLN | AMSP | Preferred Specialty |
| RIBAPAK TAB (Step Therapy requires trial of ribavirin) | AMSP-ST | Preferred Specialty |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | AMSP-QL | Preferred Specialty |
| TYZEKA TAB (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| VEMLIDY TAB (QL= 1 tab/day) | PMSP-QL | Preferred Specialty |
| VOSEVI TAB (QL= 1 tab/day) | PA-PMSP-QL | Preferred Specialty |

HERPES AGENTS

| | | |
|--|-------|-----------------------------|
| SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir) | QL-ST | Non-Pref erred Brands |
| acyclovir cap (ZOVIRAX equiv) | - | Select |
| acyclovir susp (ZOVIRAX equiv) | - | Select |
| acyclovir tab (ZOVIRAX equiv) | - | Select |
| famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select |
| famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select |
| famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month) | QL | Select |
| valacyclovir tab (VALTREX equiv) | - | Select |

INFLUENZA AGENTS

| | | |
|---|----|-----------------------------|
| TAMIFLU CAP 30MG (QL= 40 caps/183 days) | QL | Non-Pref erred Brands |
| TAMIFLU CAP 45MG (QL= 40 caps/183 days) | QL | Non-Pref erred Brands |

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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

**PeaceHealth Formulary
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| DrugName | Special Code | Tier | | | |
|--|--|-------------------------------|--|-------------------------|---|
| ANTIVIRALS Cont. | | | | | |
| TAMIFLU CAP 75MG (QL= 20 caps/183 days) | QL | Non-Pref erred Brands | | | |
| TAMIFLU SUSP (QL= 360ml/183 days) | QL | Non-Pref erred Brands | | | |
| XOFLUZA TAB (QL= 2 tabs/120 days) | QL | Non-Pref erred Brands | | | |
| XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days) | QL | Non-Pref erred Brands | | | |
| XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days) | QL | Non-Pref erred Brands | | | |
| RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month) | QL | Preferred Brands | | | |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select | | | |
| oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select | | | |
| oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days) | QL | Select | | | |
| oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days) | QL | Select | | | |
| RIMANTADINE TAB | - | Select | | | |
| MISC. ANTIVIRALS | | | | | |
| TEMBEXA SUSP | - | NC | | | |
| TEMBEXA TAB | - | NC | | | |
| LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older) | QL | Preferred Brands | | | |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | Preventiv e | | | |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | | | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | EXC | | | |
| ASSORTED CLASSES | | | | | |
| CHELATING AGENTS | | | | | |
| D-PENAMINE TAB | - | Preferred Brands | | | |
| HOMEOPATHIC PRODUCTS | | | | | |
| STREPTOCOCCINUM MIS | - | Preferred Brands | | | |
| IMMUNOMODULATORS | | | | | |
| THALOMID CAP (QL= 2 caps/day) | PMSP-QL | Preferred Specialty | | | |
| IMMUNOSUPPRESSIVE AGENTS | | | | | |
| cyclosporine cap (SANDIMMUNE equiv) | - | High Cost Generics | | | |
| sirolimus tab (RAPAMUNE equiv) | - | High Cost Generics | | | |
| ENVARUSUS XR TAB | - | Non-Pref erred Brands | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| AMSP LMSP PA RDX ST | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Restricted to Diagnosis Step Therapy | EXC M PMSP SF VAC | generic =small letters Plan Exclusion Medical Benefit PeaceHealth Mandatory Specialty Pharmacy Program Limited to two 15 day fills per month for first 3 months Vaccine Program | LD OTC QL SMKG | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Quantity Limit Smoking Cessation |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|--------------|----------------------|
| ASSORTED CLASSES Cont. | | |
| SANDIMMUNE SOLN 100MG/ML | - | Non-Preferred Brands |
| azathioprine tab (IMURAN equiv) | - | Select |
| cyclosporine modified cap (NEORAL equiv) | - | Select |
| cyclosporine modified soln (NEORAL equiv) | - | Select |
| mycophenolate DR tab (MYFORTIC equiv) | - | Select |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | Select |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | Select |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | Select |
| tacrolimus cap (PROGRAF equiv) | - | Select |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene powder (KAYEXALATE equiv) | - | High Cost Generics |
| sodium polystyrene susp (SPS equiv) | - | High Cost Generics |
| VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma) | QL-ST | Preferred Brands |

BETA BLOCKERS

| ALPHA-BETA BLOCKERS | | |
|--|---|--------------------|
| LABETALOL HCL IV SOLN | - | EXC |
| carvedilol phosphate ER cap (COREG CR equiv) | - | High Cost Generics |
| carvedilol tab (COREG equiv) | - | Select |
| labetalol tab (NORMODYNE equiv) | - | Select |

| BETA BLOCKERS CARDIO-SELECTIVE | | |
|---|-------|----------------------|
| BYSTOLIC TAB (QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol) | QL-ST | Non-Preferred Brands |
| BYSTOLIC TAB 20MG (QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap) | QL-ST | Non-Preferred Brands |
| KAPSPARGO CAP | - | Non-Preferred Brands |
| acebutolol cap (SECTRAL equiv) | - | Select |
| atenolol tab (TENORMIN equiv) | - | Select |
| betaxolol tab (KERLONE equiv) | - | Select |
| bisoprolol tab (ZEBETA equiv) | - | Select |
| metoprolol ER tab (TOPROL XL equiv) | - | Select |
| metoprolol tab (LOPRESSOR equiv) | - | Select |
| nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day) | QL | Select |

| BETA BLOCKERS NON-SELECTIVE | | |
|------------------------------------|---|----------------------|
| HEMANGEOL SOLN | - | Non-Preferred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---------------------------------------|---------------------|-----------------------------|
| BETA BLOCKERS Cont. | | |
| INDERAL XL CAP, INNOPRAN XL CAP | - | Non-Pref erred Brands |
| SOTYLIZE SOLN | - | Non-Pref erred Brands |
| nadolol tab (CORGARD equiv) | - | Select |
| pindolol tab (VISKEN equiv) | - | Select |
| propranolol ER cap (INDERAL LA equiv) | - | Select |
| propranolol oral soln | - | Select |
| PROPRANOLOL SOLN | - | Select |
| propranolol tab (INDERAL equiv) | - | Select |
| sotalol AF tab (BETAPACE AF equiv) | - | Select |
| sotalol tab (BETAPACE equiv) | - | Select |
| timolol maleate tab (BLOCADREN equiv) | - | Select |

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

| | | |
|---------------------------------------|----|---------------------|
| GRASTEK SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands |
| ORALAIR SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands |
| RAGWITEK SL TAB (QL= 30 tabs/30 days) | QL | Preferred Brands |

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

| | | |
|---|-------|-----------------------------|
| CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib) | QL-ST | Non-Pref erred Brands |
|---|-------|-----------------------------|

CALCIUM CHANNEL BLOCKERS

| | | |
|---|-------|-----------------------------|
| NICARDIPINE INJ | - | EXC |
| nimodipine cap (NIMOTOP equiv) | - | High Cost Generics |
| nisoldipine ER tab (SULAR equiv) | - | High Cost Generics |
| verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan)) | ST | High Cost Generics |
| CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine) | QL-ST | Non-Pref erred Brands |
| KATERZIA SUSP (Step Therapy requires trial of amlodipine) | ST | Non-Pref erred Brands |
| NORLIQVA ORAL SOLN (QL= 300ml/30 days) | QL | Non-Pref erred Brands |
| NYMALIZE SOLN | - | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| VERAPAMIL CAP ER | - | Non-Pref erred Brands |
| VERELAN CAP | - | Non-Pref erred Brands |
| VERELAN PM ER CAP | - | Non-Pref erred Brands |
| amlodipine tab (NORVASC equiv) | - | Select |
| diltiazem ER cap (CARDIZEM CD equiv) | - | Select |
| diltiazem ER cap (CARDIZEM SR equiv) | - | Select |
| diltiazem ER cap (DILACOR XR equiv) | - | Select |
| diltiazem ER cap (TIAZAC equiv) | - | Select |
| diltiazem ER tab (CARDIZEM LA equiv) | - | Select |
| diltiazem tab (CARDIZEM equiv) | - | Select |
| felodipine ER tab (PLENDIL equiv) | - | Select |
| isradipine cap (DYNACIRC equiv) | - | Select |
| nicardipine cap (CARDENE equiv) | - | Select |
| nifedipine cap (PROCARDIA equiv) | - | Select |
| nifedipine ER tab (ADALAT CC equiv) | - | Select |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | Select |
| verapamil tab (CALAN equiv) | - | Select |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|---|----|-----------------------------|
| digoxin soln (LANOXIN equiv) | - | High Cost Generics |
| LANOXIN INJ | - | NC |
| DIGOXIN SOLN | - | Non-Pref erred Brands |
| LANOXIN INJ 0.1MG/ML | - | Non-Pref erred Brands |
| LANOXIN TAB 62.5MCG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| digoxin tab (LANOXIN equiv) | - | Select |
| digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day) | QL | Select |

INOTROPES

| | | |
|----------------|---|-----|
| DOBUTAMINE INJ | - | EXC |
|----------------|---|-----|

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

| | | |
|---|----------|--------------------------------|
| CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555) | LD-PA-QL | Non-Pref erred Specialty |
|---|----------|--------------------------------|

CARDIOPLEGIC SOLUTIONS

| | | |
|----------------|---|-----|
| ADENOCAINE INJ | - | EXC |
|----------------|---|-----|

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| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)) | QL-ST | High Cost Generics |
| BIDIL TAB (QL= 6 tabs/day) | QL | Non-Preferred Brands |
| CADUET TAB (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)) | QL-ST | Non-Preferred Brands |
| OPSYNVI TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferred Specialty Brands |
| ENTRESTO CAP (QL= 8 caps/day) | QL | Preferred Brands |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | Preferred Brands |
| isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day) | QL | Select |
| CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS | | |
| LODOCO TAB (QL= 30 tabs/30 days) | PA-QL | Non-Preferred Brands |
| CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS | | |
| INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga) | QL-ST | Non-Preferred Brands |
| IMPOTENCE AGENTS | | |
| avanafil tab (STENDRA equiv) | - | EXC |
| STENDRA TAB | - | EXC |
| CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH) | PA-QL | Non-Preferred Brands |
| tadalafil tab (CIALIS equiv) (QL= 1 tab/day) | QL | Select |
| PERIPHERAL VASODILATORS | | |
| ISOXSUPRINE TAB (QL= 120 tabs/30 days) | QL | Preferred Brands |
| PROSTAGLANDIN VASODILATORS | | |
| AURLUMYN INJ 100MCG/ML | - | EXC |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty |

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

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|--------------------------------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| REMODULIN INJ 10MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| REMODULIN INJ 1MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| REMODULIN INJ 2.5MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| REMODULIN INJ 5MG/ML (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| ORENITRAM TAB (Only available through Accredo 888-773-7376) | LD-PA | Preferred Specialty |
| TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |

PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR

| | | |
|---|----------|--------------------------------|
| WINREVAIR INJ (QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | Non-Pref erred Specialty |
|---|----------|--------------------------------|

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

| | | |
|--|------------|--------------------------------|
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| LETAIRIS TAB (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

| | | |
|---|------------|-----------------------------|
| sildenafil susp (REVATIO equiv) (QL= 224ml/30 days) | AMSP-PA-QL | Generic Specialty |
| REVATIO TAB (QL= 3 tabs/day) | QL | Non-Pref erred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
Category/Class
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| DrugName | Special Code | Tier | | | | | | |
|--|--|---|--|--|---|--|--|--|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | | | | | | | |
| LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874) | LD-PA-QL | Non-Pref erred Specialty | | | | | | |
| REVATIO SUSP (QL= 224ml/30 days) | PA-PMSP-QL | Non-Pref erred Specialty | | | | | | |
| TADLIQ SUSP (QL= 10ml/day) | AMSP-PA-QL | Non-Pref erred Specialty | | | | | | |
| sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day) | QL | Select | | | | | | |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | Select | | | | | | |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | | | | | | | |
| UPTRAVI INJ | - | EXC | | | | | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | | | | | | |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | | | | | | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty | | | | | | |
| SINUS NODE INHIBITORS | | | | | | | | |
| CORLANOR SOLN | PA | Non-Pref erred Brands | | | | | | |
| CORLANOR TAB (QL= 60 tabs/30 days) | PA-QL | Non-Pref erred Brands | | | | | | |
| ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days) | PA-QL | Select | | | | | | |
| TRANSTHYRETIN STABILIZERS | | | | | | | | |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty | | | | | | |
| VYNDAQEL CAP (QL= 4 caps/day) | PA-PMSP-QL | Non-Pref erred Specialty | | | | | | |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | | | | | | | |
| VERQUVO TAB (QL= 30 tabs/30 days) | QL | Non-Pref erred Brands | | | | | | |
| CEPHALOSPORINS | | | | | | | | |
| CEPHALOSPORINS - 1ST GENERATION | | | | | | | | |
| CEFAZOLIN INJ | - | EXC | | | | | | |
| CEFAZOLIN INJ DEXTROSE | - | EXC | | | | | | |
| CEFAZOLIN SODIUM IV SOLN PEF SYRINGE | - | EXC | | | | | | |
| cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap) | QL-ST | High Cost Generics | | | | | | |
| CEFADROXIL TAB | - | Non-Pref erred Brands | | | | | | |
| cefadroxil cap (DURICEF equiv) | - | Select | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization RDX Restricted to Diagnosis ST Step Therapy </td> <td style="width: 33%;"> EXC M PMSP SF VAC </td> <td style="width: 33%;"> generic =small letters Plan Exclusion Medical Benefit PeaceHealth Mandatory Specialty Pharmacy Program Limited to two 15 day fills per month for first 3 months Vaccine Program </td> </tr> <tr> <td colspan="3"> BRANDS =CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation </td> </tr> </table> | | | AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization RDX Restricted to Diagnosis ST Step Therapy | EXC M PMSP SF VAC | generic =small letters Plan Exclusion Medical Benefit PeaceHealth Mandatory Specialty Pharmacy Program Limited to two 15 day fills per month for first 3 months Vaccine Program | BRANDS =CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation | | |
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|--|---------------------|-----------------------------|
| CEPHALOSPORINS Cont. | | |
| cefadroxil susp (DURICEF equiv) | - | Select |
| cefadroxil tab (DURICEF equiv) | - | Select |
| cephalexin cap (KEFLEX equiv) | - | Select |
| cephalexin susp (KEFLEX equiv) | - | Select |
| cephalexin tab | - | Select |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefotetan disodium for inj (CEFOTETAN equiv) | - | EXC |
| CEFOTETAN INJ | - | EXC |
| CEFACLOR CAP | - | Non-Pref erred Brands |
| CEFACLOR ER TAB | - | Non-Pref erred Brands |
| CEFACLOR SUSP | - | Non-Pref erred Brands |
| cefprozil susp (CEFZIL equiv) | - | Select |
| cefprozil tab (CEFZIL equiv) | - | Select |
| cefuroxime tab (CEFTIN equiv) | - | Select |
| CEPHALOSPORINS - 3RD GENERATION | | |
| CEFDITOREN TAB | - | Non-Pref erred Brands |
| SPECTRACEF TAB | - | Non-Pref erred Brands |
| SUPRAX CAP | - | Non-Pref erred Brands |
| SUPRAX CHEW TAB | - | Non-Pref erred Brands |
| SUPRAX SUSP | - | Non-Pref erred Brands |
| cefdinir cap (OMNICEF equiv) | - | Select |
| cefdinir susp (OMNICEF equiv) | - | Select |
| cefixime cap (SUPRAX equiv) | - | Select |
| cefixime susp (SUPRAX equiv) | - | Select |
| cefpodoxime proxetil susp (VANTIN equiv) | - | Select |
| cefpodoxime proxetil tab (VANTIN equiv) | - | Select |

CHEMICALS

BULK CHEMICALS - A'S

| | | |
|-------------------------|---|-----|
| AMLEXANOX (BULK) POWDER | - | EXC |
|-------------------------|---|-----|

BULK CHEMICALS - E'S

| | | |
|-----------------------------|---|-----|
| EFLORNITHINE POWDER | - | EXC |
| ERLOTINIB HCL (BULK) POWDER | - | EXC |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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|-------------------------------|--------------|------|
| CHEMICALS Cont. | | |
| BULK CHEMICALS - H'S | | |
| HYDROCORTISONE POWDER | - | EXC |
| HYDROCORTISONE ACETATE POWDER | - | EXC |
| HYDROCORTISONE POWDER | - | EXC |
| BULK CHEMICALS - L'S | | |
| LATANOPROST OIL | - | EXC |
| BULK CHEMICALS - M'S | | |
| MODAFINIL POW | - | EXC |
| BULK CHEMICALS - P'S | | |
| CASTOR OIL POLY 40 | - | EXC |
| BULK CHEMICALS - R'S | | |
| ROSUVASTATIN POW CALCIUM | - | EXC |
| BULK CHEMICALS - S'S | | |
| SQUALENE LIQ | - | EXC |
| BULK CHEMICALS - T'S | | |
| TRAMETINIB POWDER | - | EXC |
| XILOGEL POWDER | - | EXC |
| BULK CHEMICALS - V'S | | |
| VITAMIN A OIL | - | EXC |

CONTRACEPTIVES

| | | |
|---|----|-----------------------------|
| COMBINATION CONTRACEPTIVES - ORAL | | |
| YASMIN TAB | - | NC |
| BALCOLTRA TAB | - | Non-Pref erred Brands |
| BEYAZ TAB | - | Non-Pref erred Brands |
| FALESSA KIT | - | Non-Pref erred Brands |
| FEMLYV TAB (QL= 28 tabs/24 days) | QL | Non-Pref erred Brands |
| SEASONIQUE TAB (QL= 91 tabs/84 days) | QL | Non-Pref erred Brands |
| YAZ TAB | - | Non-Pref erred Brands |
| amethyst tab (LYBREL equiv) | - | Preventiv e |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | Preventiv e |
| cryselle tab | - | Preventiv e |

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| DrugName | Special Code | Tier |
|--|--------------|------------|
| CONTRACEPTIVES Cont. | | |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | Preventive |
| enpresse tab (TRI-LEVELLEN equiv) | - | Preventive |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | Preventive |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | Preventive |
| junel FE tab (LOESTRIN FE equiv) | - | Preventive |
| junel tab (LOESTRIN equiv) | - | Preventive |
| kelnor tab (DEMULEN equiv) | - | Preventive |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | Preventive |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | Preventive |
| LO LOESTRIN TAB | - | Preventive |
| mibelas chew tab (MINASTRIN equiv) | - | Preventive |
| NATAZIA TAB | - | Preventive |
| NEXTSTELLIS TAB (QL= 28 tabs/24 days) | QL | Preventive |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) | - | Preventive |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | Preventive |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | Preventive |
| nortrel tab (OVCON 35 equiv) | - | Preventive |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | Preventive |
| tri-legest tab (ESTROSTEP FE equiv) | - | Preventive |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | Preventive |
| TYBLUME TAB | - | Preventive |
| VELIVET PAK | - | Preventive |
| velivet tab (CYCLESSA equiv) | - | Preventive |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | Preventive |
| viorele tab, kariva tab (MIRCETTE equiv) | - | Preventive |

COMBINATION CONTRACEPTIVES - TRANSDERMAL

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Last Updated* 11/15/2024**

| DrugName | Special Code | Tier |
|--|---------------------|----------------------|
| CONTRACEPTIVES Cont. | | |
| TWIRLA PATCH | - | Preventive |
| zafemy patch (XULANE equiv) | - | Preventive |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | Non-Preferred Brands |
| ANNOVERA RING | - | Preventive |
| eluryng vaginal ring (NUVARING equiv) | - | Preventive |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | Preventive |
| EMERGENCY CONTRACEPTIVES | | |
| PLAN B TAB | OTC | Non-Preferred Brands |
| ELLA TAB | - | Preventive |
| levonorgestrel tab (PLAN B equiv) | OTC | Preventive |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | Preventive |
| NEXPLANON IMPLANT | - | Preventive |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA INJ (QL= 1 inj/84 days) | QL | Non-Preferred Brands |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days) | QL | Preventive |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days) | QL | Preventive |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| KYLEENA IUD | - | Preventive |
| MIRENA IUD | - | Preventive |
| SKYLA IUD | - | Preventive |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | Preventive |
| OPILL TAB | - | Preventive |
| SLYND TAB | - | Preventive |

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Category/Class
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| BLT-25 KIT | - | EXC |
| HEXATRIONE SUSP | - | EXC |
| budesonide ER tab (UCERIS equiv) | - | High Cost Generics |
| prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln) | ST | High Cost Generics |
| prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln) | ST | High Cost Generics |
| LIDOLOG KIT | - | NC |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC |
| ALKINDI SPRINKLE CAP | PA | Non-Pref erred Brands |
| DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln) | ST | Non-Pref erred Brands |
| FLO-PRED SUSP | - | Non-Pref erred Brands |
| MILLIPRED DP PAK | - | Non-Pref erred Brands |
| MILLIPRED TAB | - | Non-Pref erred Brands |
| ORTIKOS ER CAP | - | Non-Pref erred Brands |
| PREDNISOLONE ODT TAB | - | Non-Pref erred Brands |
| RAYOS TAB | PA | Non-Pref erred Brands |
| SOLU-CORTEF INJ | - | Non-Pref erred Brands |
| AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty |
| EMFLAZA SUSP (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty |
| EMFLAZA TAB (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty |
| TARPEYO CAP (QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |

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|---|---------------------|---------------------|
| CORTICOSTEROIDS Cont. | | |
| CORTISONE ACETATE TAB | - | Preferred Brands |
| DEXAMETHASONE CONC | - | Preferred Brands |
| DEXAMETHASONE SOLN | - | Preferred Brands |
| DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days) | QL | Preferred Brands |
| DEXPAK TAB (Step Therapy requires trial of dexamethasone) | ST | Preferred Brands |
| EOHILIA SUS 2MG/10ML (Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)) | RDX-ST | Preferred Brands |
| PREDNISOLONE SOLN | - | Preferred Brands |
| SOLU-CORTEF INJ | - | Preferred Brands |
| deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376) | LD-PA | Preferred Specialty |
| deflazacort tab (EMFLAZA equiv) | AMSP-PA | Preferred Specialty |
| budesonide SR cap (ENTOCORT EC equiv) | - | Select |
| dexamethasone elixir | - | Select |
| dexamethasone pak (DEXPAK equiv) | - | Select |
| dexamethasone tab (DEXAMETHASONE equiv) | - | Select |
| hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv) | - | Select |
| hydrocortisone tab (CORTEF equiv) | - | Select |
| methylprednisolone dose pack (MEDROL equiv) | - | Select |
| methylprednisolone tab (MEDROL equiv) | - | Select |
| PREDNISOLONE SOLN | - | Select |
| prednisolone soln (PEDIAPRED equiv) | - | Select |
| prednisone pack | - | Select |
| PREDNISONONE SOLN | - | Select |
| prednisone tab (DELTASONE equiv) | - | Select |
| MINERALOCORTICOIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | Select |

COUGH/COLD/ALLERGY

ANTITUSSIVES

| | | |
|---|---|----------------------|
| DEXTROMETHORPHAN HBR CHEW TAB | - | EXC |
| HYCODAN SYRUP | - | Non-Preferred Brands |
| benzonatate cap (TESSALON equiv) | - | Select |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | Select |
| tussion tab (HYCODAN equiv) | - | Select |

COUGH/COLD/ALLERGY COMBINATIONS

| | | |
|----------------------------|-----|-----|
| ACETAMINOPHEN W/ DM LIQUID | OTC | EXC |
| ADVIL COLD/SINUS CAP | - | EXC |
| ALAHIST DM LIQ | OTC | EXC |

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|--|--------------|------|
| COUGH/COLD/ALLERGY Cont. | | |
| ALAHIST DM LIQUID | OTC | EXC |
| ALKA-SELTZER PAK PLUS | - | EXC |
| ALLEGRA-D 24-HOUR TAB | - | EXC |
| ALLEGRA-D TAB | - | EXC |
| ALLEGRA-D TAB 12 HOUR | - | EXC |
| ALLERGY CONGESTION TAB | - | EXC |
| BENADRYL SOLN CHILD | OTC | EXC |
| CAPRON DM LIQUID | - | EXC |
| cetirizine/pseudoephedrine tab 5-120mg | - | EXC |
| CLARINEX-D TAB | - | EXC |
| CLARITIN-D TAB 10-240MG | - | EXC |
| CLARITIN-D TAB 5-120MG | - | EXC |
| CPB WC LIQUID | - | EXC |
| DECON-A LIQUID | OTC | EXC |
| dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv) | - | EXC |
| dextromethorphan-pyrimamine liquid (CAPRON equiv) | - | EXC |
| DIMETAPP LIQUID | - | EXC |
| diphenhydramine-phenylephrine tab | - | EXC |
| diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv) | - | EXC |
| DOXYLAMINE-DM CHEW TAB | - | EXC |
| doxylamine-dm liquid (ROBITUSSIN equiv) | - | EXC |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | - | EXC |
| fexofenadine/pseudoephedrine tab 60-120mg | - | EXC |
| G HIST FORTE TAB | - | EXC |
| G-HIST PE TAB | - | EXC |
| GLENTUSS LIQUID | - | EXC |
| guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv) | - | EXC |
| HYCOFENIX SOLN | - | EXC |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) | - | EXC |
| loratadine/pseudoephedrine tab 10-240mg | - | EXC |
| loratadine/pseudoephedrine tab 5-120mg | - | EXC |
| LORTUSS DM LIQUID | - | EXC |
| MUCINEX CAP DAY/NITE | - | EXC |
| MUCINEX CHILD PAK COUGH | - | EXC |
| MUCINEX COLD/FLU CAP | OTC | EXC |
| mucus D max tab | - | EXC |
| PEDIACARE MS LIQ COLD | - | EXC |
| PEDIATEX TDM SUSP | - | EXC |
| pe-dm-gg-apap cap and pe-doxyl-dm-apap cap therapy pack (RA DAY/NIGHT equiv) | - | EXC |
| PHENYLEPHRINE-CHLORPHEN-DM TAB | OTC | EXC |
| phenylephrine-dexbrompheniramine-dm liquid (ALAHIST equiv) | OTC | EXC |
| PHENYLEPHRINE-DOXYLAMINE-DM LIQUID | - | EXC |
| PHENYLEPH-TRIPROLIDINE-DM LIQUID | - | EXC |
| POLYTUSSIN LIQ DM | OTC | EXC |
| pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv) | OTC | EXC |
| pseudoephedrine-ibuprofen cap | - | EXC |
| ROBITUSSIN COUGH DM LIQUID | - | EXC |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|----------------------|
| COUGH/COLD/ALLERGY Cont. | | |
| ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML | - | EXC |
| ROBITUSSIN LIQ DM | - | EXC |
| SB FLU HBP TAB | OTC | EXC |
| THERAFLU SEV PAK COLD RLF | - | EXC |
| THERAFLU SEV PAK NIGHTTIM | - | EXC |
| TRIPONEL SOLN | - | EXC |
| TRIPROLIDINE-DEXTROMETHORPHAN LIQUID | OTC | EXC |
| TUSNEL SYRUP | - | EXC |
| TUSSIN COUGH LIQUID DM | - | EXC |
| VANACOF 2 SOL 12.5-1MG | - | EXC |
| VANACOF CP LIQ | - | EXC |
| VANACOF LIQUID | - | EXC |
| ZYRTEC-D TAB 5-120MG | - | EXC |
| ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days) | QL | Non-Preferred Brands |
| MUCINEX LIQUID | - | Non-Preferred Brands |
| OBREDON SOLN (QL= 1800ml/30 days) | QL | Non-Preferred Brands |
| POLY-TUSSIN DM SYRUP | - | Non-Preferred Brands |
| TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days) | QL | Non-Preferred Brands |
| TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days) | QL | Non-Preferred Brands |
| TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days) | QL | Non-Preferred Brands |
| ACTINEL LIQUID (QL= 1200ml/30 days) | QL | Preferred Brands |
| BROMFED DM SYRUP | - | Preferred Brands |
| CAPMIST DM TAB (QL= 4 tabs/day) | QL | Preferred Brands |
| CLARINEX-D TAB | - | Preferred Brands |
| CLARINEX-D TAB 12 HOUR | - | Preferred Brands |
| CODITUSSIN LIQUID DAC (QL= 1200ml/30 days) | QL | Preferred Brands |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month) | OTC-QL | Preferred Brands |
| LORTUSS LIQUID (QL= 1200ml/30 days) | QL | Preferred Brands |

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|---|---------------------|----------------------|
| COUGH/COLD/ALLERGY Cont. | | |
| MAR-COF CG LIQUID (QL= 473ml/month) | QL | Preferred Brands |
| M-END DMX LIQUID (QL= 1800ml/30 days) | QL | Preferred Brands |
| NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days) | QL | Preferred Brands |
| PHENYLEPHRINE W/ DM-GG TAB | OTC | Preferred Brands |
| SEMPREX-D CAP 8-60MG | - | Preferred Brands |
| STAHIST AD TAB 25-60MG (QL= 4 tabs/day) | QL | Preferred Brands |
| ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days) | QL | Select |
| cold/allergy elx children (QL= 2400ml/30 days) | QL | Select |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month) | OTC-QL | Select |
| HYD POL/CPM SUSP (QL= 10ml/day) | QL | Select |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) | - | Select |
| ibuprofen tab cold/sinus (QL= 240 tabs/30 days) | QL | Select |
| LORTUSS EX LIQUID (QL= 1200ml/30 days) | QL | Select |
| promethazine DM syrup | - | Select |
| PROMETHAZINE VC SYRUP | - | Select |
| promethazine VC syrup (PHENERGAN VC equiv) | - | Select |
| PROMETHAZINE VC/CODEINE SYRUP | - | Select |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | Select |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | Select |
| pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv) | - | Select |
| triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day) | QL | Select |
| trispesic pse liquid (QL= 1200ml/30 days) | OTC-QL | Select |
| tussin cf liquid (QL= 1200ml/30 days) | QL | Select |
| EXPECTORANTS | | |
| GUAIFENESEN SYRUP | - | NC |
| MUCINEX TAB | - | Non-Preferred Brands |
| SSKI ORAL SOLN (QL= 90ml/30 days) | QL | Non-Preferred Brands |
| potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days) | QL | Select |
| MISC. RESPIRATORY INHALANTS | | |
| NEBUSAL NEB SOLN | - | Non-Preferred Brands |
| sodium chloride neb soln (HYPER-SAL equiv) | - | Select |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | Select |

DERMATOLOGICALS

| | | |
|--|---|-----|
| ACNE PRODUCTS | | |
| ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL | - | EXC |

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|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| AVAR AEROSOL FOAM | - | EXC |
| AVAR GEL | - | EXC |
| AVAR PAD | - | EXC |
| BENZAMYCIN GEL PACK | - | EXC |
| benzoyl peroxide wash kit | - | EXC |
| CABTREO GEL | - | EXC |
| CLARIFOAM EF FOAM | - | EXC |
| CLENIA PLUS SUSP | - | EXC |
| CLINDAVIX KIT | - | EXC |
| DEOXIATAR SOLN | - | EXC |
| DIADIMAXIA, DIASDIMAXIA CREAM | - | EXC |
| DIAOXIA, DIASOXIA CREAM | - | EXC |
| DIASAXIATAR CREAM | - | EXC |
| DIASAXIATAR GEL | - | EXC |
| DIFFERIN GEL 0.1% | OTC | EXC |
| FLUOXIA CREAM | - | EXC |
| INZDEAXIAVAR GEL | - | EXC |
| LOUNZDOMDIOX PAK | - | EXC |
| NIACINAMIDE/SULFACETAMIDE CREAM | - | EXC |
| NIACINAMIDE-TRETINOIN GEL | - | EXC |
| NUCARARXPAK KIT | - | EXC |
| ONZDEAXIADEM GEL | - | EXC |
| ONZDEAXIAZAR GEL | - | EXC |
| OXIAICE LOTION | - | EXC |
| PLEXION LOTION | - | EXC |
| PLEXION SCT CREAM | - | EXC |
| PRASCION RA CREAM | - | EXC |
| ROSULA EMULSION | - | EXC |
| ROSULA GEL | - | EXC |
| ROSULA WASH | - | EXC |
| SALICYLIC ACID/SULFACETAMIDE SUSP | - | EXC |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | EXC |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | EXC |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | EXC |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | EXC |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | EXC |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | EXC |
| sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv) | - | EXC |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | EXC |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | EXC |
| sodium sulfacetamide/sulfur susp (PLEXION TS equiv) | - | EXC |
| sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv) | - | EXC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | EXC |
| SUMADAN KIT, SUMAXIN KIT | - | EXC |
| SUMADAN XLT KIT | - | EXC |
| SUMAXIN WASH | - | EXC |
| TRETIN-X KIT | - | EXC |

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| DERMATOLOGICALS Cont. | | |
| TWYNEO CREAM | OTC | EXC |
| ZMA CLEAR SUSP | - | EXC |
| clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | High Cost Generics |
| clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin) | QL-ST | High Cost Generics |
| dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | High Cost Generics |
| tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | High Cost Generics |
| ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap) | ST | Non-Pref erred Brands |
| ABSORICA LD CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide) | QL-ST | Non-Pref erred Brands |
| ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide) | QL-ST | Non-Pref erred Brands |
| ADAPALENE SOLN (QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands |
| AKLIEF CREAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands |
| ALTRENO LOTION (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands |
| AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | Non-Pref erred Brands |
| ARAZLO LOTION (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands |
| ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days) | QL | Non-Pref erred Brands |
| AZELEX CREAM (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel) | QL-ST | Non-Pref erred Brands |
| BENZAC WASH | - | Non-Pref erred Brands |
| BENZACLIN GEL | - | Non-Pref erred Brands |
| BENZAMYCIN GEL | - | Non-Pref erred Brands |

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|---|---------------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| CLEOCIN-T GEL (QL= 360g/30 days) | QL | Non-Pref erred Brands |
| DIFFERIN CREAM (QL= 360g/30 days) | QL | Non-Pref erred Brands |
| DIFFERIN GEL (QL= 360g/30 days) | QL | Non-Pref erred Brands |
| DIFFERIN LOTION (QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands |
| DUAC GEL | OTC | Non-Pref erred Brands |
| EPIDUO FORTE GEL 0.3-2.5% | - | Non-Pref erred Brands |
| EPIDUO GEL 0.1-2.5% | - | Non-Pref erred Brands |
| ERYGEL GEL | - | Non-Pref erred Brands |
| EVOCLIN FOAM (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | Non-Pref erred Brands |
| FABIOR AEROSOL FOAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands |
| RETIN-A CREAM (QL= 360g/30 days) | QL | Non-Pref erred Brands |
| RETIN-A MICRO GEL 0.04%, 0.1% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands |
| RETIN-A MICRO GEL 0.08%, 0.06% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | QL-ST | Non-Pref erred Brands |
| TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream) | QL-ST | Non-Pref erred Brands |
| WINLEVI CREAM (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin) | QL-ST | Non-Pref erred Brands |
| ZIANA GEL (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin) | QL-ST | Non-Pref erred Brands |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | Preferred Brands |
| BENZEPRO LIQUID CREAMY | OTC | Preferred Brands |

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| BENZIQLS GEL | - | Preferred Brands |
| BENZOYL PEROXIDE CLOTH | - | Preferred Brands |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | Preferred Brands |
| CLINDACIN KIT | - | Preferred Brands |
| EPSOLAY CREAM | - | Preferred Brands |
| RIAX FOAM | - | Preferred Brands |
| adapalene cream (DIFFERIN equiv) (QL= 360g/30 days) | QL | Select |
| adapalene gel (DIFFERIN equiv) | OTC | Select |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | Select |
| adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv) | - | Select |
| amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv) | - | Select |
| benzoyl peroxide cloth | - | Select |
| benzoyl peroxide foam (DAYLOGIC equiv) | OTC | Select |
| benzoyl peroxide gel | - | Select |
| benzoyl peroxide liquid | - | Select |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | Select |
| clindamycin gel (CLEOCIN GEL equiv) | - | Select |
| clindamycin lotion (CLEOCIN- T equiv) | - | Select |
| clindamycin pad (CLEOCIN-T equiv) | - | Select |
| clindamycin topical soln (CLEOCIN-T equiv) | - | Select |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | Select |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | --OTC | Select |
| ERY PAD | - | Select |
| erythromycin gel | - | Select |
| erythromycin pad | - | Select |
| erythromycin soln | - | Select |
| erythromycin/benzoyl peroxide gel | - | Select |
| sodium sulfacetamide lotion (KLARON equiv) | - | Select |
| tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days) | QL | Select |
| tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days) | QL | Select |

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

| | | |
|--------------|---|----------------------|
| VEREGEN OINT | - | Non-Preferred Brands |
|--------------|---|----------------------|

AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES

| | | |
|--------------|---|-----|
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |

ANALGESICS - TOPICAL

| | | |
|---|---|-----|
| BIOFREEZE LIQUID | - | EXC |
| menthol gel (RA COLD GEL THERAPY equiv) | - | EXC |
| MENTHOL GEL 5.5% | - | EXC |
| PRAKETAMIDE CREAM | - | EXC |

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|---|---|-----------------------------|---|--|-------------------------|--|-------------------|----------------------|------------------------|---|-------------------|-----------------------------|---|------------------------|-----------------|---------------------|--|
| DERMATOLOGICALS Cont. | | | | | | | | | | | | | | | | | |
| RA COLD GEL THERAPY | - | EXC | | | | | | | | | | | | | | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC | | | | | | | | | | | | | | | |
| TRAMADOL COMPOUND KIT | - | NC | | | | | | | | | | | | | | | |
| ANTIBIOTICS - TOPICAL | | | | | | | | | | | | | | | | | |
| IDARAN OINT | - | EXC | | | | | | | | | | | | | | | |
| NANRAN OINT | - | EXC | | | | | | | | | | | | | | | |
| ALTABAX OINT | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| BACTROBAN CREAM | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| CENTANY OINT | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| CORTISPORIN CREAM | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| CORTISPORIN OINT | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| NEO-SYNALAR CREAM | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| NEO-SYNALAR KIT | - | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| XEPI CREAM (QL= 30gm/30 days) | QL | Non-Pref erred Brands | | | | | | | | | | | | | | | |
| gentamicin sulfate cream | - | Select | | | | | | | | | | | | | | | |
| gentamicin sulfate oint | - | Select | | | | | | | | | | | | | | | |
| mupirocin cream (BACTROBAN CREAM equiv) | - | Select | | | | | | | | | | | | | | | |
| mupirocin oint (BACTROBAN OINT equiv) | - | Select | | | | | | | | | | | | | | | |
| ANTIFUNGALS - TOPICAL | | | | | | | | | | | | | | | | | |
| ATHLETE FOOT SPRAY | OTC | EXC | | | | | | | | | | | | | | | |
| DERMETAZOLE PAK | - | EXC | | | | | | | | | | | | | | | |
| HEXIOUNYL LOTION | - | EXC | | | | | | | | | | | | | | | |
| HIXDEFRIMA SOLN | - | EXC | | | | | | | | | | | | | | | |
| MYCOZYL HC GEL | - | EXC | | | | | | | | | | | | | | | |
| MYCOZYL HC LIQ | - | EXC | | | | | | | | | | | | | | | |
| NIZORAL A-D SHAMPOO | - | EXC | | | | | | | | | | | | | | | |
| PEDIPIROX-4 KIT | OTC | EXC | | | | | | | | | | | | | | | |
| PHEDRAX SHAMPOO | - | EXC | | | | | | | | | | | | | | | |
| PHEOXIA CREAM | - | EXC | | | | | | | | | | | | | | | |
| RIMI SOLN | - | EXC | | | | | | | | | | | | | | | |
| TINACTIN AERSOL | OTC | EXC | | | | | | | | | | | | | | | |
| tolnaftate aerosol | OTC | EXC | | | | | | | | | | | | | | | |
| UNDECYLENIC ACID CREAM | - | EXC | | | | | | | | | | | | | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">AMSP Ardon Mandatory Specialty Pharmacy Program</td> <td style="width: 33%;">EXC generic =small letters Plan Exclusion</td> <td style="width: 33%;">LD Limited Distribution</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>M Medical Benefit</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>PMSP PeaceHealth Mandatory Specialty Pharmacy Program</td> <td>QL Quantity Limit</td> </tr> <tr> <td>RDX Restricted to Diagnosis</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>ST Step Therapy</td> <td>VAC Vaccine Program</td> <td></td> </tr> </table> | | | AMSP Ardon Mandatory Specialty Pharmacy Program | EXC generic =small letters Plan Exclusion | LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | M Medical Benefit | OTC Over-the-Counter | PA Prior Authorization | PMSP PeaceHealth Mandatory Specialty Pharmacy Program | QL Quantity Limit | RDX Restricted to Diagnosis | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | ST Step Therapy | VAC Vaccine Program | |
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| LMSP Lumicera Mandatory Specialty Pharmacy Program | M Medical Benefit | OTC Over-the-Counter | | | | | | | | | | | | | | | |
| PA Prior Authorization | PMSP PeaceHealth Mandatory Specialty Pharmacy Program | QL Quantity Limit | | | | | | | | | | | | | | | |
| RDX Restricted to Diagnosis | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | | | | | | | | | | | | | | | |
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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|-----------------------|
| DERMATOLOGICALS Cont. | | |
| undecylenic acid soln (GORDOCHOM equiv) | - | EXC |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv) | - | High Cost Generics |
| ketoconazole foam 2% (EXTINA equiv) | - | High Cost Generics |
| naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products) | QL-ST | High Cost Generics |
| naftifine gel (NAFTIN equiv) | - | High Cost Generics |
| naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream) | QL-ST | High Cost Generics |
| oxiconazole nitrate cream (OXISTAT equiv) | - | High Cost Generics |
| tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab) | ST | High Cost Generics |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC |
| CICLODAN KIT | - | NC |
| ECONASIL KIT | - | NC |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC |
| ONYCHO-MED KIT | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| VYTONA CREAM 1.9-1% | - | NC |
| ZOLPAK KIT | - | NC |
| ALOQUIN GEL | - | Non-Pref erred Brands |
| ECOZA FOAM | - | Non-Pref erred Brands |
| ERTACZO CREAM | - | Non-Pref erred Brands |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | Non-Pref erred Brands |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | Non-Pref erred Brands |
| EXTINA FOAM | - | Non-Pref erred Brands |
| JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab) | ST | Non-Pref erred Brands |
| KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab) | ST | Non-Pref erred Brands |
| LOPROX CREAM | - | Non-Pref erred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|--|--------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| LOPROX SUSP | - | Non-Pref erred Brands |
| LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days) | QL | Non-Pref erred Brands |
| MENTAX CREAM | - | Non-Pref erred Brands |
| NAFTIN GEL | - | Non-Pref erred Brands |
| NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream) | --QL-ST | Non-Pref erred Brands |
| NAFTIN GEL 2% (QL= 60 grams/30 days) | QL | Non-Pref erred Brands |
| NIZORAL SHAMPOO | - | Non-Pref erred Brands |
| OXISTAT LOTION | - | Non-Pref erred Brands |
| XOLEGEL | - | Non-Pref erred Brands |
| XOLEGEL COREPAK KIT | - | Non-Pref erred Brands |
| NAFTIFINE CREAM 1% | - | Preferred Brands |
| ciclopirox cream (LOPROX CREAM equiv) | - | Select |
| ciclopirox gel (LOPROX GEL equiv) | - | Select |
| ciclopirox nail soln (PENLAC SOLN equiv) | - | Select |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | Select |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | Select |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | Select |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | Select |
| CLOTTRIMAZOLE/BETAMETHASONE LOTION | - | Select |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | Select |
| econazole cream (SPECTAZOLE equiv) | - | Select |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | Select |
| ketoconazole cream (NIZORAL CREAM equiv) | - | Select |
| ketoconazole shampoo | - | Select |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | Select |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | Select |
| nystatin oint | - | Select |
| nystatin topical powder | - | Select |
| nystatin/triamcinolone cream | - | Select |

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|--|--------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| nystatin/triamcinolone oint | - | Select |
| tolnaftate soln (TINACTIN equiv) | - | Select |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK | - | EXC |
| DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH | - | EXC |
| DICLONA GEL | - | EXC |
| DICLONA+ PAD | - | EXC |
| VENNGEL ONE KIT | OTC | EXC |
| XRYLIX PAK | - | EXC |
| diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln) | ST | High Cost Generics |
| DICLOTREX PAK | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| REXAPHENAC CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days) | QL | Non-Pref erred Brands |
| LICART PATCH | - | Non-Pref erred Brands |
| PENNSAID SOLN 2% (Step therapy requires trial of of diclofenac 1.5% soln) | ST | Non-Pref erred Brands |
| VOPAC 5 CREAM | - | Non-Pref erred Brands |
| diclofenac gel 1% (VOLTAREN equiv) | - | Select |
| diclofenac sodium gel kit (VENNGEL equiv) | - | Select |
| diclofenac soln 1.5% (PENNSAID equiv) | - | Select |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| LEVULAN SOLN | - | EXC |
| QUIDROXZAR GEL | - | EXC |
| QUITAR GEL | - | EXC |
| ROAOXIA GEL | - | EXC |
| bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days) | AMSP-PA-QL | Generic Specialty |
| FLUORAC CREAM | - | NC |
| SOLARAVIX PAK | - | NC |
| CARAC CREAM | - | Non-Pref erred Brands |
| CARAC CREAM 0.5% | - | Non-Pref erred Brands |
| FLUOROPLEX CREAM | - | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|--------------------------------|
| DERMATOLOGICALS Cont. | | |
| FLUOROURACIL CREAM 0.5% | - | Non-Pref erred Brands |
| KLISYRI OINT (QL= 5 grams/5 days) | PA-QL | Non-Pref erred Brands |
| PANRETIN GEL | - | Non-Pref erred Brands |
| PICATO GEL (QL= 2 tubes/60 days) | QL | Non-Pref erred Brands |
| PICATO GEL (QL= 3 tubes/60 days) | QL | Non-Pref erred Brands |
| TARGRETIN GEL | PA-PMSP | Non-Pref erred Specialty |
| FLUOROURACIL SOLN | - | Preferred Brands |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Preferred Specialty |
| diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month) | QL | Select |
| fluorouracil cream (EFUDEX CREAM equiv) | - | Select |
| fluorouracil soln (FLUOROURACIL equiv) | - | Select |

ANTIPRURITICS - TOPICAL

| | | |
|--|----|-----------------------------|
| doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus) | ST | High Cost Generics |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus) | ST | Non-Pref erred Brands |
| DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus) | ST | Non-Pref erred Brands |

ANTIPSORIATICS

| | | |
|--|-------|-----------------------|
| calcipotriene cream (TRIONEX equiv) | - | EXC |
| CALSODORE PAK | - | EXC |
| COSENTYX INJ | - | EXC |
| DIOOXIA CREAM | - | EXC |
| ILUMYA INJ | - | EXC |
| SPEVIGO INJ | - | EXC |
| TREMFYA IV INJ | - | EXC |
| TRIONEX PACK | - | EXC |
| acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin) | ST | High Cost Generics |
| tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, | QL-ST | High Cost Generics |
| tazarotene 0.1% cream, 0.05% gel) | | |
| tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, | QL-ST | High Cost Generics |
| tazarotene 0.1% cream, 0.05% gel) | | |
| SPEVIGO INJ | - | NC |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | DERMATOLOGICALS Cont. | Special Code | Tier |
|---|-----------------------|--------------|--------------------------------|
| CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln) | | QL-ST | Non-Pref erred Brands |
| CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln) | | QL-ST | Non-Pref erred Brands |
| CALCITRIOL OINT | | - | Non-Pref erred Brands |
| METHOXSALEN CAP | | - | Non-Pref erred Brands |
| TAZORAC CREAM (QL= 360g/30 days) | | QL | Non-Pref erred Brands |
| TAZORAC CREAM 0.05% (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | | QL-ST | Non-Pref erred Brands |
| TAZORAC GEL (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel) | | - | Non-Pref erred Brands |
| TAZORAC GEL 0.1% (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream) | | QL-ST | Non-Pref erred Brands |
| TAZORAC GEL 0.1% (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream) | | QL-ST | Non-Pref erred Brands |
| VTAMA CREAM (QL= 60 grams/30 days) | | PA-QL | Non-Pref erred Brands |
| ZITHRANOL SHAMPOO | | - | Non-Pref erred Brands |
| ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint) | | QL-ST | Non-Pref erred Brands |
| BIMZELX INJ (QL= 2 inj/28 days) | | PA-PMSP-QL | Non-Pref erred Specialty |
| SILIQ INJ (QL= 4 inj/28 days) | | LMSP-PA-QL | Non-Pref erred Specialty |
| SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days) | | PA-PMSP-QL | Non-Pref erred Specialty |
| SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days) | | PA-PMSP-QL | Non-Pref erred Specialty |
| SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416) | | LD-ST | Non-Pref erred Specialty |

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| DrugName | DERMATOLOGICALS Cont. | Special Code | Tier |
|--|-----------------------|-----------------|--------------------------------|
| SOTYKTU TAB (QL= 1 tab/day) | | PA-PMSP-QL | Non-Pref erred Specialty |
| TALTZ INJ (QL= 1 inj/28 days) | | AMSP-PA-PMSP-QL | Non-Pref erred Specialty |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | | PA-PMSP-QL | Non-Pref erred Specialty |
| TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days) | | AMSP-PA-QL | Non-Pref erred Specialty |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | | PA-PMSP-QL | Preferred Specialty |
| COSENTYX INJ (2-PACK) (QL= 2 inj/56 days) | | PA-PMSP-QL | Preferred Specialty |
| COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days) | | PA-PMSP-QL | Preferred Specialty |
| STELARA INJ (QL= 1 inj/84 days) | | PA-PMSP-QL | Preferred Specialty |
| STELARA INJ (QL= 1 inj/84 days) | | PA-PMSP-QL | Preferred Specialty |
| TREMFYA INJ (QL= 1ml/56 days) | | PA-PMSP-QL | Preferred Specialty |
| TREMFYA INJ (QL= 2ml/28 days) | | PA-PMSP-QL | Preferred Specialty |
| calcipotriene cream (DOVONEX CREAM equiv) | | - | Select |
| calcipotriene oint | | - | Select |
| CALCIPOTRIENE SOLN | | - | Select |
| calcipotriene soln (DOVONEX SOLN equiv) | | - | Select |
| methoxsalen cap (OXSORALEN ULTRA equiv) | | - | Select |
| tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days) | | QL | Select |
| tazarotene gel (TAZORAC equiv) (QL= 360g/30 days) | | QL | Select |
| ANTISEBORRHEIC PRODUCTS | | | |
| DERMAZINC BAR SOAP | | - | EXC |
| ESKATA SOLN | | - | EXC |
| MICURADERM EMU | | - | EXC |
| OVACE PLUS CREAM | | - | EXC |
| OVACE PLUS GEL | | - | EXC |
| OVACE PLUS LOTION | | - | EXC |
| OVACE PLUS FOAM | | - | EXC |
| SODIUM SULFACETAMIDE CLEANSER | | - | EXC |
| sodium sulfacetamide gel (OVACE PLUS equiv) | | - | EXC |
| sodium sulfacetamide shampoo (OVACE equiv) | | - | EXC |
| sodium sulfacetamide wash (OVACE WASH equiv) | | - | EXC |
| SELRX SHAMPOO | | - | Non-Pref erred Brands |

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| DERMATOLOGICALS Cont. | | |
| ZORYVE FOAM 0.3% (QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro)) | QL-ST | Non-Pref erred Brands |
| selenium sulfide lotion | - | Select |
| selenium sulfide shampoo (SELSEB equiv) | - | Select |
| ANTIVIRALS - TOPICAL | | |
| acyclovir cream (ZOVIRAX equiv) | - | High Cost Generics |
| penciclovir cream (DENA VIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB) | QL-ST | High Cost Generics |
| DENA VIR CREAM (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB) | QL-ST | Non-Pref erred Brands |
| XERESE CREAM | - | Non-Pref erred Brands |
| ZOVIRAX OINT | - | Non-Pref erred Brands |
| acyclovir oint (ZOVIRAX OINT equiv) | - | Select |
| BURN PRODUCTS | | |
| RAYASORE KIT | - | EXC |
| MAFENIDE ACETATE SOLN PACK | - | Non-Pref erred Brands |
| SULFAMYLON CREAM | - | Preferred Brands |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | Select |
| CAUTERIZING AGENTS | | |
| GRAFCO SILVER NITRATE APPLICATOR | - | EXC |
| SILVER NITRATE SOLN | - | Preferred Brands |
| CORTICOSTEROIDS - TOPICAL | | |
| ACIOXIA GEL | - | EXC |
| HC PRAMOXINE CREAM 1-2.5% | - | EXC |
| HYDROCAINE CREAM | - | EXC |
| HYDROCORTISONE CREAM 1% | - | EXC |
| hydrocortisone oint | - | EXC |
| HYDROCORTISONE PAK | OTC | EXC |
| HYDROCORTISONE STICK | OTC | EXC |
| HYDROXYM CREAM | - | EXC |
| HYDROXYM GEL | - | EXC |
| LIDOCAINE-HYDROCORTISONE ACETATE CREAM | - | EXC |
| LIDOTRAL-HC LOTION | - | EXC |
| amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)) | ST | High Cost Generics |
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | High Cost Generics |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|--------------------|
| DERMATOLOGICALS Cont. | | |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | High Cost Generics |
| calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene) | QL-ST | High Cost Generics |
| clobetasol E foam (OLUX E equiv) | - | High Cost Generics |
| clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid) | QL-ST | High Cost Generics |
| desonate gel | - | High Cost Generics |
| DESONIDE GEL | - | High Cost Generics |
| desoximetasone spray 0.25% (TOPICORT equiv) | - | High Cost Generics |
| diflorasone oint | - | High Cost Generics |
| fluocinonide cream 0.1% | - | High Cost Generics |
| flurandrenolide cream (CORDRAN equiv) | - | High Cost Generics |
| flurandrenolide oint (CORDRAN equiv) | - | High Cost Generics |
| FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%)) | ST | High Cost Generics |
| fluticasone propionate lotion (CUTIVATE equiv) | - | High Cost Generics |
| halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids) | ST | High Cost Generics |
| halobetasol propionate foam (QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint)) | QL-ST | High Cost Generics |
| hydrocortisone lotion (LOCOID equiv) | - | High Cost Generics |
| triamcinolone acetonide oint (TRIANEX equiv) | - | High Cost Generics |
| triamcinolone spray (KENALOG equiv) | - | High Cost Generics |
| BESER KIT 0.05% | - | NC |
| CLOBETAVIX KIT | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | NC |
| MEXPAROX HC CREAM | - | NC |
| PRAMOSONE OINT | - | NC |
| QUINIXIL PAK | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TOVET KIT | - | NC |
| TRILOCICLO KIT | - | NC |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| AMCINONIDE OINTMENT (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)) | ST | Non-Pref erred Brands |
| APEXICON E CREAM (PSORCON E equiv) | - | Non-Pref erred Brands |
| BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion) | ST | Non-Pref erred Brands |
| CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene) | QL-ST | Non-Pref erred Brands |
| CAPEX SHAMPOO | - | Non-Pref erred Brands |
| CLOCORTOLONE CREAM | - | Non-Pref erred Brands |
| CLODERM CREAM | - | Non-Pref erred Brands |
| CORDRAN OINTMENT | - | Non-Pref erred Brands |
| CORDRAN TAPE | - | Non-Pref erred Brands |
| DERMACINRX KIT (QL= 1 kit/30 days) | QL | Non-Pref erred Brands |
| DESONATE GEL | - | Non-Pref erred Brands |
| DESOWEN CREAM | - | Non-Pref erred Brands |
| DESOWEN CREAM KIT | - | Non-Pref erred Brands |
| DESOWEN LOTION | - | Non-Pref erred Brands |
| DESOWEN LOTION KIT | - | Non-Pref erred Brands |
| DESOWEN OINT KIT | - | Non-Pref erred Brands |
| DIFLORASONE CREAM, PSORCON CREAM (Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide) | ST | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
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| DERMATOLOGICALS Cont. | | |
| DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream) | ST | Non-Pref erred Brands |
| ENSTILAR FOAM | - | Non-Pref erred Brands |
| EPIFOAM AEROSOL | - | Non-Pref erred Brands |
| FLURANDRENOLIDE CREAM | - | Non-Pref erred Brands |
| FLURANDRENOLIDE LOTION | - | Non-Pref erred Brands |
| HALOBETASOL AER (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)) | ST | Non-Pref erred Brands |
| HALOG CREAM (Step Therapy requires trial of 2 High potency corticosteroids) | ST | Non-Pref erred Brands |
| HALOG OINT | - | Non-Pref erred Brands |
| HALOG SOLN | - | Non-Pref erred Brands |
| IMPEKLO LOTION | - | Non-Pref erred Brands |
| IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids) | ST | Non-Pref erred Brands |
| NOVACORT GEL | - | Non-Pref erred Brands |
| PANDEL CREAM | - | Non-Pref erred Brands |
| PRAMOSONE LOTION | - | Non-Pref erred Brands |
| SERNIVO SPRAY (Step Therapy requires trial of betamethasone dipropionate) | ST | Non-Pref erred Brands |
| SILALITE PAK MIS | - | Non-Pref erred Brands |
| SYNALAR CREAM | - | Non-Pref erred Brands |

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|--|---------------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| SYNALAR OINT | - | Non-Pref erred Brands |
| SYNALAR SOLN | - | Non-Pref erred Brands |
| TOPICORT SPRAY 0.25% | - | Non-Pref erred Brands |
| TRIANEX OINT | - | Non-Pref erred Brands |
| VANOS CREAM | - | Non-Pref erred Brands |
| VERDESO FOAM | - | Non-Pref erred Brands |
| WYNZORA CREAM | - | Non-Pref erred Brands |
| ALA-SCALP LOTION | - | Preferred Brands |
| AMCINONIDE LOTION | - | Preferred Brands |
| HC BUTYRATE CREAM | - | Preferred Brands |
| HC BUTYRATE SOLN | - | Preferred Brands |
| HYDROCORTISONE LOTION 2.5% | - | Preferred Brands |
| MICORT-HC CREAM | - | Preferred Brands |
| PRAMOSONE CREAM 1-1% | - | Preferred Brands |
| PRAMOSONE E CREAM | - | Preferred Brands |
| PREDNICARBATE CREAM | - | Preferred Brands |
| PREDNICARBATE OIN | - | Preferred Brands |
| alclometasone cream (ACLOVATE equiv) | - | Select |
| alclometasone oint (ACLOVATE OINT equiv) | - | Select |
| AMCINONIDE CREAM 0.1% | - | Select |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | Select |
| betamethasone augmented gel | - | Select |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | Select |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | Select |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | Select |
| betamethasone dipropionate lotion | - | Select |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | Select |

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|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| betamethasone valerate cream | - | Select |
| betamethasone valerate lotion | - | Select |
| betamethasone valerate oint | - | Select |
| clobetasol foam (OLUX equiv) | - | Select |
| clobetasol lotion (CLOBEX equiv) | - | Select |
| clobetasol propionate cream (TEMOVATE equiv) | - | Select |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | Select |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | Select |
| clobetasol propionate oint (TEMOVATE equiv) | - | Select |
| clobetasol propionate soln (TEMOVATE equiv) | - | Select |
| clobetasol shampoo (CLOBEX equiv) | - | Select |
| clobetasol spray (CLOBEX equiv) | - | Select |
| dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days) | QL | Select |
| desonide cream | - | Select |
| desonide lotion | - | Select |
| desonide oint | - | Select |
| desoximetasone cream (TOPICORT CREAM equiv) | - | Select |
| desoximetasone gel (TOPICORT equiv) | - | Select |
| desoximetasone oint (TOPICORT equiv) | - | Select |
| fluocinolone acetonide cream | - | Select |
| fluocinolone acetonide oil | - | Select |
| fluocinolone acetonide oint | - | Select |
| fluocinolone acetonide soln | - | Select |
| fluocinonide cream 0.05% (LIDEX equiv) | - | Select |
| fluocinonide emollient cream | - | Select |
| fluocinonide gel | - | Select |
| fluocinonide oint | - | Select |
| fluocinonide soln | - | Select |
| fluticasone propionate cream (CUTIVATE equiv) | - | Select |
| fluticasone propionate oint (CUTIVATE equiv) | - | Select |
| halobetasol propionate cream (ULTRAVATE equiv) | - | Select |
| halobetasol propionate oint (ULTRAVATE equiv) | - | Select |
| halonate pac kit (ULTRAVATE KIT equiv) | - | Select |
| HC BUTYRATE CREAM | - | Select |
| hydrocortisone butyrate cream (LOCOID equiv) | - | Select |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | Select |
| HYDROCORTISONE BUTYRATE OINT | - | Select |
| hydrocortisone butyrate oint (LOCOID equiv) | - | Select |
| hydrocortisone butyrate soln (LOCOID equiv) | - | Select |
| hydrocortisone cream (PROCTOCORT equiv) | - | Select |
| hydrocortisone lotion | - | Select |
| hydrocortisone lotion (HYTONE equiv) | - | Select |
| hydrocortisone oint | - | Select |
| hydrocortisone valerate cream | - | Select |
| hydrocortisone valerate oint (WESTCORT equiv) | - | Select |
| LOCOID LIPOCREAM | - | Select |
| mometasone cream (ELOCON equiv) | - | Select |

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| DERMATOLOGICALS Cont. | | |
| mometasone oint (ELOCON equiv) | - | Select |
| mometasone soln (ELOCON equiv) | - | Select |
| paramox hc gel (NOVACORT GEL equiv) | - | Select |
| triamcinolone acetonide oint 0.025% (TRIANEX equiv) | - | Select |
| triamcinolone acetonide oint 0.1% (TRIANEX equiv) | - | Select |
| triamcinolone acetonide oint 0.5% (TRIANEX equiv) | - | Select |
| triamcinolone cream | - | Select |
| triamcinolone lotion | - | Select |
| ECZEMA AGENTS | | |
| OPZELURA CREAM (QL= 120 grams/28 days) | PA-QL | Non-Preferred Brands |
| ADBRY INJ (QL= 4 syringes/28 days) | LMSP-PA-QL | Non-Preferred Specialty |
| ADBRY INJ (QL= 4ml/28 days) | LMSP-PA-QL | Non-Preferred Specialty |
| CIBINQO TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Preferred Specialty |
| EBGLYSS INJ (QL= 2ml/28 days) | AMSP-PA-QL | Non-Preferred Specialty |
| DUPIXENT INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| DUPIXENT PEN INJ (QL= 2 syringes/28 days) | PA-PMSP-QL | Preferred Specialty |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| CARMOL LOTION | - | EXC |
| HYDRO 35 | - | EXC |
| PRONAL GEL | - | EXC |
| UMECTA SUSP | - | EXC |
| UREA CREAM | - | EXC |
| UREA EMULSION | - | EXC |
| UREA LOTION | OTC | EXC |
| UREA SOLN | - | EXC |
| urea susp 40% (UMECTA equiv) | - | EXC |
| UREA-LACTIC ACID CREAM | OTC | EXC |
| umecta mouss aer (HYDRO 40 equiv) | - | High Cost Generics |
| HYDRO 40 FOAM | - | Non-Preferred Brands |
| KERAFOAM | - | Non-Preferred Brands |

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| DERMATOLOGICALS Cont. | | |
| UMECTA EMULSION | - | Non-Pref erred Brands |
| UMECTA PD EMULSION | - | Non-Pref erred Brands |
| URAMAXIN GEL | - | Non-Pref erred Brands |
| UREA NAIL KIT | - | Non-Pref erred Brands |
| UREA FOAM | - | Preferred Brands |
| UREA SOLN | - | Preferred Brands |
| UREA SUSP | - | Preferred Brands |
| urea gel (URAMAXIN equiv) | - | Select |
| urea lotion (KERALAC LOTION equiv) | - | Select |
| EMOLLIENTS | | |
| VITAMIN A GARMENT SPRAY | - | EXC |
| HYLINATE LOTION | - | NC |
| LACTIC ACID E CREAM | - | Preferred Brands |
| LACTIC ACID LOTION | - | Preferred Brands |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | Select |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | Select |
| ENZYMES - TOPICAL | | |
| NEXOBRID GEL | - | EXC |
| SANTYL OINT (QL= 90gm/30 days) | QL | Preferred Brands |
| GLABELLAR LINES (FROWN LINES) AGENTS | | |
| DAXXIFY INJ | - | EXC |
| JEUVEAU INJ | - | EXC |
| HAIR GROWTH AGENTS | | |
| FINAPID SOLN | - | EXC |
| FINAPODTAR SOLN | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| FLYPROGPIDTA SOLN | - | EXC |
| LITFULO CAP | - | EXC |
| OXOPIDAXIAQU SOLN | - | EXC |
| PIDPROGTAR SOLN | - | EXC |
| PODOXIA SOLN | - | EXC |
| PODTAR SOLN | - | EXC |
| TETPIDTAR SOLN | - | EXC |
| HAIR REDUCTION AGENTS | | |

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| DERMATOLOGICALS Cont. | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - SYSTEMIC | | |
| NEMLUVIO INJ | - | NC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution) | QL-ST | High Cost Generics |
| ALDARA CREAM 5% (QL= 24gm/30 days) | QL | Non-Pref erred Brands |
| IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution) | QL-ST | Non-Pref erred Brands |
| ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream) | QL-ST | Non-Pref erred Brands |
| imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days) | QL | Select |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| NUJO SOLN | - | EXC |
| OXIANUJI OINT | - | EXC |
| OXIANUJO CREAM | - | EXC |
| pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint) | ST | High Cost Generics |
| ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint) | ST | Non-Pref erred Brands |
| HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty Select |
| tacrolimus oint (PROTOPIC OINT equiv) | - | - |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| ATRIX SYSTEM KIT | - | EXC |
| COMPOUND W AER NITROFRE | - | EXC |
| GEAMETDRAY GEL | - | EXC |
| METDRAY GEL | - | EXC |
| SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT | - | EXC |
| salicylic acid kit | - | EXC |
| UREA/SALICYLIC CREAM | - | EXC |
| podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream) | QL-ST | High Cost Generics |
| salicylic acid aerosol | - | High Cost Generics |
| SALEX LOTION KIT | - | NC |
| CONDYLOX GEL (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream) | QL-ST | Non-Pref erred Brands |
| KERALYT GEL | - | Non-Pref erred Brands |

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|--|---|-----------------------------|--|------|---|
| DERMATOLOGICALS Cont. | | | | | |
| SALEX SHAMPOO | - | Non-Pref erred Brands | | | |
| SALVAX AEROSOL | - | Non-Pref erred Brands | | | |
| SALVAX DUO PLUS KIT | - | Non-Pref erred Brands | | | |
| VIRASAL LIQUID | - | Non-Pref erred Brands | | | |
| PODOCON SOLN | - | Preferred Brands | | | |
| PODOFILOX SOLN (QL= 0.5ml/day) | QL | Preferred Brands | | | |
| SALICATE LIQUID | - | Preferred Brands | | | |
| SALIMEZ FORTE CREAM | - | Preferred Brands | | | |
| SALITECH LOTION | - | Preferred Brands | | | |
| XALIX SOL | - | Preferred Brands | | | |
| podofilox soln (CONDYLOX equiv) | - | Select | | | |
| salicyclic acid soln | - | Select | | | |
| salicylic acid cream | - | Select | | | |
| salicylic acid liquid | - | Select | | | |
| salicylic acid shampoo (SALEX equiv) | - | Select | | | |
| KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS | | | | | |
| SALICYLIC ACID PAD | - | EXC | | | |
| LINIMENTS | | | | | |
| ASPERCREME LOTION | - | EXC | | | |
| BABY CHEST CREAM RUB | - | EXC | | | |
| camphor-menthol-methyl salicylate gel (NEURACIN equiv) | - | EXC | | | |
| CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH | - | EXC | | | |
| menthol-methyl salicylate patch (SALONPAS equiv) | OTC | EXC | | | |
| MENTICAM CREAM | - | EXC | | | |
| METHYL SALIC CREAM | - | EXC | | | |
| METHYL SALIC OIL | - | EXC | | | |
| NEURACIN GEL | - | EXC | | | |
| NUVIRA PATCH | OTC | EXC | | | |
| SALONPAS PAD PAIN RELIEF | OTC | EXC | | | |
| MENTHOZEN CREAM | - | Preferred Brands | | | |
| LOCAL ANESTHETICS - TOPICAL | | | | | |
| ALOCANE SPRAY | - | EXC | | | |
| BAND-AID SPRAY ANTISEPTIC | - | EXC | | | |
| benzocaine aerosol spray (AMERICAINE equiv) | - | EXC | | | |
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| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| DERMATOLOGICALS Cont. | | |
| BENZOCAINE-ISOPROPYL ALCOHOL PADS | - | EXC |
| BENZOCAINE-LIDOCAINE-TETRACAINE CREAM | OTC | EXC |
| BURN RELIEF GEL | - | EXC |
| capsaicin cream | - | EXC |
| CIRCATA CREAM | - | EXC |
| DYCLOPRO SOLN | - | EXC |
| LIDO/MENTHOL SPRAY | - | EXC |
| lidocaine cream | OTC | EXC |
| LIDOCAINE HCL AEROSOL SOLN | - | EXC |
| lidocaine hcl cream 4.12% | - | EXC |
| lidocaine hcl gel 2.8% (LIDOGEL equiv) | - | EXC |
| lidocaine-benzalkonium liquid (ALOCANE equiv) | - | EXC |
| LIDOCAINE-BENZALKONIUM PAD | OTC | EXC |
| lidocaine-menthol gel (LIDOZENGEL equiv) | - | EXC |
| LIDOPRO PAD | - | EXC |
| LIDOTRAL 1 PAD 4.88% | - | EXC |
| LIDOTRAL GEL 3.88% | - | EXC |
| LIDOTRAL SOLN | - | EXC |
| LIDOZENGEL GEL/LIDO-MENTHOL GEL | - | EXC |
| LIDTOPIC CREAM | - | EXC |
| MENTHOREAL10 THERAPY PACK | - | EXC |
| methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv) | OTC | EXC |
| NENDRUX GEL | - | EXC |
| PRAMOXINE-CALAMINE AEROSOL | OTC | EXC |
| PRAMOXINE-MENTHOL LOTION | - | EXC |
| TETRACAINE OINTMENT | - | EXC |
| TRICEPTIN PAD | OTC | EXC |
| TRUBREXA PAD | - | EXC |
| ZYLOTROL-L KIT | - | EXC |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | High Cost Generics |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | High Cost Generics |
| lidocaine gel (XYLOCAINE equiv) | - | High Cost Generics |
| lidocaine lotion | - | High Cost Generics |
| DERMALID PAK | - | NC |
| GEN7T LOTION | - | NC |
| GEN7T PLUS LOTION | - | NC |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | - | NC |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| MICROVIX LP PAK | - | NC |
| nulido pad (NULIDO equiv) | - | NC |
| NUVAKAAN II KIT | - | NC |
| PLIAGLIS KIT | - | NC |
| ZILACAINE PAK | - | NC |

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| DrugName | Special Code | Tier |
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| DERMATOLOGICALS Cont. | | |
| ADAZIN CREAM | - | Non-Pref erred Brands |
| ANACAINE OINT | - | Non-Pref erred Brands |
| ANASTIA LOTION | - | Non-Pref erred Brands |
| APRIZIO PAK KIT | - | Non-Pref erred Brands |
| GEN7T PLUS PAD | - | Non-Pref erred Brands |
| L.E.T. GEL | - | Non-Pref erred Brands |
| LIDOCAINE CREAM | - | Non-Pref erred Brands |
| LIDOCIN GEL | - | Non-Pref erred Brands |
| LIDODERM PATCH | - | Non-Pref erred Brands |
| LIDO-EP-TETR SOLN | - | Non-Pref erred Brands |
| LIDOSTREAM KIT | - | Non-Pref erred Brands |
| LIDOTREX GEL | - | Non-Pref erred Brands |
| PLIAGLIS CREAM | - | Non-Pref erred Brands |
| PROZENA PAD | - | Non-Pref erred Brands |
| SILVERA PAD | - | Non-Pref erred Brands |
| SOLAICE PATCH | - | Non-Pref erred Brands |
| SYNERA PATCH | - | Non-Pref erred Brands |

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|---|--------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| SYNVEXIA TC CREAM | - | Non-Pref erred Brands |
| WPR PLUS | - | Non-Pref erred Brands |
| LIDO/RAC/TET GEL | OTC | Preferred Brands |
| LIDOGEL GEL | - | Preferred Brands |
| LIDOCAINE GEL | - | Select |
| lidocaine gel (GLYDO equiv) | - | Select |
| lidocaine oint (QL= 8gm/day) | QL | Select |
| lidocaine patch | - | Select |
| lidocaine soln (XYLOCAINE equiv) | - | Select |
| lidocaine/prilocaine cream (EMLA equiv) | - | Select |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| HALUCORT GEL | - | Non-Pref erred Brands |
| NEOSALUS FOAM | - | Non-Pref erred Brands |
| MISC. TOPICAL | | |
| ADULT BARRIER OINT | - | EXC |
| DERMACINRX KIT | - | EXC |
| DERMAFIX SPRAY | - | EXC |
| dimethicone cream (DERMACINRX equiv) | - | EXC |
| HYPOCYN GEL | - | EXC |
| isopropyl alcohol spray | - | EXC |
| isopropyl alcohol wipes | OTC | EXC |
| lanolin-petrolatum oint (A+D equiv) | - | EXC |
| SCARTRATE CREAM | - | EXC |
| ZINC OXIDE 40% AND DIMETHICONE 1% OINTMENT THERAPY PACK | - | EXC |
| zinc oxide oint | - | EXC |
| ZINCTRAL PASTE | OTC | EXC |
| DERMACINRX CREAM | - | NC |
| SOFDRA GEL | - | NC |
| HYCLODEX SOLN | - | Non-Pref erred Brands |
| QBREXZA PAD (QL= 1 pad/day) | PA-QL | Non-Pref erred Brands |
| DRYSOL SOLN | - | Preferred Brands |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |

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|--|--------------|-----------------------------|
| DERMATOLOGICALS Cont. | | |
| EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream) | ST | Non-Pref erred Brands |
| ZORYVE CREAM (QL= 60g/30 days; ST req trial of tacrolimus oint) | QL-ST | Non-Pref erred Brands |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION | - | EXC |
| HYDROQUINONE-TRETINOIN EMULSION | - | EXC |
| HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| hydroquinone cream (LUSTRA equiv) | - | NC |
| ROSACEA AGENTS | | |
| AVEIDA GEL | - | EXC |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC |
| DAZAVEIDAOXI GEL | - | EXC |
| DAZOMON GEL | - | EXC |
| IDAOXIA GEL | - | EXC |
| MIRVASO GEL | - | EXC |
| RHOFADE CREAM | - | EXC |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics |
| ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole) | QL-ST | High Cost Generics |
| FINACEA FOAM | - | Non-Pref erred Brands |
| IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole) | QL-ST | Non-Pref erred Brands |
| NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT) | ST | Non-Pref erred Brands |
| ORACEA CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| ROSADAN KIT (Step Therapy requires trial of metronidazole cream) | ST | Non-Pref erred Brands |
| SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole) | QL-ST | Non-Pref erred Brands |
| ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln) | QL-ST | Non-Pref erred Brands |
| azelaic acid gel (FINACEA equiv) | - | Select |
| metronidazole cream (METROCREAM equiv) | - | Select |
| metronidazole gel (METROGEL equiv) | - | Select |
| metronidazole lotion (METROLOTION equiv) | - | Select |

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|---|---------------------|----------------------|
| DERMATOLOGICALS Cont. | | |
| SCABICIDES & PEDICULICIDES | | |
| EURAX CREAM | OTC | EXC |
| ULESFIA LOTION | OTC | EXC |
| CROTAN LOTION (Step therapy requires trial of permethrin cream and lindane) | ST | Non-Preferred Brands |
| NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Non-Preferred Brands |
| SKLICE LOTION | OTC | Non-Preferred Brands |
| IVERMECTIN LOTION | OTC | Preferred Brands |
| SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Preferred Brands |
| malathion lotion (OVIDE equiv) | - | Select |
| permethrin cream (ELIMITE CREAM equiv) | - | Select |
| SCAR TREATMENT PRODUCTS | | |
| scarcin gel (SCARCIN equiv) | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| SCARCIN GEL | - | Non-Preferred Brands |
| SILIPAC KIT | - | Non-Preferred Brands |
| SUNSCREENS | | |
| age shield lotion (CERAVE equiv) | - | EXC |
| TAR PRODUCTS | | |
| coal tar shampoo (IONIL-T equiv) | - | EXC |
| IONIL-T SHAMPOO | - | EXC |
| MG217 PSORIA GEL COAL 2% | - | EXC |
| WOUND CARE PRODUCTS | | |
| AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET | - | EXC |
| BIOSTEP SHEET, INNOVAMATRIX SHEET | - | EXC |
| CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET | - | EXC |
| COLLAGEN MATRIX LIQUID | - | EXC |
| INNOVAMATRIX DISK | - | EXC |
| KERASTAT CREAM | - | EXC |
| KERASTAT GEL | - | EXC |
| MEDIHONEY PASTE WOUND | - | EXC |
| MIRO3D WOUND PAD | - | EXC |
| MIROTRACT MIS | - | EXC |
| VYJUVEK GEL | - | EXC |
| ZENIFIBER AG PAD | - | EXC |
| cicatrace kit (REXASIL equiv) | - | High Cost Generics |

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|---|--------------|--|
| DERMATOLOGICALS Cont. | | |
| WOUND-DRESSING GELS | - | NC |
| ALEVICYN SOLN DERMAL | - | Non-Pref erred Brands |
| BIAFINE EMULSION | - | Non-Pref erred Brands |
| REGRANEX GEL (QL= 30gm/30 days) | QL | Non-Pref erred Brands |
| FILSUVEZ GEL (QL= 702g/30days; Only available through PantherRx 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty Brands |
| CALCIUM ALGINATE-SILVER ROPE 1/4"X12" | OTC | Preferred Brands |

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

| | | |
|-----------------------------|---|-----|
| ALMOND INJ | - | EXC |
| ALTERNAR ALT INJ | - | EXC |
| AMERICAN ELM INJ | - | EXC |
| AMERICAN LOBSTER INJ | - | EXC |
| APPLE INJ | - | EXC |
| ASPERG FUMIG INJ | - | EXC |
| ATLANTIC COD INJ | - | EXC |
| ATLANTIC SALMON INJ | - | EXC |
| ATLANTIC/EASTERN OYSTER INJ | - | EXC |
| BANANA INJ | - | EXC |
| BEEF INJ | - | EXC |
| BIPOL SOROKI INJ | - | EXC |
| BLACK WALNUT INJ | - | EXC |
| BLACK WILLOW INJ | - | EXC |
| BLUE CRAB INJ | - | EXC |
| BRAZIL NUT INJ | - | EXC |
| BROWN SHRIMP INJ | - | EXC |
| CASHEW NUT INJ | - | EXC |
| CELERY INJ | - | EXC |
| CHICKEN MEAT INJ | - | EXC |
| CLADO SPHAER INJ | - | EXC |
| COCKROACH INJ | - | EXC |
| COCONUT INJ | - | EXC |
| CORN INJ | - | EXC |
| COW MILK INJ | - | EXC |
| DOCK-SORREL INJ | - | EXC |
| DOG EPITHELI INJ | - | EXC |
| EASTERN COTTONWOOD INJ | - | EXC |
| ENGLISH PLAN INJ | - | EXC |
| ENGLISH WALNUT INJ | - | EXC |
| HAZELNUT INJ | - | EXC |

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| DIAGNOSTIC PRODUCTS Cont. | | |
| HORSE EPITHE INJ | - | EXC |
| LAMBS QUARTE INJ | - | EXC |
| MOUNTAIN CEDAR INJ | - | EXC |
| MOUSE EPITHE INJ | - | EXC |
| NETTLE INJ | - | EXC |
| NORTHERN QUAHOG CLAM INJ | - | EXC |
| OAT INJ | - | EXC |
| ORANGE INJ | - | EXC |
| PEANUT INJ | - | EXC |
| PECAN INJ | - | EXC |
| PENICILLIUM INJ | - | EXC |
| PINEAPPLE INJ | - | EXC |
| PORK INJ | - | EXC |
| RED MAPLE INJ | - | EXC |
| RED OAK INJ | - | EXC |
| RICE INJ | - | EXC |
| SAGEBRUSH INJ | - | EXC |
| SEA SCALLOPS INJ | - | EXC |
| SESAME SEED INJ | - | EXC |
| SG RAGWEED INJ | - | EXC |
| SOYBEAN INJ | - | EXC |
| STRAWBERRY INJ | - | EXC |
| SWEET CHERRY INJ | - | EXC |
| TOMATO INJ | - | EXC |
| WESTERN JUNIPER INJ | - | EXC |
| WHITE ALDER INJ | - | EXC |
| WHITE ASH INJ | - | EXC |
| WHITE BIRCH INJ | - | EXC |
| WHITE POTATO INJ | - | EXC |
| WHOLE GRAIN BARLEY INJ | - | EXC |
| WHOLE WHEAT INJ | - | EXC |
| TRICOPHYTON MENTAGRO SOLN | - | NC |

DIAGNOSTIC DRUGS

| | | |
|-------------------------------------|---|------------------|
| BLUDIGO INJ | - | EXC |
| GLEOLAN SOLN | - | EXC |
| INDOCYANINE INJ | - | EXC |
| KINEVAC INJ | - | EXC |
| LEXISCAN INJ | - | EXC |
| LUMISIGHT INJ | - | EXC |
| METHYLENE BLUE INJ SOLN | - | EXC |
| PAFOLACIANINE SODIUM IV SOLN | - | EXC |
| regadenoson iv inj (LEXISCAN equiv) | - | EXC |
| MACRILEN PACK | - | NC |
| GLUCAGEN INJ | - | Preferred Brands |
| GLUCAGON DIAGNOSTIC INJ | - | Preferred Brands |

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| DIAGNOSTIC PRODUCTS Cont. | | |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| BREEZA ORAL SOLN | - | EXC |
| FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands |
| DIAGNOSTIC RADIOPHARMACEUTICALS | | |
| FLORTAUCIPIR F 18 IV SOLN | - | EXC |
| FLUDEOXYGLUCOSE F 18 IV INJ | - | EXC |
| LYMPHOSEEK KIT | - | EXC |
| NEUROLITE KIT | - | EXC |
| POSLUMA SOLN | - | EXC |
| RUBIDIUM RB 82 CHLORIDE FOR IV SOLN | - | EXC |
| SODIUM FLUORIDE F 18 IV SOLN | - | EXC |
| DIAGNOSTIC TESTS | | |
| AZO UTI/VAGI KIT PH TEST | - | EXC |
| CLINISTIX TES KIDNEY | - | EXC |
| CLINISTIX TEST STRIP | OTC | EXC |
| COVID-19 TEST | OTC | EXC |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC |
| DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT | - | EXC |
| FENTANYL FE KIT | - | EXC |
| INFLUENZA-SARS AT HOME TEST | - | EXC |
| KETO-DIASTIX TEST STRIP | OTC | EXC |
| KETOSTIX | OTC | EXC |
| LIPID PANEL+ MIS EGLU | - | EXC |
| PRECISION XTRA KETONE TEST STRIP | OTC | EXC |
| PTS PANELS TEST CHOL+GLU | - | EXC |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | NC |
| ACCU-CHEK GUIDE TEST STRIP | OTC | NC |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | NC |
| ACCU-CHEK TEST STRIP | OTC | NC |
| FREESTYLE LITE TEST STRIP | - | NC |
| TEST STRIP (all other test strips) | OTC | NC |
| CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days) | QL | Preferred Brands |
| CONTOUR TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands |
| FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands |
| FREESTYLE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands |
| FREESTYLE TEST STRIPS (QL= 300 strips/30 days) | QL | Preferred Brands |
| PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred Brands |
| CUE HEALTH MIS MONITOR (QL= 1 kit/year) | QL | Preventive |

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

| | | | | | |
|------|---|------|--|------|-------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---|---|
| DIAGNOSTIC PRODUCTS Cont. | | |
| MISCELLANEOUS CONTRAST MEDIA | | |
| CLARISCAN INJ, DOTAREM INJ | - | EXC |
| GADAVIST INJ | - | EXC |
| gadobutrol inj (GADAVIST equiv) | - | EXC |
| gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv) | - | EXC |
| gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM INJ equiv) | - | EXC |
| IOHEXOL/LIDOCAINE/BETAMETHASONE INJ KIT | - | EXC |
| VUEWAY INJ | - | EXC |
| XENON XE 129 HYPERPOLARIZED INHALATION GAS | - | EXC |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| diatrizoate meglumine/sodium oral soln (GASTROGRAFIN equiv) | - | EXC |
| GASTROGRAFIN SOLN | - | EXC |
| iodixanol inj (VISIPAQUE equiv) | - | EXC |
| iopamidol inj (ISOVUE-M equiv) | - | EXC |
| ISOVUE-M 200 INJ | - | EXC |
| OMNIPAQUE SOLN | - | EXC |
| VISIPAQUE INJ | - | EXC |
| SITZMARKS CAP | - | NC |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER | OTC | EXC |
| DENOVO PLUS CAP B12 | OTC | EXC |
| DEPLIN FC CAP | - | EXC |
| FOLAFY ER TAB | OTC | EXC |
| levomefolate glucosamine cap | OTC | EXC |
| METANX FC CAP | - | EXC |
| UREAPRO POWDER | - | EXC |
| METAFOLBIC PLUS TAB | - | Non-Preferred Brands |
| ZYTAZE CAP | - | Non-Preferred Brands |
| LEVOMEFOLATE GLUCOSAMINE CAP | OTC | Preferred Brands |
| NUTRITIONAL SUPPLEMENTS | | |
| NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER | OTC | EXC |
| OSAPLEX CAP | OTC | EXC |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| DIGESTIVE ENZYME CAP DELAYED RELEASE | OTC | EXC |
| PANCREAZE CAP, PERTZYE CAP, ZENPEP CAP (Step Therapy requires trial of Creon) | ST | Non-Preferred Brands |
| VIOKACE TAB (Step Therapy requires trial of Creon) | ST | Non-Preferred Brands |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| AMSP LMSP PA RDX ST | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Restricted to Diagnosis Step Therapy | EXC M PMSP SF VAC |
| LD OTC QL SMKG | generic =small letters Plan Exclusion Medical Benefit PeaceHealth Mandatory Specialty Pharmacy Program Limited to two 15 day fills per month for first 3 months Vaccine Program | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Quantity Limit Smoking Cessation |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|---------------------|--------------------------------|
| DIGESTIVE AIDS Cont. | | |
| SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727) | LD-ST | Non-Pref erred Specialty |
| CREON CAP | - | Preferred Brands |

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|------------|--------------------------------|
| dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty |
| methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide) | ST | High Cost Generics |
| KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | Select |
| acetazolamide tab | - | Select |

DIURETIC COMBINATIONS

| | | |
|--|---|--------|
| AMILORIDE/HCTZ TAB | - | Select |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | Select |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | Select |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | Select |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | Select |

DIURETICS - MISCELLANEOUS

| | | |
|--|----------|--------------------------------|
| DIUREX ULTRA TAB | OTC | EXC |
| LOOP DIURETICS | | |
| ethacrynic tab (EDECIN equiv) | - | High Cost Generics |
| BUMEX TAB | - | Non-Pref erred Brands |
| SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab) | QL-ST | Non-Pref erred Brands |
| SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab) | QL-ST | Non-Pref erred Brands |
| FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633) | LD-QL-ST | Non-Pref erred Specialty |
| bumetanide tab (BUMEX equiv) | - | Select |
| FUROSEMIDE SOLN | - | Select |
| furosemide soln (LASIX equiv) | - | Select |
| furosemide tab (LASIX equiv) | - | Select |
| torsemide tab (DEMADEX equiv) | - | Select |

POTASSIUM SPARING DIURETICS

| | | |
|--|-------|-----------------------|
| spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln) | QL-ST | High Cost Generics |
|--|-------|-----------------------|

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------|
| DIURETICS Cont. | | |
| triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone) | ST | High Cost Generics |
| CAROSPIR SUSP (QL= 600ml/30 days; ST req trial of furosemide oral soln) | QL-ST | Non-Pref erred Brands |
| DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone) | ST | Non-Pref erred Brands |
| amiloride tab (MIDAMOR equiv) | - | Select |
| spironolactone tab (ALDACTONE equiv) | - | Select |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg) | QL-ST | Non-Pref erred Brands |
| DIURIL SUSP | - | Preferred Brands |
| CHLOROTHIAZIDE TAB | - | Select |
| chlorothiazide tab (DIURIL equiv) | - | Select |
| chlorthalidone tab | - | Select |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | Select |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | Select |
| indapamide tab (LOZOL equiv) | - | Select |
| METHYCLOTHIAZIDE TAB | - | Select |
| metolazone tab (ZAROXOLYN equiv) | - | Select |

ENDOCRINE AND METABOLIC AGENTS - MISC.

| | | |
|---|----------|--------------------------|
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Non-Pref erred Specialty |
| RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |

| | | |
|---|-------|-----------------------|
| BONE DENSITY REGULATORS | | |
| XGEVA INJ | - | EXC |
| calcitonin inj (MIACALCIN equiv) | - | High Cost Generics |
| risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate) | QL-ST | High Cost Generics |
| risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | High Cost Generics |
| ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | Non-Pref erred Brands |
| ACTONEL TAB 30MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ACTONEL TAB 35MG (QL= 4 tabs/28 days) | QL | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| ACTONEL TAB 5MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate) | QL-ST | Non-Pref erred Brands |
| BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate) | QL-ST | Non-Pref erred Brands |
| FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate) | ST | Non-Pref erred Brands |
| MIACALCIN INJ | - | Non-Pref erred Brands |
| FORTEO INJ 600MCG/2.4ML (QL= 2.4 units/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| PROLIA INJ | PA-PMSP | Preferred Specialty |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days) | AMSP-PA-QL | Preferred Specialty |
| TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days) | PA-PMSP-QL | Preferred Specialty |
| TYMLOS INJ (QL= 1.56 units/30 days) | AMSP-PA-QL | Preferred Specialty |
| alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days) | QL | Select |
| alendronate tab (FOSAMAX equiv) | - | Select |
| ALENDRONATE TAB 40MG | - | Select |
| calcitonin nasal spray (MIACALCIN equiv) | - | Select |
| ibandronate tab 150mg (BONIVA equiv) | - | Select |
| risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day) | QL | Select |
| risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days) | QL | Select |
| risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day) | QL | Select |
| CORTICOTROPIN | | |
| ACTHAR INJ GEL | - | NC |
| CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| FERTILITY REGULATORS | | |
| CLOMID TAB | - | EXC |
| OVIDREL INJ | - | EXC |
| GNRH/LHRH ANTAGONISTS | | |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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|---|---------------------|-------------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| cetrotirelix acetate kit (CETROTIDE equiv) | - | EXC |
| CETROTIDE KIT | - | EXC |
| ORLISSA TAB 150MG (QL= 1 tab/day) | AMSP-PA-QL | Non-Preferred Specialty |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | AMSP-PA-QL | Non-Preferred Specialty |
| GANIRELIX AC INJ | PA-PMSP | Preferred Specialty |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ | PA-PMSP | Preferred Specialty |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | Non-Preferred Brands |
| GROWTH HORMONES | | |
| HUMATROPE INJ | AMSP-PA | Non-Preferred Specialty |
| NGENLA INJ (QL= 1.2ml/28 days) | AMSP-PA-QL | Non-Preferred Specialty |
| NORDITROPIN INJ, NUTROPIN AQ INJ | PA-PMSP | Non-Preferred Specialty |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | PA-PMSP | Non-Preferred Specialty |
| SOGROYA INJ (QL= 6ml/28 days) | AMSP-PA-QL | Non-Preferred Specialty |
| ZOMACTON INJ | PA-PMSP | Non-Preferred Specialty |
| GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---|---------------------|----------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1MG (QL= 35 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 2MG (QL= 21 syringes/28 days) | PMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days) | PMSP-QL | Preferred Specialty |
| OMNITROPE INJ (QL= 9 cartridges/28 days) | PMSP-QL | Preferred Specialty |
| SKYTROFA INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| HORMONE RECEPTOR MODULATORS | | |
| EVISTA TAB (QL= 1 tab/day) | QL | Non-Preferred Brands |
| OSPHENA TAB (QL= 1 tab/day) | PA-QL | Non-Preferred Brands |
| raloxifene tab (EVISTA equiv) (QL= 1 tab/day) | QL | Preventive |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | Preferred Specialty |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| FENSOLVI INJ | - | EXC |
| TRIPTODUR SUS 22.5MG | - | EXC |
| SYNAREL NASAL SOLN | - | Preferred Brands |
| LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days) | AMSP-PA-QL | Preferred Specialty |
| LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days) | PA-PMSP-QL | Preferred Specialty |
| LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days) | PA-PMSP-QL | Preferred Specialty |
| MENOPAUSAL SYMPTOMS SUPPRESSANTS | | |
| VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine) | QL-ST | Non-Preferred Brands |
| METABOLIC MODIFIERS | | |
| CARNITOR INJ | - | EXC |
| CITRULLINE EASY TAB | - | EXC |
| ELFABRIO SOLN | - | EXC |
| LAMZEDE INJ | - | EXC |
| levocarnitine inj (CARNITOR equiv) | - | EXC |
| NEXVIAZYME INJ | - | EXC |
| NULIBRY INJ | - | EXC |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| POMBILITI SOLN | - | EXC |
| XENPOZYME INJ | - | EXC |
| betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| nitisinone cap (ORFADIN equiv) | LMSP-PA | Generic Specialty |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | AMSP-PA | Generic Specialty |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | AMSP-PA | Generic Specialty |
| sodium phenylbutyrate powder (BUPHENYL equiv) | AMSP-PA | Generic Specialty |
| sodium phenylbutyrate tab (BUPHENYL equiv) | AMSP-PA | Generic Specialty |
| doxercalciferol cap (HECTOROL equiv) | - | High Cost Generics |
| CALCITRIOL INJ | - | NC |
| YORVIPATH INJ | - | NC |
| RAYALDEE CAP (QL= 2 caps/day) | PA-QL | Non-Pref erred Brands |
| ROCALtrol SOLN | - | Non-Pref erred Brands |
| SENSIPAR TAB 30MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| SENSIPAR TAB 60MG (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| SENSIPAR TAB 90MG (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| XPHOZAH TAB (QL= 60 tablets/30 days) | PA-QL | Non-Pref erred Brands |
| BUPHENYL POWDER | PA-PMSP | Non-Pref erred Specialty |
| BUPHENYL TAB | PA-PMSP | Non-Pref erred Specialty |
| CARBAGLU TAB (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty |
| CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007) | LD-QL-ST | Non-Pref erred Specialty |

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| KUVAN POWDER PACK | PA-PMSP | Non-Pref erred Specialty |
| KUVAN TAB | PA-PMSP | Non-Pref erred Specialty |
| MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Pref erred Specialty |
| NITYR TAB (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty |
| OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty |
| OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty |
| ORFADIN CAP (Only available through Eversana 636-519-2400) | LD-PA | Non-Pref erred Specialty |
| ORFADIN SUSP (Only available through Eversana 636-519-2400) | LD-PA | Non-Pref erred Specialty |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| RAVICTI LIQUID (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| XURIDEN POWDER (Only available through Biomatrix 855-359-9679) | LD-PA | Non-Pref erred Specialty |
| CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007) | LD-QL-ST | Preferred Specialty |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | Preferred Specialty |
| calcitriol cap (ROCALTROL equiv) | - | Select |
| calcitriol soln (CALCITRIOL equiv) | - | Select |
| cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select |
| cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select |
| cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day) | QL | Select |
| levocarnitine soln (CARNITOR equiv) | - | Select |
| levocarnitine tab (CARNITOR equiv) | - | Select |
| paricalcitol cap (ZEMPLAR equiv) | - | Select |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|--------------|-------------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)) | QL-ST | Non-Preferred Brands |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Preferred Specialty |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | EXC |
| TERLIVAZ INJ | - | EXC |
| VASOPRE/NACL INJ | - | EXC |
| vasopressin iv soln (VASOSTRICT equiv) | - | EXC |
| VASOPRESSIN SOLN | - | EXC |
| VASOPRESSIN-NACL INJ SOLN PREF SYRINGE | - | EXC |
| VASOSTRICT INJ | - | EXC |
| VASOSTRICT SOLN | - | EXC |
| DDAVP NASAL SOLN | - | Non-Preferred Brands |
| NOCDURNA SL TAB | - | Non-Preferred Brands |
| NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days) | QL | Non-Preferred Brands |
| STIMATE NASAL SOLN | - | Preferred Brands |
| desmopressin acetate nasal spray (DDAVP equiv) | - | Select |
| desmopressin acetate tab (DDAVP equiv) | - | Select |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| MIFEPREX TAB | - | Non-Preferred Brands |
| mifepristone tab (MIFEPREX equiv) | - | Select |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | Select |
| SOMATOSTATIC AGENTS | | |
| lanreotide acetate extended release inj (SOMATULINE equiv) | - | EXC |
| octreotide acetate for im inj kit (SANDOSTATIN equiv) | - | EXC |
| SANDOSTATIN LAR KIT | - | EXC |
| SOMATULINE INJ | - | EXC |
| octreotide inj (SANDOSTATIN equiv) | PA-PMSP | Generic Specialty |
| OCTREOTIDE INJ 100MCG | AMSP-PA | Generic Specialty |
| BYNFEZIA PEN INJ | - | NC |
| SIGNIFOR LAR INJ | - | NC |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---|---|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| MYCAPSSA CAP (Only available through AcariaHealth 800-511-5144) | LD-PA | Non-Pref erred Specialty |
| SANDOSTATIN LAR INJ KIT | PMSP | Preferred Specialty |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Preferred Specialty |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| SAMSCA TAB 30MG (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| ANGELIQ TAB | - | Non-Pref erred Brands |
| BIJUVA CAP | - | Non-Pref erred Brands |
| CLIMARA PRO PATCH | - | Non-Pref erred Brands |
| COMBIPATCH | - | Non-Pref erred Brands |
| PREFEST TAB | - | Non-Pref erred Brands |
| MYFEMBREE TAB (QL= 28 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| ORIAHNN CAP (QL= 2 caps/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| PREMPHASE TAB, PREMPRO TAB | - | Preferred Brands |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | Select |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | Select |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| AMSP LMSP PA RDX ST | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Restricted to Diagnosis Step Therapy | EXC M PMSP SF VAC |
| LD OTC QL SMKG | generic =small letters Plan Exclusion Medical Benefit PeaceHealth Mandatory Specialty Pharmacy Program Limited to two 15 day fills per month for first 3 months Vaccine Program | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Quantity Limit Smoking Cessation |

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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|----------------------|
| ESTROGENS Cont. | | |
| jinteli tab (FEMHRT equiv) | - | Select |
| ESTROGENS | | |
| estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | High Cost Generics |
| estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | High Cost Generics |
| estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | High Cost Generics |
| estradiol valerate inj (ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring) | ST | High Cost Generics |
| ALORA PATCH (QL= 8 patches/28 days) | QL | Non-Preferred Brands |
| CLIMARA PATCH (QL= 4 patches/28 days) | QL | Non-Preferred Brands |
| DELESTROGEN INJ | - | Non-Preferred Brands |
| DEPO-ESTRADIOL INJ | - | Non-Preferred Brands |
| DIVIGEL GEL (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | Non-Preferred Brands |
| DIVIGEL GEL 1.25MG/1.25GM (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz) | QL-ST | Non-Preferred Brands |
| DIVIGEL GEL, ELESTRIN GEL | - | Non-Preferred Brands |
| EVAMIST SPRAY | - | Non-Preferred Brands |
| MENOSTAR PATCH | - | Non-Preferred Brands |
| VIVELLE-DOT PATCH (QL= 8 patches/28 days) | QL | Non-Preferred Brands |
| MENEST TAB | - | Preferred Brands |
| PREMARIN TAB | - | Preferred Brands |
| estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days) | QL | Select |
| estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days) | QL | Select |
| estradiol tab (ESTRACE equiv) | - | Select |

FLUROQUINOLONES

| | | |
|--------------------------|---|-----|
| FLUROQUINOLONES | | |
| LEVOFLOXACIN INJ 25MG/ML | - | EXC |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| FLUOROQUINOLONES Cont. | | |
| levofloxacin IV soln 25 mg/ml (LEVOFLOXACIN IV equiv) | - | EXC |
| BAXDELA TAB (QL= 2 tabs/day) | PA-QL | Non-Pref erred Brands |
| CIPROFLOXACIN 100MG TAB | - | Non-Pref erred Brands |
| FACTIVE TAB | - | Non-Pref erred Brands |
| OFLOXACIN TAB | - | Non-Pref erred Brands |
| PROQUIN XR TAB | - | Non-Pref erred Brands |
| CIPRO SUSP | - | Select |
| ciprofloxacin susp (CIPRO equiv) | - | Select |
| ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv) | - | Select |
| levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv) | - | Select |
| levofloxacin tab (LEVAQUIN equiv) | - | Select |
| moxifloxacin tab (AVELOX equiv) | - | Select |
| ofloxacin tab (FLOXIN equiv) | - | Select |

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

| | | |
|---|-------|-----------------------------|
| MOTEGRITY TAB (QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone) | QL-ST | Non-Pref erred Brands |
|---|-------|-----------------------------|

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

| | | |
|------------------------------------|----|---------------------|
| TRULANCE TAB (QL= 30 tabs/30 days) | QL | Preferred Brands |
|------------------------------------|----|---------------------|

ANTIFLATULENTS

| | | |
|---------------------------------|-----|-----|
| BEANO TAB | - | EXC |
| PHAZYME CAP | OTC | EXC |
| simethicone cap (PHAZYME equiv) | OTC | EXC |

BILE ACID SYNTHESIS DISORDER AGENTS

| | | |
|--|-------|--------------------------------|
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | Non-Pref erred Specialty |
|--|-------|--------------------------------|

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 | Non-Pref erred Specialty |
|--|----------|--------------------------------|

GALLSTONE SOLUBILIZING AGENTS

| | | |
|--|----|-----------------------------|
| URSODIOL CAP (Step therapy requires trial of ursodiol tab) | ST | Non-Pref erred Brands |
|--|----|-----------------------------|

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| | | | | | |
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs) | ST | Non-Pref erred Specialty |
| RELTONE CAP (Step therapy requires trial of ursodiol tab) | ST | Select |
| ursodiol cap (ACTIGALL equiv) | - | Select |
| ursodiol tab (URSO (FORTE) equiv) | - | Select |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | Select |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC) | QL-ST | Non-Pref erred Brands |
| lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days) | QL | Select |
| GASTROINTESTINAL STIMULANTS | | |
| GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab) | QL-ST | Non-Pref erred Brands |
| METZOZOLV ODT (Step Therapy requires trial of metoclopramide) | ST | Non-Pref erred Brands |
| metoclopramide soln (REGLAN equiv) | - | Select |
| metoclopramide tab (REGLAN equiv) | - | Select |
| HEPATOTROPICS | | |
| REZDIFFRA TAB (QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY SPRINKLE CAP | - | NC |
| BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479) | LD-PA | Non-Pref erred Specialty |
| LIVMARLI SOLN (Only available through Eversana 636-519-2400) | LD-PA | Non-Pref erred Specialty |
| INFLAMMATORY BOWEL AGENTS | | |
| CIMZIA INJ | - | EXC |
| mesalamine kit | - | EXC |
| OMVOH INJ | - | EXC |
| ROWASA KIT | - | EXC |
| SKYRIZI SOLN | - | EXC |
| mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA) | QL-ST | High Cost Generics |
| mesalamine tab (ASACOL equiv) (QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA) | QL-ST | High Cost Generics |
| PENTASA CAP 500MG (Step Therapy requires trial of APRISO or LIALDA) | ST | High Cost Generics |

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| DrugName | Special Code | Tier |
|--|--------------|--------------------------------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| APRISO CAP (QL= 8 caps/day) | QL | Non-Pref erred Brands |
| ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA) | ST | Non-Pref erred Brands |
| ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA) | ST | Non-Pref erred Brands |
| CANASA SUPP (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| DELZICOL CAP (QL= 6 caps/day) | QL | Non-Pref erred Brands |
| DIPENTUM CAP | - | Non-Pref erred Brands |
| LIALDA TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands |
| PENTASA CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA) | QL-ST | Non-Pref erred Brands |
| PENTASA CR CAP (QL= 8 caps/day; Diagnosis Restricted- Crohn's Disease (K50.9), Ulcerative colitis (K51.9); For ulcerative colitis, ST req trial of generic APRISO or generic LIALDA) | QL-RDX-ST | Non-Pref erred Brands |
| SFROWASA ENEMA (QL= 60mL/day) | QL | Non-Pref erred Brands |
| OMVOH INJ (QL= 2ml/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| SKYRIZI INJ (QL= 1 cartridge/56 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| VELSIPITY TAB (QL= 30 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ZYMFENTRA INJ (QL= 2 pens/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| CIMZIA INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| ENTYVIO INJ (QL= 1.36ml/28 days) | PA-PMSP-QL | Preferred Specialty |
| balsalazide cap (COLAZAL equiv) | - | Select |
| mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day) | QL | Select |
| mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day) | QL | Select |
| mesalamine enema (ROWASA equiv) (QL= 60mL/day) | QL | Select |
| mesalamine ER cap (APRISO equiv) (QL= 8 caps/day) | QL | Select |

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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|--------------------------------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| mesalamine supp (CANASA equiv) (QL= 1 supp/day) | QL | Select |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | Select |
| sulfasalazine tab (AZULFIDINE equiv) | - | Select |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | Select |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| ZELNORM TAB | - | NC |
| IBSRELA TAB (QL= 60 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| LINZESS CAP (QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone) | QL-ST | Non-Pref erred Brands |
| VIBERZI TAB | - | Non-Pref erred Brands |
| alosetron tab (LOTROXEX equiv) | - | Select |
| LIVE FECAL MICROBIOTA | | |
| REBYOTA SUSP FECAL | - | EXC |
| VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| alvimopan cap (ENTEREG equiv) | - | NC |
| ENTEREG CAP | - | NC |
| RELISTOR INJ (QL= 0.4ml/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| RELISTOR INJ (QL= 0.6ml/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| RELISTOR INJ KIT (QL= 0.6ml/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| RELISTOR TAB (QL= 3 tabs/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| MOVANTIK TAB (QL= 30 tabs/30 days) | PA-QL | Preferred Brands |
| SYMPROIC TAB (QL= 30 tabs/30 days) | PA-QL | Preferred Brands |
| PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS | | |
| IQIRVO TAB | - | NC |
| LIVDELZI CAP | - | NC |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA TAB (QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC)) | QL-ST | Non-Pref erred Brands |

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| FOSRENOL CHEW TAB | - | Non-Pref erred Brands |
| FOSRENOL POWDER PACK (QL= 3 packs/day) | QL | Non-Pref erred Brands |
| RENAGEL TAB | - | Non-Pref erred Brands |
| RENAGEL TAB 800MG | - | Non-Pref erred Brands |
| RENVELA TAB | - | Non-Pref erred Brands |
| VELPHORO CHEW TAB (QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum) | QL-ST | Non-Pref erred Brands |
| PHOSLYRA SOLN | - | Preferred Brands |
| calcium acetate cap (PHOSLO equiv) | - | Select |
| lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab) | QL-ST | Select |
| lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab) | QL-ST | Select |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | Select |
| sevelamer powder pak (RENVELA equiv) | - | Select |
| sevelamer tab (RENVELA TAB equiv) | - | Select |

SHORT BOWEL SYNDROME (SBS) AGENTS

| | | |
|--|-------|--------------------------------|
| GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
|--|-------|--------------------------------|

TRYPTOPHAN HYDROXYLASE INHIBITORS

| | | |
|--|-------------|--------------------------------|
| XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306) | LD-PA-QL-ST | Non-Pref erred Specialty |
|--|-------------|--------------------------------|

GENERAL ANESTHETICS

ANESTHETICS - MISC.

| | | |
|------------------------------------|---|-----|
| KETAMINE HCL INJ NAACL | - | EXC |
| KETAMINE HCL SOLN INJ PREF SYRINGE | - | EXC |
| KETAMINE INJ | - | EXC |
| KETAMINE HCL TROCHES | - | NC |

GENITOURINARY AGENTS - MISCELLANEOUS

ACIDIFIERS

| | | |
|------------|---|-----------------------------|
| K-PHOS TAB | - | Non-Pref erred Brands |
|------------|---|-----------------------------|

ALKALINIZERS

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| | | | | | |
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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|-------------------------|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| POTASSIUM CITRATE-MAGNESIUM CITRATE ER TAB | - | EXC |
| POTASSIUM CITRATE-MAGNESIUM CITRATE PACKET | - | EXC |
| ORACIT SOLN | - | Preferred Brands |
| CYTRA K CRYSTALS | - | Select |
| CYTRA-3 SYRUP | - | Select |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | Select |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | Select |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | Select |
| sodium citrate/citric acid soln (BICITRA equiv) | - | Select |
| tricitrates soln (POLYCITRA-LC equiv) | - | Select |
| CYSTINOSIS AGENTS | | |
| PROCYSBI CAP (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty |
| PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376) | LD-PA | Non-Preferred Specialty |
| CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrostatic cystinosis (E72.04)) | LD-RDX | Preferred Specialty |
| CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrostatic cystinosis (E72.04)) | LD-QL-RDX | Preferred Specialty |
| HYPEROXALURIA AGENTS | | |
| RIVFLOZA INJ (QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty |
| RIVFLOZA INJ (QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI TAB (QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | Non-Preferred Specialty |
| INTERSTITIAL CYSTITIS AGENTS | | |
| PENTOSAN CAP | - | NC |
| ELMIRON CAP | - | Preferred Brands |
| PROSTATIC HYPERTROPHY AGENTS | | |
| dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap) | ST | High Cost Generics |
| silodosin cap (RAPAFLO equiv) | - | High Cost Generics |
| CARDURA XL TAB | - | Non-Preferred Brands |
| ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil) | QL-ST | Non-Preferred Brands |

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|--|---|--|---|---|--|---|--|--|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | | | | | | | |
| JALYN CAP (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap) | ST | Non-Pref erred Brands | | | | | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | Select | | | | | | |
| dutasteride cap (AVODART equiv) | - | Select | | | | | | |
| finasteride tab (PROSCAR equiv) | - | Select | | | | | | |
| tamsulosin cap (FLOMAX equiv) | - | Select | | | | | | |
| URINARY ANALGESICS | | | | | | | | |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | Select | | | | | | |
| URINARY STONE AGENTS | | | | | | | | |
| tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Generic Specialty | | | | | | |
| LITHOSTAT TAB | - | Non-Pref erred Brands | | | | | | |
| THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Non-Pref erred Specialty | | | | | | |
| THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Non-Pref erred Specialty | | | | | | |
| tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Preferred Specialty | | | | | | |
| GOUT AGENTS | | | | | | | | |
| GOUT AGENT COMBINATIONS | | | | | | | | |
| DUZALLO TAB (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands | | | | | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | Select | | | | | | |
| GOUT AGENTS | | | | | | | | |
| allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs) | QL-ST | High Cost Generics | | | | | | |
| colchicine cap (MITIGARE equiv) (QL= 4 caps/day) | QL | High Cost Generics | | | | | | |
| COLCRYS TAB (QL= 4 tabs/day) | QL | Non-Pref erred Brands | | | | | | |
| GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine) | QL-ST | Non-Pref erred Brands | | | | | | |
| MITIGARE CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands | | | | | | |
| ULORIC TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands | | | | | | |
| ZURAMPIC TAB (QL= 1 tab/day) | PA-QL | Non-Pref erred Brands | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization RDX Restricted to Diagnosis ST Step Therapy </td> <td style="width: 33%;"> EXC Plan Exclusion M Medical Benefit PMSP PeaceHealth Mandatory Specialty Pharmacy Program SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program </td> <td style="width: 33%;"> LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation </td> </tr> <tr> <td colspan="3"> generic =small letters BRANDS =CAPITAL LETTERS </td> </tr> </table> | | | NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization RDX Restricted to Diagnosis ST Step Therapy | EXC Plan Exclusion M Medical Benefit PMSP PeaceHealth Mandatory Specialty Pharmacy Program SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program | LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation | generic =small letters BRANDS =CAPITAL LETTERS | | |
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|---|---------------------|-------------------------|
| GOUT AGENTS Cont. | | |
| allopurinol tab (ZYLOPRIM equiv) | - | Select |
| colchicine tab (COLCRYS equiv) (QL= 4 tabs/day) | QL | Select |
| febuxostat tab (ULORIC equiv) (QL= 1 tab/day) | QL | Select |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | Select |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| BALFAXAR INJ | - | EXC |
| BEQVEZ INJ | - | EXC |
| HEMGENIX INJ | - | EXC |
| ROCTAVIAN INJ | - | EXC |
| HYMPAVZI INJ | - | NC |
| ALPROLIX INJ | PA-PMSP | Non-Preferred Specialty |
| ALTUVIIIIO INJ | AMSP-PA | Non-Preferred Specialty |
| COAGADEX INJ (Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA | Non-Preferred Specialty |
| IDELVION INJ | PA-PMSP | Non-Preferred Specialty |
| NUWIQ INJ | AMSP-PA | Non-Preferred Specialty |
| NUWIQ KIT | PA-PMSP | Non-Preferred Specialty |
| REBINYN INJ | PA-PMSP | Non-Preferred Specialty |
| AFSTYLA KIT | PA-PMSP | Preferred Specialty |
| BENEFIX INJ | PA-PMSP | Preferred Specialty |
| HEMLIBRA INJ | AMSP-PA | Preferred Specialty |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days) | AMSP-PA-PMSP-QL | Generic Specialty |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376) | AMSP-PA-PMSP-QL-L | Generic Specialty |
| FIRAZYR INJ (QL= 36ml/30 days) | PA-PMSP-QL | Non-Preferred Specialty |
| COMPLEMENT INHIBITORS | | |
| ENJAYMO SOLN | - | EXC |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| GOHIBIC INJ | - | EXC |
| PIASKY INJ | - | EXC |
| VEOPOZ INJ | - | EXC |
| BERINERT INJ (QL= 20ml/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| CINRYZE INJ (QL= 16 vials/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| FABHALTA CAP (QL= 60 caps/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| ZILBRYSQ INJ 16.6MG/0.416ML (QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| ZILBRYSQ INJ 23MG/0.574ML (QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| ZILBRYSQ INJ 32.4MG/0.81ML (QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferred Specialty |
| HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS

| | | |
|--|----------|--------------------------------|
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
|--|----------|--------------------------------|

HEMATOLOGICAL ENZYMES - MISC

| | | |
|-------------|---|-----|
| ADZYNMA KIT | - | EXC |
|-------------|---|-----|

HEMATORHEOLOGIC AGENTS

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

PLASMA EXPANDERS

| | | |
|----------------|---|-----|
| HETASTARCH INJ | - | EXC |
|----------------|---|-----|

PLASMA KALLIKREIN INHIBITORS

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| DrugName | Special Code | Tier |
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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017) | LD-PA-QL | Non-Pref erred Specialty |
| TAKHZYRO INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |
| TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | PA-PMSP-QL-LD | Preferred Specialty |
| TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| PLASMA PROTEINS | | |
| ALBUKED INJ | - | EXC |
| RYPLAZIM SOLN | - | EXC |
| PLATELET AGGREGATION INHIBITORS | | |
| AGGRASTAT INJ | - | EXC |
| tirofiban hcl in nacl (AGGRASTAT equiv) | - | EXC |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | High Cost Generics |
| BRILINTA TAB (QL= 2 tabs/day) | QL | Non-Pref erred Brands |
| DURLAZA CAP | - | Non-Pref erred Brands |
| EFFIENT TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| PLAVIX TAB 300MG (QL= 4 tabs/30 days) | QL | Non-Pref erred Brands |
| PLAVIX TAB 75MG | - | Non-Pref erred Brands |
| ZONTIVITY TAB (Step Therapy requires trial of clopidogrel) | ST | Non-Pref erred Brands |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
| YOSPRALA TAB | --OTC | Preferred Brands |
| anagrelide cap (AGRYLIN equiv) | - | Select |
| cilostazol tab (PLETAL equiv) | - | Select |
| clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days) | QL | Select |
| clopidogrel tab 75mg (PLAVIX equiv) | - | Select |
| dipyridamole tab (PERSANTINE equiv) | - | Select |
| prasugrel tab (EFFIENT equiv) (QL= 1 tab/day) | QL | Select |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND TAB (QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |

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|--|---------------------|--------------------------------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

| | | |
|--|-------|--------------------------------|
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | Generic Specialty |
| ZAVESCA CAP (Only available through Accredo 800-803-2523) | LD-PA | Non-Pref erred Specialty |
| CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Preferred Specialty |

AGENTS FOR SICKLE CELL ANEMIA

| | | |
|---|-------------|--------------------------------|
| SIKLOS TAB (Step Therapy requires trial of DROXIA CAP) | ST | Non-Pref erred Brands |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | Non-Pref erred Specialty |
| DROXIA CAP | - | Preferred Brands |

AGENTS FOR SICKLE CELL DISEASE

| | | |
|---|-------------|--------------------------------|
| CASGEVY INJ | - | EXC |
| LYFGENIA SUSP | - | EXC |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps) | AMSP-QL-ST | Generic Specialty |
| ENDARI POWDER PACKET (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps) | LMSP-QL-ST | Non-Pref erred Specialty |
| OXBRYTA TAB 300MG (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | Non-Pref erred Specialty |

COBALAMINS

| | | |
|---|-----|-----------------------------|
| B-12 TAB ODT | OTC | EXC |
| CVS B12 CHEW | - | EXC |
| cyanocobalamin chew tab | - | EXC |
| ENERGY B-12 TAB | - | EXC |
| METHYL B-12 CHW | - | EXC |
| methylcobalamin orally disintegrating tab (B-12 equiv) | OTC | EXC |
| VITAMIN B-12 TAB 1500 TR | - | EXC |
| cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection) | ST | High Cost Generics |
| CALOMIST NASAL SPRAY | - | Non-Pref erred Brands |
| NASCOBAL SPRAY 500MCG/0.1ML | - | Non-Pref erred Brands |
| cyanocobalamin inj | - | Select |

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| | | | | | |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| FOLIC ACID/FOLATES | | |
| folic acid cap (Covered at \$0 for females only; All other members covered at generic copay) | - | Preventiv e |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | Preventiv e |
| folic acid tab 400mcg (Covered for females only) | OTC | Preventiv e |
| folic acid tab 800mcg (Covered for females only) | OTC | Preventiv e |
| HEMATOPOIETIC GENE THERAPY | | |
| ZYNTEGLO INJ | - | EXC |
| HEMATOPOIETIC GROWTH FACTORS | | |
| JESDUVROQ TAB | - | EXC |
| ROLVEDON INJ | - | EXC |
| VAFSEO TAB | - | EXC |
| ALVAIZ TAB | AMSP-PA | Non-Pref erred Specialty |
| EPOGEN/PROCRIT (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp) | AMSP-QL-ST | Non-Pref erred Specialty |
| EPOGEN/PROCRIT (QL= 4 vials/30 days; Step therapy requires trial of Retacrit or Aranesp) | AMSP-QL-ST-PMSP | Non-Pref erred Specialty |
| FYLNETRA INJ (QL= 2 syringes/28 days) | PA-QL | Non-Pref erred Specialty |
| GRANIX INJ (QL= 15 syringes/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| GRANIX INJ (QL= 15 vials/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| LEUKINE INJ | PA-PMSP | Non-Pref erred Specialty |
| MIRCERA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |
| MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553) | LMSP-PA-QL | Non-Pref erred Specialty |
| NEULASTA INJ (QL= 1.2 units/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| NEUPOGEN INJ (QL= 15 syringes/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |

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| HEMATOPOIETIC AGENTS Cont. | | |
| NIVESTYM INJ (QL= 15 syringes/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| RELEUKO INJ (QL= 15 syringes/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| RELEUKO INJ (QL= 15 vials/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| STIMUFEND INJ (QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| UDENYCA INJ (QL = 2 injectors/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| UDENYCA INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| ZIEXTENZO INJ (QL= 1.2 units/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ARANESP INJ (QL= 4 syringes/30 days) | PMSP-QL | Preferred Specialty |
| ARANESP INJ (QL= 4 vials/30 days) | PMSP-QL | Preferred Specialty |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| FULPHILA INJ (QL= 2 syringes/28 days) | PMSP-QL | Preferred Specialty |
| NYVEPRIA INJ (QL= 2 inj/28 days) | PMSP-QL | Preferred Specialty |
| PROMACTA POWDER (QL= 6 packets/day) | PA-PMSP-QL | Preferred Specialty |
| PROMACTA TAB (QL= 2 tabs/day) | PA-PMSP-QL | Preferred Specialty |
| RETACRIT INJ (QL= 12 vials/30 days) | AMSP-QL | Preferred Specialty |
| RETACRIT INJ (QL= 4 vials/30 days) | AMSP-QL-PMSP | Preferred Specialty |
| ZARXIO INJ (QL= 15 syringes/30 days) | PMSP-QL | Preferred Specialty |
| ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days) | PMSP-QL | Preferred Specialty |

HEMATOPOIETIC MIXTURES

| | | |
|--------------------------------------|-----|-----|
| CORVITE TAB | - | EXC |
| FERRO-PLEX TAB | - | EXC |
| FOLDITAM TAB | - | EXC |
| FOLIC AC-VIT B12-VIT B6-ARGININE TAB | - | EXC |
| HEMATINIC PL TAB VITAMIN | - | EXC |
| HEMAX TAB | OTC | EXC |
| MAXFE TAB | OTC | EXC |

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|--|--------------|-------------------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| MOOD POSITIV TAB 5-HTP | - | EXC |
| NEUROPHX CAP | OTC | EXC |
| TANDEM CAP | OTC | EXC |
| FEONYX TAB | - | NC |
| BIFERARX TAB | - | Non-Preferred Brands |
| BENTIVITE TAB | - | Preferred Brands |
| FOLIC ACID-CHOLECALCIFEROL CAP | - | Preferred Brands |
| FOLTABS 800 TAB | - | Preferred Brands |
| HEMATINIC/FA TAB | OTC | Preferred Brands |
| NEPHRON FA TAB | - | Preferred Brands |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | Select |
| multigen tab (CHROMAGEN equiv) | - | Select |
| IRON | | |
| FERAHEME INJ | - | EXC |
| FERROUS SULF TAB EC | - | EXC |
| ferrous sulfate ec tab | - | EXC |
| ferrous sulfate elixir | OTC | EXC |
| FERROUS SULFATE LIQUID | OTC | EXC |
| ferrous sulfate soln | OTC | EXC |
| ferumoxytol inj (FERAHEME equiv) | - | EXC |
| INJECTAFER INJ | - | EXC |
| IRON GLYCINATE CAP | OTC | EXC |
| IRON GLYCINATE LIQUID | - | EXC |
| IRON TAB | - | EXC |
| SLOW RELEASE IRON TAB | - | EXC |
| TRIFERIC AVNU INJ | - | EXC |
| ACCRUFER CAP | - | Preferred Brands |
| STEM CELL MOBILIZERS | | |
| APHEXDA INJ | - | EXC |
| MOZOBIL INJ | - | EXC |
| plerixafor subcutaneous inj (MOZOBIL equiv) | - | EXC |
| XOLREMDI CAP (QL= 60 caps/20 days; Only available through PantheRx 855-726-8479) | LD-PA-QL | Non-Preferred Specialty |

HEMOSTATICS

| HEMOSTATICS - SYSTEMIC | | |
|--|------|-------------------|
| tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv) | - | EXC |
| TRANEXAMIC INJ ACID | - | EXC |
| aminocaproic acid soln (AMICAR equiv) | AMSP | Generic Specialty |

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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------|
| HEMOSTATICS Cont. | | |
| aminocaproic acid tab (AMICAR equiv) | - | High Cost Generics |
| LYSTEDA TAB (QL= 180 tabs/30 days) | QL | Non-Pref erred Brands |
| tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days) | QL | Select |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | Select |
| zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day) | QL | Select |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate) | QL-ST | Non-Pref erred Brands |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Select |
| BARBITURATE HYPNOTICS | | |
| SEZABY INJ | - | EXC |
| SECONAL CAP | - | Non-Pref erred Brands |
| phenobarbital elixir | - | Select |
| phenobarbital tab | - | Select |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | High Cost Generics |
| SILENOR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | Non-Pref erred Brands |
| NON-BARBITURATE HYPNOTICS | | |
| dexmedetomidine hcl iv soln | - | EXC |
| DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR | - | EXC |
| DEXMEDETOMIDINE INJ | - | EXC |
| IGALMI FILM | - | EXC |
| MIDAZOLAM HCL IV SOLN PREF SYRINGE | - | EXC |
| MIDAZOLAM IV SOLN PREFILLED SYRINGE | - | EXC |
| MIDAZOLAM/NACL INJ | - | EXC |
| MIDAZOLAM/SODIUM CHLORIDE IV SOLN | - | EXC |
| midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv) | - | EXC |
| temazepam cap 22.5mg (RESTORIL equiv) | - | High Cost Generics |
| temazepam cap 7.5mg (RESTORIL equiv) | - | High Cost Generics |
| zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day) | QL | High Cost Generics |

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| DrugName | Special Code | Tier |
|--|--------------|-----------------------------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| AMBIEN CR TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| AMBIEN TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | Non-Pref erred Brands |
| FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam) | QL-ST | Non-Pref erred Brands |
| INTERMEZZO SL TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| LUNESTA TAB (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| QUAZEPAM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam) | QL-ST | Non-Pref erred Brands |
| SOMNOTE CAP | - | Non-Pref erred Brands |
| SONATA CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| SONATA CAP 10MG (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL) | QL-ST | Non-Pref erred Brands |
| ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | ST | Non-Pref erred Brands |
| estazolam tab (PROSOM equiv) | - | Select |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | Select |
| midazolam hcl syrup | - | Select |
| midazolam inj (MIDAZOLAM equiv) | - | Select |
| temazepam cap 15mg (RESTORIL equiv) | - | Select |
| temazepam cap 30mg (RESTORIL equiv) | - | Select |
| triazolam tab (HALCION equiv) | - | Select |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | Select |
| zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day) | QL | Select |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | Select |
| zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day) | QL | Select |

OREXIN RECEPTOR ANTAGONISTS

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|---|---------------------|--------------------------------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate) | QL-ST | Non-Pref erred Brands |
| QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate) | QL-ST | Non-Pref erred Brands |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| tasimelteon capsule (HETLIOZ equiv) | AMSP-PA | Generic Specialty |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | High Cost Generics |
| ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL) | QL-ST | Non-Pref erred Brands |
| HETLIOZ CAP (Only available through Accredo 888-773-7376) | LD-PA | Non-Pref erred Specialty |
| HETLIOZ SUSP (QL= 158ml/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |

LAXATIVES

| | | |
|--|-----|-----------------------------|
| BULK LAXATIVES | | |
| FIBER LIQUID | OTC | EXC |
| FIBER PACKET | - | EXC |
| METAMUCIL 4-IN-1 FIBER | - | EXC |
| METAMUCIL POWDER | OTC | EXC |
| NATURL FIBER POWDER | - | EXC |
| psyllium powder (SM FIBER equiv) | OTC | EXC |
| LAXATIVE COMBINATIONS | | |
| FIBER/VITAMIN D3 CHEW TAB | - | EXC |
| gavilyte-h kit | - | High Cost Generics |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) | - | High Cost Generics |
| CLENPIQ SOLN | - | Non-Pref erred Brands |
| GOLYTELY SOLN | - | Non-Pref erred Brands |
| HALFLYTELY BOWEL PREP KIT | - | Non-Pref erred Brands |
| MOVIPREP SOLN | - | Non-Pref erred Brands |
| NULYTELY SOLN | - | Non-Pref erred Brands |

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| LAXATIVES Cont. | | |
| PLENVU SOLN | - | Non-Pref erred Brands |
| SUCLEAR KIT | - | Non-Pref erred Brands |
| SUPREP BOWEL PREP PACK (QL= 2 fills/year) | QL | Non-Pref erred Brands |
| SUTAB TAB | - | Non-Pref erred Brands |
| SUFLAVE SOLN (QL= 2 fills/year) | QL | Preferred Brands |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventiv e |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventiv e |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventiv e |
| sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year) | QL | Select |
| LAXATIVES - MISCELLANEOUS | | |
| VIBRANT | - | EXC |
| vibrant starter kit | - | EXC |
| GIALAX KIT | - | Non-Pref erred Brands |
| KRISTALOSE PACK | - | Non-Pref erred Brands |
| KRISTALOSE PACKET | - | Non-Pref erred Brands |
| LACTULOSE PACK (Step Therapy requires trial of lactulose) | ST | Non-Pref erred Brands |
| MIRALAX PACKET | - | Non-Pref erred Brands |
| MIRALAX POWDER | - | Non-Pref erred Brands |
| lactulose soln | - | Select |
| SALINE LAXATIVES | | |
| MAGNESIUM HYDROXIDE CHEW TAB | OTC | EXC |
| MILK OF MAGNESIUM SUSP | - | EXC |
| OSMOPREP TAB (Step Therapy requires trial of CLENPIQ) | ST | Non-Pref erred Brands |
| SURFACTANT LAXATIVES | | |

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|---|---------------------|-------------|
| LAXATIVES Cont. | | |
| benzocaine-docusate sodium rectal enema | OTC | EXC |
| DOCUSATE SYRUP | - | EXC |

LOCAL ANESTHETICS-PARENTERAL

| LOCAL ANESTHETIC COMBINATIONS | | |
|--------------------------------------|---|-----|
| LIDOCAINE (BUFFERED) W/ EPINEPHRINE | - | EXC |
| LIDOCAINE/EPINEPHRINE INJ | - | EXC |
| SENSORCAINE-MPF EPINEPHRINE INJ | - | EXC |

| LOCAL ANESTHETICS - AMIDES | | |
|--|---|-----|
| LIDOCAINE HCL LOCAL SOLN PREFILLED SYRINGE | - | EXC |
| LIDOCAINE INJ | - | EXC |
| POLOCAINE INJ -MPF | - | EXC |
| ZINGO INJ | - | EXC |

| LOCAL ANESTHETICS - ESTERS | | |
|-----------------------------------|---|-----|
| TETRACAINE INJ | - | EXC |

MACROLIDES

| AZITHROMYCIN | | |
|-------------------------------------|---|------------------|
| ZITHROMAX POWDER PACK | - | Preferred Brands |
| azithromycin susp (ZITHROMAX equiv) | - | Select |
| azithromycin tab (ZITHROMAX equiv) | - | Select |

| CLARITHROMYCIN | | |
|---|---|------------------|
| CLARITHROMYC SUSP | - | Preferred Brands |
| clarithromycin ER tab (BIAXIN XL equiv) | - | Select |
| clarithromycin tab (BIAXIN equiv) | - | Select |

| ERYTHROMYCINS | | |
|--|---|----------------------|
| ERYTHROCIN INJ | - | EXC |
| erythromycin lactobionate for inj (ERYTHROCIN equiv) | - | EXC |
| ERYTHROCIN TAB | - | Non-Preferred Brands |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | Non-Preferred Brands |
| ERYTHROMYCIN CAP DR | - | Preferred Brands |
| ERYTHROMYCIN EC CAP | - | Preferred Brands |
| PCE TAB | - | Preferred Brands |
| erythromycin DR cap (ERYC equiv) | - | Select |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | Select |
| erythromycin tab (ERY-TAB equiv) | - | Select |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | Select |

| FIDAXOMICIN | | |
|-----------------------------------|----|------------------|
| DIFICID SUSP (QL= 136 mL/30 days) | QL | Preferred Brands |

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| | | | | | |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---|---------------------|----------------------|
| MACROLIDES Cont. | | |
| DIFICID TAB (QL= 20 tabs/30 days) | QL | Preferred Brands |
| MEDICAL DEVICES | | |
| PARENTERAL THERAPY SUPPLIES | | |
| HYPODERMIC NEEDLES | OTC | Preferred Brands |
| MEDICAL DEVICES AND SUPPLIES | | |
| AUDITORY SUPPLIES | | |
| CLEVER CHOIC MIS HEAR AID | - | EXC |
| BANDAGES-DRESSINGS-TAPE | | |
| GAUZE PADS/DRESSINGS - PADS 10" X 9" | OTC | EXC |
| CONTRACEPTIVES | | |
| CERVICAL CAP | - | Preventive |
| DIAPHRAGM | - | Preventive |
| FEMALE CONDOMS | OTC | Preventive |
| DIABETIC SUPPLIES | | |
| CARDIOCHEK MIS PLUS | - | EXC |
| INSULIN INFUSION DISPOSABLE PUMP - ACCESSORIES | - | EXC |
| ACCU-CHEK AVIVA PLUS METER | OTC | NC |
| ACCU-CHEK GUIDE CARE METER | OTC | NC |
| ACCU-CHEK GUIDE ME KIT | OTC | NC |
| ACCU-CHEK NANO METER | OTC | NC |
| CONTOUR METER | OTC | NC |
| CONTOUR NEXT EZ KIT | OTC | NC |
| DIABETIC METER | OTC | NC |
| FREESTYLE FREEDOM LITE METER | OTC | NC |
| FREESTYLE INSULINX METER | OTC | NC |
| FREESTYLE LITE METER | OTC | NC |
| FREESTYLE METER | OTC | NC |
| FREESTYLE PRECISION NEO METER | OTC | NC |
| ONETOUCH SOLN KIT COMPLETE | - | NC |
| ONETOUCH SOLN KIT REFILL | - | NC |
| PRECISION XTRA METER | OTC | NC |
| GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days) | PA-QL | Non-Preferred Brands |
| GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year) | PA-QL | Non-Preferred Brands |
| NON-PREFERRED CGM MONITOR SUPPLIES KIT | PA | Non-Preferred Brands |

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| DrugName | Special Code | Tier |
|---|---------------------|----------------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| V-GO INJ KIT (QL= 1 kit/day) | QL | Non-Preferred Brands |
| CALIBRATION LIQUID | OTC | Preferred Brands |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | Preferred Brands |
| LANCET KIT | OTC | Preferred Brands |
| LANCETS | OTC | Preferred Brands |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year) | QL | Preferred Brands |
| OMNIPOD 5 G6 KIT (QL= 1 kit/year) | QL | Preferred Brands |
| OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days) | QL | Preferred Brands |
| OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days) | QL | Preferred Brands |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | Preferred Brands |
| OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days) | QL | Preferred Brands |
| OMNIPOD 5 PACK PODS (QL= 15 pods/30 days) | QL | Preferred Brands |
| OMNIPOD DASH KIT (QL= 1 kit/year) | QL | Preferred Brands |

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| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| OMNIPOD DASH PODS (QL= 15 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days) | QL | Preferred Brands |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | Preferred Brands |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | EXC |
| EMBOLIZATION MICROSPHERES PREFILLED SYRINGE | - | EXC |
| PAIN RELIEF DEVICE | - | EXC |
| OPTICAL AND OPHTHALMIC SUPPLIES | | |
| SUSVIMO IMP | - | EXC |
| ORAL HYGIENE PRODUCTS | | |
| HURRISEAL MIS SNAP | - | NC |
| PARENTERAL THERAPY SUPPLIES | | |
| INPEN INSULIN INJECTION DEVICE | - | EXC |
| B-D INSULIN SYRINGE | OTC | NC |
| EASY TOUCH PEN NEEDLE | - | NC |
| INSULIN SYRINGE | OTC | NC |
| PEN NEEDLE | OTC | NC |
| ALLERGY TRAY | - | Non-Preferred Brands |
| CEQUR SIMPLICITY 2U (QL= 10 patches/30 days) | QL | Non-Preferred Brands |
| CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime) | QL | Non-Preferred Brands |
| HYPODERMIC NEEDLES | OTC | Preferred Brands |
| SAFETY SYRINGE | - | Preferred Brands |
| SYRINGE LUER-LOK | OTC | Preferred Brands |
| TB SYRINGE | - | Preferred Brands |

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|---|---------------------|-----------------------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| B-D INSULIN SYRINGE | --OTC | Select |
| BD NEEDLES | OTC | Select |
| B-D PEN NEEDLE | OTC | Select |
| NOVOFINE PEN NEEDLE | OTC | Select |
| NOVOTWIST PEN NEEDLE | OTC | Select |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | - | Non-Pref erred Brands |
| AEROCHAMBER (QL= 1 device/365 days) | QL | Preferred Brands |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| QULIPTA TAB (QL= 30 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal) | QL-ST | Non-Pref erred Brands |
| UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab) | QL-ST | Preferred Brands |
| MIGRAINE COMBINATIONS | | |
| ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days) | QL | High Cost Generics |
| ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days) | QL | High Cost Generics |
| sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics |
| CAFERGOT TAB (QL= 40 tabs/28 days) | QL | Non-Pref erred Brands |
| SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | ST | Non-Pref erred Brands |
| TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | Preferred Brands |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | Preferred Brands |
| MIGERGOT SUPP (QL= 20 supp/28 days) | QL | Preferred Brands |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | Select |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | Select |
| PRODRIN TAB | - | Select |
| MIGRAINE PRODUCTS | | |
| dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days) | QL | High Cost Generics |

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|---|--------------|----------------------|
| MIGRAINE PRODUCTS Cont. | | |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan) | QL-ST | High Cost Generics |
| D.H.E. INJ (QL= 24ml/28 days) | QL | Non-Preferred Brands |
| ERGOMAR SL TAB | - | Non-Preferred Brands |
| MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan) | QL-ST | Non-Preferred Brands |
| TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan) | QL-ST | Non-Preferred Brands |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | Non-Preferred Brands |
| NURTEC ODT (QL= 8 tabs/30 days) | PA-QL | Non-Preferred Brands |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | Preferred Brands |
| AJOVY INJ (QL= 1 inj/28 days) | PA-QL | Preferred Brands |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | Preferred Brands |
| MIGRAINE PRODUCTS - NSAIDS | | |
| diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)) | QL-ST | High Cost Generics |
| CAMBIA POWDER (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)) | QL-ST | Non-Preferred Brands |
| ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension) | QL-ST | Non-Preferred Brands |
| SEROTONIN AGONISTS | | |
| almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics |
| almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics |
| eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | High Cost Generics |
| frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days) | QL | High Cost Generics |
| sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days) | QL | High Cost Generics |
| sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days) | QL | High Cost Generics |
| zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT) | QL-ST | High Cost Generics |

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|--|--------------|-----------------------|
| MIGRAINE PRODUCTS Cont. | | |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days) | QL | High Cost Generics |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| AMERGE TAB (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands |
| AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| FROVA TAB (QL= 10 tabs/30 days) | QL | Non-Pref erred Brands |
| IMITREX INJ (QL= 1 inj/7 days) | QL | Non-Pref erred Brands |
| IMITREX INJ (QL= 8 inj/30 days) | QL | Non-Pref erred Brands |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| IMITREX TAB (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands |
| IMITREX VIAL INJ (QL= 1 inj/7 days) | QL | Non-Pref erred Brands |
| MAXALT MLT TAB (QL= 12 tabs/30 days) | QL | Non-Pref erred Brands |
| MAXALT TAB (QL= 12 tabs/30 days) | QL | Non-Pref erred Brands |
| ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | ST | Non-Pref erred Brands |
| RELPAK TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |

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| MIGRAINE PRODUCTS Cont. | | |
| SUMAVEL DOSEPRO INJ | - | Non-Pref erred Brands |
| TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan) | QL-ST | Non-Pref erred Brands |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | Non-Pref erred Brands |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | Non-Pref erred Brands |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | Non-Pref erred Brands |
| ZOMIG TAB (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands |
| ZOMIG ZMT (QL= 9 tabs/30 days) | QL | Non-Pref erred Brands |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days) | QL | Preferred Brands |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | Select |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab) | QL-ST | Select |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | Select |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days) | QL | Select |

MINERALS & ELECTROLYTES

BICARBONATES

| | | |
|--------------------|---|-----|
| SOD ACETATE INJ | - | EXC |
| sodium acetate inj | - | EXC |

CALCIUM

| | | |
|---|-----|-----|
| CALC CIT+D3 TAB | OTC | EXC |
| CALCIUM 1200 CHEW | - | EXC |
| CALCIUM 600 TAB +D | - | EXC |
| CALCIUM AND PHOS W/ VIT D CHEW TAB | - | EXC |
| calcium carbonate-vitamin d tab (CALCIUM/VITAMIN D equiv) | - | EXC |
| CALCIUM CHEW | - | EXC |
| CALCIUM GLU/NACL INJ | - | EXC |
| CALCIUM GLUCONATE CAP | - | EXC |
| CALCIUM GLUCONATE INJ | - | EXC |
| calcium gluconate inj (CALCIUM GLUCONATE equiv) | - | EXC |
| calcium gluconate-nacl iv soln (CALCIUM GLU/NACL equiv) | - | EXC |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
Category/Class
Last Updated* 11/15/2024

| DrugName | Special Code | Tier | | | | | | |
|--|---|---|--|---|---|--------------------------------|--|--|
| MINERALS & ELECTROLYTES Cont. | | | | | | | | |
| calcium phos-cholecalcif chew tab | - | EXC | | | | | | |
| CALCIUM W/ MAGNESIUM POWDER | OTC | EXC | | | | | | |
| CALCIUM/MAGNESIUM/ZINC TAB | OTC | EXC | | | | | | |
| CALCIUM GLUCONATE/NACL INJ | - | EXC | | | | | | |
| CAL-MAG TAB | OTC | EXC | | | | | | |
| HYDROXYAPATITE CMPD-CHOLECAL-MG CAP | OTC | EXC | | | | | | |
| LIQUICAL LIQ PLUS | - | EXC | | | | | | |
| OSSOPAN 1100 CAP | - | EXC | | | | | | |
| ELECTROLYTE MIXTURES | | | | | | | | |
| D2.5W/NACL INJ | - | EXC | | | | | | |
| D5W/NACL INJ | - | EXC | | | | | | |
| dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv) | - | EXC | | | | | | |
| dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv) | - | EXC | | | | | | |
| dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv) | - | EXC | | | | | | |
| DW5-NACL INJ | - | EXC | | | | | | |
| electrolyte-a solution (PLASMA-LYTE equiv) | - | EXC | | | | | | |
| kcl in dextrose/nacl inj (KCL/D5W/NACL equiv) | - | EXC | | | | | | |
| KCL/D5W/NACL INJ | - | EXC | | | | | | |
| KCL/NACL INJ | - | EXC | | | | | | |
| LACTATED RINGERS INJ | - | EXC | | | | | | |
| lactated ringers solution | - | EXC | | | | | | |
| MULT ELECTRO INJ PH | - | EXC | | | | | | |
| PLASMA-LYTE INJ -148 | - | EXC | | | | | | |
| PLASMA-LYTE INJ -A | - | EXC | | | | | | |
| potassium chloride in nacl inj | - | EXC | | | | | | |
| FLUORIDE | | | | | | | | |
| FLORIVA DROPS | - | Preferred Brands | | | | | | |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | | | | | | |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | | | | | | |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | | | | | | |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | | | | | | |
| IODINE PRODUCTS | | | | | | | | |
| XYMODINE CAP | OTC | EXC | | | | | | |
| LITHIUM | | | | | | | | |
| LITH-ORO CAP 5MG | OTC | EXC | | | | | | |
| MAGNESIUM | | | | | | | | |
| LC 655 CAP | - | EXC | | | | | | |
| MAGNESIUM CAP | OTC | EXC | | | | | | |
| MAGNESIUM CHEW TAB | - | EXC | | | | | | |
| MAGNESIUM CHW | OTC | EXC | | | | | | |
| MAGNESIUM GLYCINATE CAP | - | EXC | | | | | | |
| MAGNESIUM SU INJ | - | EXC | | | | | | |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization RDX Restricted to Diagnosis ST Step Therapy </td> <td style="width: 33%; vertical-align: top;"> NC =Not Covered EXC Plan Exclusion M Medical Benefit PMSP PeaceHealth Mandatory Specialty Pharmacy Program SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program </td> <td style="width: 33%; vertical-align: top;"> generic =small letters LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation </td> </tr> <tr> <td colspan="3" style="text-align: right;">BRANDS =CAPITAL LETTERS</td> </tr> </table> | | | AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization RDX Restricted to Diagnosis ST Step Therapy | NC =Not Covered EXC Plan Exclusion M Medical Benefit PMSP PeaceHealth Mandatory Specialty Pharmacy Program SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program | generic =small letters LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation | BRANDS =CAPITAL LETTERS | | |
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|--|--------------|---------------------------------------|
| MINERALS & ELECTROLYTES Cont. | | |
| MAGNESIUM W/ POTASSIUM CAP PHOSPHATE | OTC | EXC |
| POTASSIUM PHOSPHATE INJ | - | EXC |
| sodium phosphates inj (SODIUM PHOSPHATE equiv) | - | EXC |
| K-PHOS TAB (QL= 8 tabs/day) | QL | Non-Pref erred Brands Select |
| potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day) | QL | Select |
| POTASSIUM | | |
| potassium chloride inj | - | EXC |
| POTASSIUM GLUCONATE TAB | - | EXC |
| POTASSIUM INJ | - | EXC |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | High Cost Generics |
| potassium chloride powder packet (KLOR-CON equiv) | - | High Cost Generics |
| potassium chloride soln | - | High Cost Generics |
| POKONZA POWDER (QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln, KCL 20MEQ packet) | QL-ST | Non-Pref erred Brands Select |
| K-TAB | - | Select |
| POT/CHLORIDE EFFER TAB | - | Select |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | Select |
| potassium chloride ER cap (MICRO-K equiv) | - | Select |
| potassium chloride ER tab (K-TAB equiv) | - | Select |
| potassium chloride micro tab (K-DUR equiv) | - | Select |
| POTASSIUM CHLORIDE TAB ER | - | Select |
| SODIUM | | |
| SOD CHLORIDE INJ | - | EXC |
| sodium chloride inj | - | Select |
| TRACE MINERALS | | |
| copper gluconate tab | - | EXC |
| COPPER TAB | - | EXC |
| SELENIOS AC SOLN | - | EXC |
| selenious acid inj (SELENIOS ACID equiv) | - | EXC |
| SELENIUM TAB | - | EXC |
| ZINC | | |
| ZINC CHLORID INJ | - | EXC |
| zinc chloride inj | - | EXC |
| ZINC CITRATE CHEW TAB | - | EXC |
| ZINC HIGH AB CHEW TAB | - | EXC |
| ZINC SULFATE INJ | - | EXC |
| ZINC-VITAMIN C-VITAMIN A LOZENGE | - | EXC |
| GALZIN CAP | - | Non-Pref erred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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Category/Class
Last Updated* 11/15/2024

| DrugName | Special Code | Tier |
|--|---------------------|--------------------------|
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| ALLOGENEIC TISSUE | | |
| RETHYMIC IMPLANT | - | EXC |
| CHELATING AGENTS | | |
| penicillamine cap (CUPRIMINE equiv) | - | High Cost Generics |
| TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap) | ST | High Cost Generics |
| TRIENTINE CAP | - | NC |
| CUPRIMINE CAP | - | Non-Pref erred Brands |
| CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap) | QL-ST | Non-Pref erred Brands |
| DEPEN TITRATAB (QL= 16 tabs/day) | QL | Non-Pref erred Brands |
| SPYRINE CAP 250MG (ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap) | ST | Non-Pref erred Brands |
| penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days) | QL | Select |
| trientine cap 250mg (SPYRINE equiv) (ST req trial of generic penicillamine tab) | ST | Select |
| DIGITAL THERAPY | | |
| DIGITAL THERAPY APPLICATION | - | EXC |
| DIGITAL THERAPY APPLICATION - WOMENS HEALTH | - | EXC |
| ENDEAVORRX | - | EXC |
| LUMINOPIA MIS | - | EXC |
| ASPYRERX MIS | - | NC |
| SOMRYST | - | NC |
| HOMEOPATHIC PRODUCTS | | |
| TRAUMEEL INJ | - | EXC |
| IMMUNOMODULATORS | | |
| RYSTIGGO INJ | - | EXC |
| VYVGART HYTRULO INJ | - | EXC |
| VYVGART INJ | - | EXC |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Generic Specialty |
| JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Non-Pref erred Specialty |
| REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Pref erred Specialty |
| IMMUNOSUPPRESSIVE AGENTS | | |
| ATGAM INJ 250MG | - | EXC |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------------------|
| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) | QL-ST | High Cost Generics |
| azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) | QL-ST | High Cost Generics |
| everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day) | QL | High Cost Generics |
| sirolimus soln (RAPAMUNE equiv) | - | High Cost Generics |
| ASTAGRAF XL CAP | - | Non-Preferred Brands |
| PROGRAF PACKET | - | Non-Preferred Brands |
| ZORTRESS TAB (QL= 2 tabs/day) | QL | Non-Preferred Brands |
| ENSPRYNG INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Non-Preferred Specialty |
| LUPKYNIS CAP (QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479) | LD-PA-QL-SF | Non-Preferred Specialty |
| MYHIBBIN SUSP | - | Preferred Brands |

MISC NATURAL PRODUCTS

| | | |
|--|-----|-----|
| BLUES AWAY LIQ | - | EXC |
| BRUSELIX TAB | - | EXC |
| CLARITY GEL SUPPORT | - | EXC |
| LANSINOH ORG OIN NIPPLE | - | EXC |
| MISC NATURAL PRODUCTS CAP DR | - | EXC |
| MISC NATURAL PRODUCTS CAP ER | OTC | EXC |
| MISC NATURAL PRODUCTS CAPSULE THERAPY PACK | - | EXC |
| MITOCHONDRIAL RENEWAL KIT | OTC | EXC |
| NIX LICE SPRAY | - | EXC |

MISCELLANEOUS THERAPEUTIC CLASSES

| | | |
|------------------|-----|-----|
| AMMONIA AROM INH | OTC | EXC |
| GELATIN CAP | OTC | EXC |

PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS

| | | |
|--|------------|-------------------------|
| VIJOICE GRANULES PACKET (QL= 1 packet/day) | AMSP-PA-QL | Non-Preferred Specialty |
| VIJOICE TAB (QL= 1 tab/day) | AMSP-PA-QL | Non-Preferred Specialty |

POTASSIUM REMOVING AGENTS

| | | |
|------------------|---|--------------------|
| SPS | - | High Cost Generics |
| LOKELMA PAK 10GM | - | NC |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---|--------------|-------------------------|
| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| LOKELMA PAK 5GM | - | NC |
| VELTASSA POWDER 1GM (QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma) | QL-ST | Non-Preferred Brands |
| LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone) | QL-ST | Preferred Brands |
| PROGERIA TREATMENT AGENTS | | |
| ZOKINVY CAP | AMSP-PA | Non-Preferred Specialty |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| SAPHNELO SOLN | - | EXC |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | PA-PMSP-QL | Non-Preferred Specialty |
| BENLYSTA INJ (QL= 4 inj/28 day) | PA-PMSP-QL | Non-Preferred Specialty |
| UREMIC PRURITUS AGENTS | | |
| KORSUVA INJ | - | EXC |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| BENZOCAINE DENTAL ADHERING DISK | OTC | EXC |
| benzocaine dental cream | - | EXC |
| BENZOCAINE-MENTHOL LIQUID | - | EXC |
| BENZOCAINE-MENTHOL-ZINC CL GEL | - | EXC |
| BENZYL ALCOHOL-ZINC CHLORIDE LIQUID | - | EXC |
| FIRST MOUTHWASH BLM | - | EXC |
| ZILACTIN BABY GEL | - | EXC |
| LIDOCAINE ORAL SOLN 4% | - | Preferred Brands |
| lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) | - | Select |
| ANTI-INFECTIVES - THROAT | | |
| GLY-OXIDE SOLN | - | EXC |
| NYSTATIN SUSP (QL= 720ml/30 days) | QL | Non-Preferred Brands |
| ORAVIG TAB | - | Non-Preferred Brands |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | Select |
| nystatin susp | - | Select |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | Select |
| DENTAL PRODUCTS | | |
| FRAICHE 5000 GEL PREVI | - | EXC |
| FRAICHE 5000 GEL SENSITIV | - | EXC |

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| DrugName | Special Code | Tier |
|---|--------------|----------------------|
| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| PREVIDENT SOLN 0.2% | - | EXC |
| VANISH LIQ | - | EXC |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| sodium fluoride gel (PREVIDENT equiv) | - | Select |
| sodium fluoride paste (PREVIDENT equiv) | - | Select |
| sodium fluoride rinse (PREVIDENT equiv) | - | Select |
| LOZENGES | | |
| pectin lozenge on a handle | - | EXC |
| SORE THROAT LOLLIPOP | - | EXC |
| STERIODS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | Select |
| STERIODS - MOUTH/THROAT/DENTAL | | |
| ACYCLONINE MUM AERO POWDER | - | EXC |
| THROAT PRODUCTS - MISC. | | |
| ABREVA RAPID PAIN RELIEF | - | EXC |
| CAPHOSOL SOLN | - | EXC |
| SILATRIX GEL | - | EXC |
| XYLITOL GEL | OTC | EXC |
| XYLITOL GUM | - | EXC |
| GELCLAIR GEL | - | Non-Preferred Brands |
| NUMOISYN LOZENGE | - | Non-Preferred Brands |
| PROTHELIAL PASTE | - | Non-Preferred Brands |
| cevimeline cap (EVOXAC equiv) | - | Select |
| pilocarpine tab (SALAGEN equiv) | - | Select |
| MULTIVITAMINS | | |
| B-COMPLEX VITAMINS | | |
| B-COMPLEX INJ | - | EXC |
| B-COMPLEX VITAMIN DISINTEGRATING TAB | - | EXC |
| CVS BALANCED TAB B100 | OTC | EXC |
| EB-N3 DR CAP | - | EXC |
| B-COMPLEX W/ FOLIC ACID | | |
| b-complex w/ c and folic acid tab (NEPHRO-VITE equiv) | OTC | Select |
| DIALYVITE TAB | - | Select |
| DIALYVITE/ZINC TAB | - | Select |
| FOLBEE PLUS CZ TAB | - | Select |
| BIOTIN W/ LUTEIN | | |
| BIOTIN W/ LUTEIN TAB | - | EXC |

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|---|--------------|----------------------|
| MULTIVITAMINS Cont. | | |
| BIOTIN W/ VITAMIN C | | |
| BIOTIN W/ VITAMIN C CHEW TAB | - | EXC |
| IRON W/ VITAMINS | | |
| iron w/ vitamin tab | - | Select |
| MULTIPLE VITAMINS W/ IRON | | |
| DAVIMET/IRON CHEW | - | EXC |
| MULTIPLE VITAMINS W/ MINERALS | | |
| FINAZOL TAB | - | EXC |
| MULTIVITAMIN/MINERALS TAB | - | NC |
| VITRECYL IRON TAB | - | NC |
| VITRECYL TAB | - | NC |
| LYSIPLEX LIQUID PLUS | - | Preferred Brands |
| MULTIVITAMINS | | |
| INFUVITE INJ | - | EXC |
| MULTIPLE VITAMIN IV EMULSION | - | EXC |
| MULTIPLE VITAMIN TAB ER | - | EXC |
| FOLIKA-V TAB | - | NC |
| PED MULTIPLE VITAMINS W/ MINERALS | | |
| ALIVE GUMMIE CHEW CHILDREN | - | EXC |
| PED MV W/ FLUORIDE | | |
| FLORAFOL CHEW TAB | - | Preferred Brands |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | Preferred Brands |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | Preferred Brands |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | Preferred Brands |
| ADC/FLUORIDE DROP | - | Preventive |
| FLORIVA PLUS DROPS | - | Preventive |
| pediatric multiple vitamins/fluoride soln | - | Preventive |
| PEDIATRIC MULTIPLE VITAMINS | | |
| NOVAMV PED DROPS | OTC | EXC |
| PEDIATRIC MULTIPLE VITAMINS IV EMULSION | - | EXC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | Non-Preferred Brands |
| PEDIATRIC VITAMINS | | |
| TRI-VITAMIN INFANT DROPS | OTC | EXC |
| PRENATAL VITAMINS | | |
| ALIVE PREMIU CHW PRENATAL | - | EXC |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|---------------------|----------------------|
| MULTIVITAMINS Cont. | | |
| OBTREX DHA PAK | OTC | EXC |
| ONE A DAY PRENATAL ADV | OTC | EXC |
| PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB | - | EXC |
| PRENATOL-M TAB 27-1.2MG | - | EXC |
| ULTRA PRENATAL VITAMIN CAP | - | EXC |
| PREGEN DHA CAP | - | NC |
| PRENATRIX TAB | - | NC |
| AZESCHEW TAB 13-1MG | - | Non-Preferred Brands |
| AZESCO TAB | - | Non-Preferred Brands |
| MYNATAL-Z TAB | - | Non-Preferred Brands |
| NEONATAL 19 TAB | - | Non-Preferred Brands |
| NEONATAL FE TAB | - | Non-Preferred Brands |
| PRENARA CAP | - | Non-Preferred Brands |
| PRENATAL VITAMINS (NON-PREFERRED) | - | Non-Preferred Brands |
| VITAFOL STRIPS | - | Non-Preferred Brands |
| CONCEPT DHA CAP | - | Preferred Brands |
| MULTI-MAC TAB | - | Preferred Brands |
| PRENATABS RX TAB | - | Preferred Brands |
| PRENATAL 19 CHEW TAB | - | Preferred Brands |
| PRENATAL 19 TAB | - | Preferred Brands |
| PRENATAL CAP | OTC | Preferred Brands |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | Preferred Brands |
| VP-PNV-DHA CAP | - | Select |
| SPECIALTY VITAMINS PRODUCTS | | |
| COGNIUM COMPLETE GUMMIES | - | EXC |
| VITAMIN MIXTURES | | |
| CRANBERRY CAP URIN COM | - | EXC |

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| MULTIVITAMINS Cont. | | |
| E-400 SELENIUM CAP | - | EXC |
| VITAMIN D AND K DROPS | OTC | EXC |
| VITAMINS W/ LIPOTROPICS | | |
| COMPLEX B-100 TAB | - | EXC |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen intrathecal inj | - | EXC |
| ORPHENADRINE INJ | - | EXC |
| baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)) | QL-ST | High Cost Generics |
| baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine) | QL-ST | High Cost Generics |
| chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics |
| chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics |
| cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics |
| cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine) | ST | High Cost Generics |
| metaxalone tab (SKELAXIN equiv) | - | High Cost Generics |
| tizanidine cap (ZANAFLEX equiv) | - | High Cost Generics |
| AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Non-Pref erred Brands |
| BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)) | QL-ST | Non-Pref erred Brands |
| BACLOFEN SUSP (QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)) | QL-ST | Non-Pref erred Brands |
| FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab) | QL-ST | Non-Pref erred Brands |
| LYVISPAN GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap) | QL-ST | Non-Pref erred Brands |
| LYVISPAN GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap) | QL-ST | Non-Pref erred Brands |
| LYVISPAN GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap) | QL-ST | Non-Pref erred Brands |
| METAXALONE TAB 400MG | - | Non-Pref erred Brands |

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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine) | QL-ST | Non-Pref erred Brands |
| OZOBAX SOLN (QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab) | QL-ST | Non-Pref erred Brands |
| SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Non-Pref erred Brands |
| TANLOR TAB (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine) | QL-ST | Non-Pref erred Brands |
| BACLOFEN TAB 5MG | - | Preferred Brands |
| baclofen tab (BACLOFEN equiv) | - | Select |
| carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Select |
| chlorzoxazone tab (QL= 4 tabs/day) | QL | Select |
| chlorzoxazone tab 500mg | - | Select |
| cyclobenzaprine tab (FLEXERIL equiv) | - | Select |
| methocarbamol tab (ROBAXIN equiv) | - | Select |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | Select |
| tizanidine tab (ZANAFLEX equiv) | - | Select |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | High Cost Generics |
| DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Non-Pref erred Brands |
| FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS | | |
| SOHONOS CAP (QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Pref erred Specialty |
| MUSCLE RELAXANT COMBINATIONS | | |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab) | QL-ST | High Cost Generics |
| NORGESIC TAB FORTE | - | Non-Pref erred Brands |
| TIZANIDINE COMFORT KIT | - | Non-Pref erred Brands |
| CARISOPRODOL/ASPIRIN TAB | - | Select |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | Select |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | Select |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | Select |
| VISCOSUPPLEMENTS | | |
| SYNOJOYNT INJ | - | EXC |

NASAL AGENTS - SYSTEMIC AND TOPICAL

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | | | |

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| DrugName | Special Code | Tier |
|---|--------------|----------------------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| MONOCLONAL ANTIBODIES | | |
| SOTROVIMAB INJ | - | EXC |
| NASAL AGENT COMBINATIONS | | |
| AZENASE PAK | - | EXC |
| LIDOCAINE/OXYMETAZOLINE NASAL SOLN | - | EXC |
| DYMISTA SPRAY | - | Non-Preferred Brands |
| RYALTRIS SPRAY | - | Preferred Brands |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | Select |
| NASAL AGENTS - MISC. | | |
| ALCOHOL SWABS | OTC | EXC |
| LITTLE REMED SOLN SALINE | - | EXC |
| ALZAIR NASAL SPRAY | - | Non-Preferred Brands |
| TICANASE PAK | - | Preferred Brands |
| NASAL ANESTHETICS | | |
| COCAINE HCL SOLN | - | EXC |
| NASAL ANTIALLERGY | | |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | Non-Preferred Brands |
| PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray) | QL-ST | Non-Preferred Brands |
| azelastine nasal spray (ASTELIN equiv) | - | Select |
| olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray) | QL-ST | Select |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | Select |
| NASAL STEROIDS | | |
| BECONASE AQ NASAL SPRAY | - | EXC |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC |
| RHINOCORT AQUA NASAL SPRAY | - | EXC |
| SINUVA NASAL IMPLANT | - | EXC |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC |
| NASONEX NASAL SPRAY | - | Non-Preferred Brands |
| OMNARIS NASAL SPRAY | - | Preferred Brands |
| QNASL NASAL SPRAY | - | Preferred Brands |
| XHANCE NASAL EXHALER | - | Preferred Brands |

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| DrugName | Special Code | Tier |
|--|--------------|----------------------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| ZETONNA NASAL SPRAY | - | Preferred Brands |
| flunisolide nasal soln | - | Select |
| fluticasone nasal spray (FLONASE equiv) | - | Select |
| mometasone nasal spray (NASONEX equiv) | - | Select |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| AFRIN CHILD NASAL SOLN | OTC | EXC |
| pseudoephedrine hcl cap | - | EXC |
| SUDAFED 24HR TAB 240MG | - | EXC |
| SUDAFED CHILD LIQUID | - | EXC |
| ZEPHREX-D TAB | OTC | EXC |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | High Cost Generics |
| zephrex-d tab 30mg (QL= 240 tabs/30 days) | QL | High Cost Generics |
| ADRENALIN NASAL SOLN | - | Non-Preferred Brands |
| SUDAFD SINUS TAB 30MG (QL= 8 tabs/day) | QL | Non-Preferred Brands |
| SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days) | QL | Non-Preferred Brands |
| pseudoephedrine ER tab 120mg (QL= 2 tabs/day) | QL | Select |
| pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days) | QL | Select |
| pseudoephedrine tab 30mg (QL= 8 tabs/day) | QL | Select |
| pseudoephedrine tab 60mg (QL= 4 tabs/day) | QL | Select |

NEUROMUSCULAR AGENTS

| ALS AGENTS | | |
|--|----------|-------------------------|
| edaravone inj (RADICAVA equiv) | - | EXC |
| QALSODY SOLN | - | EXC |
| RADICAVA INJ | - | EXC |
| riluzole tab (RILUTEK equiv) | AMSP | Generic Specialty |
| RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferred Specialty |
| EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferred Specialty |
| RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007) | LD-PA | Preferred Specialty |

| FRIEDRICH'S ATAXIA AGENTS | | |
|---|----------|-------------------------|
| SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306) | LD-PA-QL | Non-Preferred Specialty |

MUSCULAR DYSTROPHY AGENTS

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|---|---------------------|-------------------------|
| NEUROMUSCULAR AGENTS Cont. | | |
| AMONDYS INJ | - | EXC |
| ELEVIDYS KIT | - | EXC |
| DUVYZAT ORAL SUSP (QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Preferred Specialty |

| | | |
|---|----------|-------------------------|
| RETT SYNDROME AGENTS | | |
| DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | Non-Preferred Specialty |

| | | |
|--|----------|-------------------------|
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Preferred Specialty |
| SPINRAZA INJ (Only available through Accredo 888-773-7376) | LD-M-PA | Non-Preferred Specialty |

NUTRIENTS

| | | |
|---|-------|-------------------------|
| LIPIDS | | |
| INTRALIPID INJ | - | EXC |
| DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523) | LD-PA | Non-Preferred Specialty |

| | | |
|----------------------------------|-----|-----|
| LIPOTROPICS | | |
| POLYENYLPHOSPHATIDYLCHOLINE CAP | OTC | EXC |
| POLYENYLPHOSPHATIDYLCHOLINE CONC | OTC | EXC |

| | | |
|-------------------------------------|-----|-----|
| MISC. NUTRITIONAL SUBSTANCES | | |
| ALASKA WILD CAP FISH OIL | - | EXC |
| ASIAN GINSNG CAP | - | EXC |
| CREATINE MONOHYDRATE LIQUID | - | EXC |
| EVENING PRIMROSE OIL CAP | - | EXC |
| OMEGA-3 FA-CHOLECALCIFEROL CAP | - | EXC |
| OMEGA-3 FATTY ACIDS CAP | OTC | EXC |
| OMEGA-3 FATTY ACIDS-VITAMIN E CAP | - | EXC |

| | | |
|--|---|-----|
| PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS | | |
| AMINO ACIDS-DEXTROSE-LIPIDS WITH ELECTROLYTES | - | EXC |

| | | |
|--------------------------------------|-------|-----|
| PROTEINS | | |
| ACETYL L-CARNITINE HCL CAP | - | EXC |
| AMINO ACIDS/ SOLN DEXTROSE | - | EXC |
| CARNITEX CAP | OTC | EXC |
| GABA TAB 25MG | OTC | EXC |
| GLUTATHIONE CAP | - | EXC |
| GNP L-LYSINE TAB | - | EXC |
| L-CARNITINE CAP | --OTC | EXC |
| levocarnitine cap | - | EXC |
| N.O.MAX ER TAB 660-50MG | OTC | EXC |
| N-ACETYL TYROSINE-PYRIDOXINE HCL CAP | OTC | EXC |
| PROTEIN CAP | OTC | EXC |

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|------------------------|---------------------|-------------|
| NUTRIENTS Cont. | | |
| theanine cap | - | EXC |
| THEANINE CHEW TAB | - | EXC |

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

| | | |
|--|---|--------|
| ARTIFICIAL TEARS DROP | - | EXC |
| GENTEAL TEAR GEL SEV D/N | - | EXC |
| GONIOTAIRE OPHTH SOLN | - | EXC |
| OPTASE DROPS | - | EXC |
| polyethylene glycol (VISINE equiv) | - | EXC |
| POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) | - | EXC |
| polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv) | - | EXC |
| PROPYLENE GLYCOL (OPHTH) | - | EXC |
| PURE AND GENTLE DROPS | - | EXC |
| VENTIVA DROP 0.7% | - | EXC |
| VENTIVA PLUS DROP | - | EXC |
| VISINE DRY SOLN EYE RLF | - | EXC |
| polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv) | - | Select |

BETA-BLOCKERS - OPHTHALMIC

| | | |
|---|-------|-----------------------|
| BIMATOPROST/TIMOLOL MALEATE OPHTH SOLN | - | EXC |
| TIMOLOL/BRIMON/DORZOL/BIMATOPROST OPHTH SOLN | - | EXC |
| TIMOLOL/BRIMONIDINE/DORZOLAMIDE OPHTH SOLN | - | EXC |
| TIMOLOL/DORZOLAMIDE/BIMATOPROST OPHTH SOLN | - | EXC |
| brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: | QL-ST | High Cost Generics |
| brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate) | | |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day) | QL | High Cost Generics |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln) | ST | High Cost Generics |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln) | ST | High Cost Generics |
| timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day) | QL | High Cost Generics |
| BETAXOLOL OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol) | QL-ST | Non-Pref erred Brands |
| BETIMOL OPHTH SOLN | - | Non-Pref erred Brands |
| BETOPTIC-S OPHTH SOLN (Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate) | ST | Non-Pref erred Brands |
| COMBIGAN OPHTH SOLN (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate) | QL-ST | Non-Pref erred Brands |
| COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Non-Pref erred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| OPHTHALMIC AGENTS Cont. | | |
| COSOPT OPHTH SOLN | - | Non-Pref erred Brands |
| ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln) | ST | Non-Pref erred Brands |
| TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2ml/day) | QL | Non-Pref erred Brands |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day) | QL | Non-Pref erred Brands |
| TIMOPTIC OPHTH SOLN 0.25% | - | Non-Pref erred Brands |
| TIMOPTIC OPHTH SOLN 0.5% | - | Non-Pref erred Brands |
| TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate ophth soln) | ST | Non-Pref erred Brands |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | Preferred Brands |
| METIPRANOLOL OPHTH SOLN | - | Preferred Brands |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | Select |
| CARTEOLOL OPHTH SOLN | - | Select |
| carteolol ophth soln (OCUPRESS equiv) | - | Select |
| dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Select |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | Select |
| LEVOBUNOLOL OPHTH SOLN | - | Select |
| levobunolol ophth soln (BETAGAN equiv) | - | Select |
| timolol maleate ophth soln 0.25% (TIMOPTIC equiv) | - | Select |
| timolol maleate ophth soln 0.5% (TIMOPTIC equiv) | - | Select |
| CHOLINERGIC AGONISTS | | |
| TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | QL-ST | Preferred Brands |
| CYCLOPLEGIC MYDRIATICS | | |
| MYDCOMBI OPHTH SOLN | - | EXC |
| ATROPINE SUL OPHTH OINT | - | Non-Pref erred Brands |
| ATROPINE SUL SOLN 1% OPHTH | QL | Non-Pref erred Brands |
| CYCLOGYL OPHTH SOLN | - | Non-Pref erred Brands |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| OPHTHALMIC AGENTS Cont. | | |
| CYCLOMYDRIL OPHTH SOLN | - | Non-Pref erred Brands |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | Non-Pref erred Brands |
| HOMATROPINE OPHTH SOLN | - | Preferred Brands |
| atropine ophth oint | - | Select |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) | QL | Select |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | Select |
| phenylephrine ophth soln (MYDFRIN equiv) | - | Select |
| tropicamide ophth soln (MYDRIACYL equiv) | - | Select |
| MIOTICS | | |
| VUITY OPHTH SOLN | - | EXC |
| MIOSTAT INJ | - | Non-Pref erred Brands |
| PHOSPHOLINE OPHTH SOLN | - | Non-Pref erred Brands |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | Select |
| OPHTHALMIC - ANGIOGENESIS INHIBITORS | | |
| BEOVU INJ | - | EXC |
| BEVACIZUMAB INJ | - | EXC |
| BYOOVIZ INJ | - | EXC |
| CIMERLI INJ | - | EXC |
| EYLEA HD INJ | - | EXC |
| EYLEA INJ | - | EXC |
| LUCENTIS INJ | - | EXC |
| PAVBLU INJ | - | EXC |
| PAVBLU SYRINGE | - | EXC |
| SUSVIMO INJ | - | EXC |
| VABYSMO INJ | - | EXC |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| BRIMONIDONE/DORZOLAMIDE SOLN | - | EXC |
| apraclonidine ophth soln 0.5% (IOPIDINE equiv) | - | High Cost Generics |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | High Cost Generics |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | High Cost Generics |
| ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Non-Pref erred Brands |
| ALPHAGAN P SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
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| OPHTHALMIC AGENTS Cont. | | |
| APRACLOPIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol) | QL-ST | Non-Pref erred Brands |
| IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln) | ST | Non-Pref erred Brands |
| SIMBRINZA OPHTH SUSP | - | Non-Pref erred Brands |
| brimonidine ophth soln 0.2% (ALPHAGAN equiv) | - | Select |
| OPHTHALMIC ANTI-INFECTIVES | | |
| MOXIFLOXACIN/BROMFENAC SOLN | - | EXC |
| POVIDONE IOD SOLN 5% | - | EXC |
| TOBRAMYCIN/VANCOMYCIN DROPS | - | EXC |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | High Cost Generics |
| MOXIFLOXACIN SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| AZASITE SOLN | - | Non-Pref erred Brands |
| BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN) | ST | Non-Pref erred Brands |
| CILOXAN OPHTH OINT | - | Non-Pref erred Brands |
| LEVOFLOXACIN OPHTH SOLN | - | Non-Pref erred Brands |
| LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth) | QL-ST | Non-Pref erred Brands |
| MOXEZA OPHTH SOLN | - | Non-Pref erred Brands |
| MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops) | QL-ST | Non-Pref erred Brands |
| TOBREX OPHTH OINT | - | Non-Pref erred Brands |
| VIGAMOX OPHTH SOLN | - | Non-Pref erred Brands |
| ZYMAXID OPHTH SOLN | - | Non-Pref erred Brands |
| BACITRACIN OPHTH OINT | - | Preferred Brands |

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| DrugName | Special Code | Tier |
|--|--------------|----------------------|
| OPHTHALMIC AGENTS Cont. | | |
| NATACYN OPHTH SUSP (QL= 45ml/30 days) | QL | Preferred Brands |
| SULFACETAMIDE SODIUM OPHTH OINT | - | Preferred Brands |
| ZIRGAN OPHTH GEL | - | Preferred Brands |
| XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)) | LD-QL-RDX | Preferred Specialty |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | Select |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | Select |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | Select |
| erythromycin ophth oint | - | Select |
| GENTAK OPHTH OINT | - | Select |
| gentamicin ophth soln (GARAMYCIN equiv) | - | Select |
| levofloxacin ophth soln (QUIXIN equiv) | - | Select |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | Select |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | Select |
| ofloxacin ophth soln (OCUFLOX equiv) | - | Select |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | Select |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | Select |
| tobramycin ophth soln (TOBREX equiv) | - | Select |
| TRIFLURIDINE OPHTH SOLN | - | Select |
| OPHTHALMIC COMPLEMENT INHIBITORS | | |
| IZERVAY SOLN | - | EXC |
| SYFOVRE INJ | - | EXC |
| OPHTHALMIC DECONGESTANTS | | |
| CLEAR EYES SOLN | - | EXC |
| EQL REDNESS RELIEF DROP | OTC | EXC |
| OPHTHALMIC IMMUNOMODULATORS | | |
| CYCLOSPORINE EMULSION 0.1% OPHTH | - | EXC |
| CEQUA (PF) OPHTH SOLN (Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | ST | Non-Preferred Brands |
| RESTASIS MULTI-DOSE (QL= 5.5ml/30 days) | QL | Non-Preferred Brands |
| RESTASIS OPHTH EMULSION 0.05% (QL= 60 vials/30 days) | QL | Non-Preferred Brands |
| VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth) | QL-ST | Non-Preferred Brands |
| VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion) | QL-ST | Non-Preferred Brands |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days) | QL | Select |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |

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| OPHTHALMIC AGENTS Cont. | | |
| XIIDRA OPHTH SOLN (QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | QL-ST | Non-Pref erred Brands |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol) | QL-ST | Non-Pref erred Brands |
| ROCKLATAN OPHTH SOLN (Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol) | ST | Non-Pref erred Brands |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| BUPIVAC/LIDO INJ | - | EXC |
| IHEEZO GEL | - | EXC |
| AKTEN OPHTH GEL | - | Non-Pref erred Brands |
| proparacaine ophth soln (ALCAINE equiv) | - | Select |
| tetracaine ophth soln | - | Select |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA VISCOUS OPHTH SOLN | - | Non-Pref erred Brands |
| OPHTHALMIC STEROIDS | | |
| XIPERE INJ | - | EXC |
| difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp) | QL-ST | High Cost Generics |
| loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | QL-ST | High Cost Generics |
| loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | QL-ST | High Cost Generics |
| DEXTENZA OPHTH INSERT | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| ALREX OPHTH SUSP 0.2% (QL= 5ml/30 days) | QL | Non-Pref erred Brands |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | Non-Pref erred Brands |
| CLOBETASOL OPHTH SUSP (QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth) | QL-ST | Non-Pref erred Brands |
| DUREZOL OPHTH EMULSION (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp) | QL-ST | Non-Pref erred Brands |

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|--|---------------------|-----------------------------|
| OPHTHALMIC AGENTS Cont. | | |
| EYSUVIS OPHTH SUSP | - | Non-Pref erred Brands |
| FML FORTE OPHTH SUSP | - | Non-Pref erred Brands |
| FML S.O.P. OPHTH OINT | - | Non-Pref erred Brands |
| INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Non-Pref erred Brands |
| LOTEMAX GEL (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | QL-ST | Non-Pref erred Brands |
| LOTEMAX OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Non-Pref erred Brands |
| PRED FORTE OPHTH SUSP | - | Non-Pref erred Brands |
| PRED-G S.O.P OPHTH OINTMENT | - | Non-Pref erred Brands |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | Non-Pref erred Brands |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | Non-Pref erred Brands |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | Non-Pref erred Brands |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | Non-Pref erred Brands |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | Non-Pref erred Brands |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | Non-Pref erred Brands |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | Non-Pref erred Brands |
| TOBRADEX ST OPHTH SUSP | - | Non-Pref erred Brands |
| BLEPHAMIDE OPHTH SOLN | - | Preferred Brands |
| FLAREX OPHTH SUSP | - | Preferred Brands |

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| OPHTHALMIC AGENTS Cont. | | |
| LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Preferred Brands |
| LOTEMAX SM GEL | - | Preferred Brands |
| MAXIDEX OPHTH SOLN | - | Preferred Brands |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | Preferred Brands |
| PRED MILD OPHTH SOLN | - | Preferred Brands |
| PRED-G OPHTH SOLN | - | Preferred Brands |
| TOBRADEX OPHTH OINT | - | Preferred Brands |
| ZYLET OPHTH SUSP | - | Preferred Brands |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | Select |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | Select |
| loteprednol ophth susp (LOTEMAX equiv) | - | Select |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | Select |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | Select |
| prednisolone acetate ophth susp | - | Select |
| PREDNISOLONE OPHTH SUSP | - | Select |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | Select |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | Select |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | Select |
| OPHTHALMIC SURGICAL AIDS | | |
| DUOVISC KIT | - | EXC |
| HEALON DUET INJ | - | EXC |
| HEALON GV INJ | - | EXC |
| OPHTHALMICS - MISC. | | |
| fluorescein sodium iv soln (FLUORESCITE equiv) | - | EXC |
| FLUORESCITE INJ OP | - | EXC |
| bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln) | QL-ST | High Cost Generics |
| brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln) | ST | High Cost Generics |
| bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | High Cost Generics |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | QL-ST | High Cost Generics |
| epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln) | QL-ST | High Cost Generics |
| ALOMIDE OPHTH SOLN | - | Non-Preferred Brands |
| AZOPT OPHTH SUSP | - | Non-Preferred Brands |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| OPHTHALMIC AGENTS Cont. | | |
| AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln) | --ST | Non-Pref erred Brands |
| BEPREVE DROPS (QL= 5mL/25 days) | QL | Non-Pref erred Brands |
| BROMSITE DROP | - | Non-Pref erred Brands |
| EMADINE OPHTH SOLN | - | Non-Pref erred Brands |
| MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion) | QL-ST | Non-Pref erred Brands |
| NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP | - | Non-Pref erred Brands |
| PATANOL OPHTH SOLN | - | Non-Pref erred Brands |
| PROLENSA OPHTH SOLN 0.07% (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | QL-ST | Non-Pref erred Brands |
| UPNEEQ SOLN (QL= 30 droppers/30 days) | PA-QL | Non-Pref erred Brands |
| CYSTADROPS SOLN (QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RDX | Non-Pref erred Specialty |
| ACULAR (LS) OPHTH SOLN | - | Preferred Brands |
| ACUVAIL OPHTH SOLN | - | Preferred Brands |
| ALOCRIL OPHTH SOLN | - | Preferred Brands |
| FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | Preferred Brands |
| LASTACFT OPHTH SOLN | - | Preferred Brands |
| PAZEO OPHTH SOLN | - | Preferred Brands |
| ZERVIAE OPHTH SOLN (QL= 30 single use containers/30 days) | QL | Preferred Brands |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416) | LD-QL-RDX | Preferred Specialty |
| azelastine ophth soln (OPTIVAR equiv) | - | Select |
| cromolyn ophth soln (CROLOM equiv) | - | Select |
| CROMOLYN SODIUM OPHTH SOLN | - | Select |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | Select |
| dorzolamide ophth soln (TRUSOPT equiv) | - | Select |

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| | | | | | |
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| PA | Prior Authorization | PMSP | PeaceHealth Mandatory Specialty Pharmacy Program | QL | Quantity Limit |
| RDX | Restricted to Diagnosis | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|--|---------------------|-----------------------------|
| OPHTHALMIC AGENTS Cont. | | |
| ketorolac ophth soln .05% (ACULAR (LS) equiv) | - | Select |
| ketorolac ophth soln .4% (ACULAR (LS) equiv) | - | Select |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | Select |
| PROSTAGLANDINS - OPTHALMIC | | |
| IDOSE TR IMP | - | EXC |
| LUMIGAN OPTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands |
| TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands |
| VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands |
| XALATAN OPTH SOLN (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | ST | Non-Pref erred Brands |
| XELPROS OPTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | ST | Non-Pref erred Brands |
| ZIOPTAN OPTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost) | QL-ST | Non-Pref erred Brands |
| IYUZEH OPTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) | QL-ST | Preferred Brands |
| bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select |
| latanoprost ophth soln (XALATAN equiv) | - | Select |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select |

OTIC AGENTS

| | | |
|--|---|-----------------------------|
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | Select |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | Select |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN OTIC SOLN | - | Preferred Brands |
| ofloxacin otic soln (FLOXIN equiv) | - | Select |
| OTIC COMBINATIONS | | |
| CORTIC-ND DROPS | - | EXC |
| CIPRO HC OTIC SUSP | - | Non-Pref erred Brands |
| CIPRODEX | - | Non-Pref erred Brands |

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|---|---------------------|-----------------------------|
| OTIC AGENTS Cont. | | |
| COLY-MYCIN S OTIC SUSP | - | Non-Pref erred Brands |
| COLY-MYCIN-S SUSP OTIC | - | Non-Pref erred Brands |
| CORTANE-B OTIC SOLN | - | Non-Pref erred Brands |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/fill, 2 fills/month; Step Therapy requir trial of neomycin/polymixin/hydrocortisone otic) | QL-ST | Non-Pref erred Brands |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | Select |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | Select |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | Select |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | Select |
| otomax-HC otic soln (CORTANE-B equiv) | - | Select |

OTIC STEROIDS

| | | |
|---|---|--------|
| DEX24 INJ | - | EXC |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | Select |
| fluocinolone otic oil (DERMOTIC equiv) | - | Select |

OXYTOCICS

ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING

| | | |
|---|---|-----------------------------|
| CARBOPROST TROMETHAMINE IM SOLN PEF SYR | - | EXC |
| MPM PAK | - | EXC |
| CERVIDIL INSERTS | - | Non-Pref erred Brands |
| PREPIDIL GEL | - | Non-Pref erred Brands |
| PROSTIN E2 SUPP | - | Non-Pref erred Brands |

OXYTOCICS

| | | |
|---|---|--------|
| methylergonovine tab (METHERGINE equiv) | - | Select |
|---|---|--------|

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS

| | | |
|--|-------|------------------------|
| HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010) | LD-PA | Preferred Specialty |
|--|-------|------------------------|

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

| | | |
|------------|---------|------------------------|
| HYQVIA INJ | PA-PMSP | Preferred Specialty |
|------------|---------|------------------------|

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

| | | |
|--|---|-----|
| ALYGLO INJ | - | EXC |
| BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN | - | EXC |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|--------------|-------------------------|
| PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont. | | |
| CNJ-016 INJ | - | EXC |
| CYTOGAM INJ | - | EXC |
| CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Non-Preferred Specialty |
| XEMBIFY INJ | PA-PMSP | Non-Preferred Specialty |
| CUVITRU INJ | PA-PMSP | Preferred Specialty |
| CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555) | PA-PMSP-LD | Preferred Specialty |
| HIZENTRA INJ | PA-PMSP | Preferred Specialty |
| MONOCLONAL ANTIBODIES | | |
| BEBTELOVIMAB IV SOLN | - | EXC |
| BEYFORTUS INJ | - | EXC |
| EVUSHELD SOLN | - | EXC |
| PEMGARDA SOLN | - | EXC |
| REGEN-COVID INJ | - | EXC |
| SYNAGIS INJ (QL= 2 inj/28 days) | PA-PMSP-QL | Preferred Specialty |

PENICILLINS

AMINOPENICILLINS

| | | |
|--|----|----------------------|
| AMPICILLIN INJ | - | EXC |
| MOXATAG TAB (Step Therapy requires trial of amoxicillin) | ST | Non-Preferred Brands |
| amoxicillin cap (TRIMOX equiv) | - | Select |
| amoxicillin chew tab (AMOXIL equiv) | - | Select |
| AMOXICILLIN CHEW TAB 250MG | - | Select |
| amoxicillin susp (TRIMOX equiv) | - | Select |
| amoxicillin tab (AMOXIL equiv) | - | Select |
| ampicillin cap (AMPICILLIN equiv) | - | Select |

NATURAL PENICILLINS

| | | |
|-----------------------------------|---|--------|
| EXTENCILLINE INJ | - | EXC |
| penicillin vk tab (VEETIDS equiv) | - | Select |

PENICILLIN COMBINATIONS

| | | |
|---|---|----------------------|
| AMOXICILLIN/CLAVULANATE ER TAB | - | Non-Preferred Brands |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | Select |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | Select |

PENICILLINASE-RESISTANT PENICILLINS

| | | |
|-----------------------------------|---|--------|
| dicloxacillin cap (DYNAPEN equiv) | - | Select |
|-----------------------------------|---|--------|

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---------------------------------------|---------------------|------------------|
| PHARMACEUTICAL ADJUVANTS Cont. | | |
| PH 12 STERILE SOLN FLOLAN | - | EXC |
| STERILE DILUTION SOLN | - | EXC |
| PHARMACEUTICAL EXCIPIENTS | | |
| GALEN IQ 900 POWDER | - | EXC |
| SEMI SOLID VEHICLES | | |
| BASE D PEG GRANULES | - | EXC |
| VERSAPENN AL GEL ANHYDROU | - | EXC |
| LANOLIN OINT | OTC | Preferred Brands |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | Preferred Brands |

PROGESTINS

| PROGESTINS | | |
|---|------------|-------------------------|
| MAKENA INJ (QL= 4 vials/28 days) | PA-PMSP-QL | Non-Preferred Specialty |
| MAKENA INJ (QL= 4.4 ml/28 days) | PA-PMSP-QL | Non-Preferred Specialty |
| hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) | AMSP-PA-QL | Preferred Specialty |
| medroxyprogesterone tab (PROVERA equiv) | - | Select |
| megestrol ES susp (MEGACE ES equiv) | - | Select |
| MEGESTROL SUSP | - | Select |
| norethindrone tab (AYGESTIN equiv) | - | Select |
| progesterone cap (PROMETRIUM equiv) | - | Select |
| progesterone oil inj | - | Select |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

| AGENTS FOR CHEMICAL DEPENDENCY | | |
|---|----|----------------------|
| LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month) | QL | Non-Preferred Brands |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | Select |
| disulfiram tab (ANTABUSE equiv) | - | Select |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month) | QL | Select |

| ANTI-CATAPLECTIC AGENTS | | |
|---|----------|-------------------------|
| LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferred Specialty |
| LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferred Specialty |
| LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferred Specialty |
| LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Preferred Specialty |

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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| LUMRYZ STARTER PACK (QL= 28 packets/28 days; Only available through Accredo 888-773-7376) | LD-PA-QL | Non-Pref erred Specialty |
| SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | Non-Pref erred Specialty |
| XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA | Non-Pref erred Specialty |
| ANTIDEMENTIA AGENTS | | |
| ADUHELM INJ | - | EXC |
| KISUNLA INJ | - | EXC |
| LEQEMBI SOLN | - | EXC |
| memantine soln (NAMENDA equiv) (QL= 300 ml/30 days) | QL | High Cost Generics |
| rivastigmine patch (EXELON equiv) (QL= 1 patch/day) | QL | High Cost Generics |
| ADLARITY PATCH (QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT) | QL-ST | Non-Pref erred Brands |
| ARICEPT TAB 10MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ARICEPT TAB 23MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| ARICEPT TAB 5MG (QL= 1 tab/day) | QL | Non-Pref erred Brands |
| EXELON PATCH (QL= 1 patch/day) | QL | Non-Pref erred Brands |
| NAMENDA TAB (Step Therapy requires trial of memantine tab) | ST | Non-Pref erred Brands |
| NAMENDA TITRAPAK (QL= 49 tabs/28 days) | QL | Non-Pref erred Brands |
| NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Non-Pref erred Brands |
| NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Non-Pref erred Brands |
| RAZADYNE ER CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| RAZADYNE TAB (QL= 60 tabs/30 days) | QL | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|---|--------------|-----------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab) | QL-ST | Preferred Brands |
| NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Preferred Brands |
| donepezil ODT (ARICEPT equiv) | - | Select |
| donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select |
| donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select |
| galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day) | QL | Select |
| GALANTAMINE SOLN | - | Select |
| galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days) | QL | Select |
| memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Select |
| memantine tab (NAMENDA equiv) | - | Select |
| memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days) | QL | Select |
| rivastigmine cap (EXELON equiv) | - | Select |
| CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS | | |
| SKYSONA INJ | - | EXC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| DULOXICAINE PACK | - | EXC |
| olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day) | QL | High Cost Generics |
| LYBALVI TAB (QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone) | QL-ST | Non-Pref erred Brands |
| SYMBYAX CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | Preferred Brands |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | Select |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin) | ST | Non-Pref erred Brands |
| SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin) | QL-ST | Non-Pref erred Brands |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS | | |
| ADDYI TAB | - | EXC |
| VYLEESI INJ (QL= 2.4 ml/28 days) | PA-QL | Non-Pref erred Brands |
| METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS | | |
| LENMELDY INJ | - | EXC |
| MOVEMENT DISORDER DRUG THERAPY | | |
| tetrabenazine tab (XENAZINE equiv) | AMSP-PA | Generic Specialty NC |
| AUSTEDO TITRATION PACK | - | NC |

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| | Step Therapy | | Vaccine Program | | |

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

PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|--------------|--------------------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| AUSTEDO TAB 12MG (QL= 120 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| AUSTEDO TAB 6MG (QL= 30 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| AUSTEDO TAB 9MG (QL= 30 tabs/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| AUSTEDO XR TAB (QL= 30 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AUSTEDO XR TAB 18MG (QL= 2 tabs/day) | AMSP-PA-QL | Non-Pref erred Specialty |
| AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AUSTEDO XR TAB 6MG (QL= 60 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | Non-Pref erred Specialty |
| AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year) | LD-PA-QL | Non-Pref erred Specialty |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Non-Pref erred Specialty |
| XENAZINE TAB (Only available through Walgreens 888-347-3416) | LD-PA | Non-Pref erred Specialty |

MULTIPLE SCLEROSIS AGENTS

| | | |
|--|---------|----------------------|
| BRIUMVI INJ | - | EXC |
| dalfampridine ER tab (AMPYRA equiv) | AMSP-PA | Generic Specialty |
| dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty |
| fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days) | AMSP-QL | Generic Specialty |
| glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days) | AMSP-QL | Generic Specialty |

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

| | | | | | |
|------|---|------|--|------|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|-----------------|--------------------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days) | AMSP-QL | Generic Specialty |
| teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days) | AMSP-QL | Generic Specialty |
| ZINBRYTA INJ | - | NC |
| AMPYRA TAB | PA-PMSP | Non-Pref erred Specialty |
| AUBAGIO TAB (QL= 30 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| BETASERON INJ (QL= 14 kits/28 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty |
| COPAXONE INJ 20MG/ML (QL= 30 syringes/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| COPAXONE INJ 40MG/ML (QL= 12 syringes/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| EXTAVIA INJ (QL= 14 kits/28 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| GILENYA CAP (QL= 30 caps/30 days) | AMSP-PA-PMSP-QL | Non-Pref erred Specialty |
| MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| MAYZENT TAB (QL= 1 tab/day) | PA-PMSP-QL | Non-Pref erred Specialty |
| MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year) | PA-PMSP-QL | Non-Pref erred Specialty |
| OCREVUS INJ (QL= 60ml/365 days) | M-PA-PMSP-QL | Non-Pref erred Specialty |
| OCREVUS ZUNOVO INJ (QL= 23ml/180 days; Only available through Emerging Health 971-290-2010) | LD-M-PA-QL | Non-Pref erred Specialty |
| PLEGRIDY INJ (QL= 1 kit/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| PLEGRIDY PEN INJ (QL= 1 kit/28 days) | PA-PMSP-QL | Non-Pref erred Specialty |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|---------------------|--------------------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| PONVORY TAB (QL= 30 tabs/30 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| PONVORY TAB STARTER PACK (QL= 14 tabs/14 days) | AMSP-PA-QL | Non-Pref erred Specialty |
| TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| TECFIDERA CAP (QL= 60 caps/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| TECFIDERA STARTER PACK (QL= 60 caps/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ZEPOSIA CAP (QL=30 caps/30 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| ZEPOSIA STARTER PACK (QL= 37 caps/37 days) | PA-PMSP-QL | Non-Pref erred Specialty |
| AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-PMSP-QL-ST | Preferred Specialty |
| KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | PMSP-QL-ST | Preferred Specialty |
| REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | PMSP-QL-ST | Preferred Specialty |
| VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Preferred Specialty |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day) | PA-QL | High Cost Generics |
| pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln) | QL-ST | High Cost Generics |
| GRALISE STARTER PACK | - | Non-Pref erred Brands |
| GRALISE TAB (QL= 2 tabs/day) | PA-QL | Non-Pref erred Brands |
| LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln) | QL-ST | Non-Pref erred Brands |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE TAB | - | Preferred Brands |
| FLUOXETINE CAP (PMDD) | - | Select |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA) | QL-ST | Preferred Brands |

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| | | | | | |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AQNEURSA POWDER | - | NC |
| MIPLYFFA CAP | - | NC |
| ERGOLOID MESYLATES TAB | - | Non-Pref erred Brands |
| PIMOZIDE TAB | - | Preferred Brands |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB (QL= 30 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| HORIZANT TAB 600MG ER (QL= 60 tabs/30 days) | PA-QL | Non-Pref erred Brands |
| SMOKING DETERRENTS | | |
| KLS QUIT2 GUM | - | EXC |
| KLS QUIT2 LOZ | - | EXC |
| KLS QUIT4 GUM | - | EXC |
| KLS QUIT4 LOZ | - | EXC |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |

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| | | | | | |
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| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|--|----------------|--------------------------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| AMVUTTRA SOLN | - | EXC |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Non-Pref erred Specialty |
| WAINUA INJ (QL= 0.8ml/28 days; Only available through Orsini Pharmacy 800-410-8575) | LD-PA-QL | Non-Pref erred Specialty |
| VASOMOTOR SYMPTOM AGENTS | | |
| paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day) | QL | High Cost Generics |
| BRISDELLE CAP (QL= 1 cap/day) | QL | Non-Pref erred Brands |
| RESPIRATORY AGENTS - MISC. | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| ZEMAIRA INJ | - | EXC |
| CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL CAP (QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)) | AMSP-QL-RDX-ST | Non-Pref erred Specialty |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| PULMOZYME INH SOLN (QL= 30 ampules/30 days) | PMSP-QL-RDX | Preferred Specialty |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| PULMONARY FIBROSIS AGENTS | | |
| pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day) | AMSP-PA-QL-SF | Generic Specialty |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | Generic Specialty |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |

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| | | | | | |
|------|---|------|--|------|--------------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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| DrugName | Special Code | Tier |
|--|---------------------|--------------------------------|
| RESPIRATORY AGENTS - MISC. Cont. | | |
| ESBRIET CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | AMSP-PA-QL-SF | Non-Pref erred Specialty |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |

SULFONAMIDES

| | | |
|--|----|--------|
| SULFONAMIDES | | |
| sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day) | QL | Select |

TETRACYCLINES

| | | |
|--|----------|--------------------------------|
| AMINOMETHYLCYCLINES | | |
| NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416) | LD-PA-QL | Non-Pref erred Specialty |

| | | |
|----------------------------------|---|---------------------|
| TETRACYCLINE COMBINATIONS | | |
| NICAZELDOXY KIT | - | Preferred Brands |

| | | |
|--|-------|-----------------------------|
| TETRACYCLINES | | |
| doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics |
| doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics |
| doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics |
| doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | High Cost Generics |
| doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets) | QL-ST | High Cost Generics |
| doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate) | ST | High Cost Generics |
| doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets) | QL-ST | High Cost Generics |
| doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day) | QL | High Cost Generics |
| doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate 50mg or 100mg tablets) | QL-ST | High Cost Generics |
| minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab) | QL-ST | High Cost Generics |
| minocycline tab (DYNACIN equiv) | - | High Cost Generics |
| ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Non-Pref erred Brands |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------|
| TETRACYCLINES Cont. | | |
| DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR) | QL-ST | Non-Pref erred Brands |
| DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Non-Pref erred Brands |
| MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline) | QL-ST | Non-Pref erred Brands |
| MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab) | QL-ST | Non-Pref erred Brands |
| MONODOX CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| MORGIDOX KIT (QL= 1 kit/30 days) | QL | Non-Pref erred Brands |
| OCUDOX KIT | - | Non-Pref erred Brands |
| SEYSARA TAB | - | Non-Pref erred Brands |
| SOLODYN TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab) | QL-ST | Non-Pref erred Brands |
| TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate) | QL-ST | Non-Pref erred Brands |
| VIBRAMYCIN CAP (QL= 2 caps/day) | QL | Non-Pref erred Brands |
| VIBRAMYCIN SYRUP | - | Non-Pref erred Brands |
| demeclocycline tab (DECLOMYCIN equiv) | - | Select |
| doxycycline hyclate cap (QL= 2 caps/day) | QL | Select |
| doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day) | QL | Select |
| doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Select |
| doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day) | QL | Select |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | Select |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | Select |
| doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day) | QL | Select |
| doxycycline susp (VIBRAMYCIN equiv) | - | Select |
| minocycline cap (MINOCIN equiv) | - | Select |
| tetracycline cap | - | Select |

THYROID AGENTS

ANTITHYROID AGENTS

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| | | | | | |
|------|---|------|--|------|--------------------------------|
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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| THYROID AGENTS Cont. | | |
| SODIUM IODIDE I-131 SOLN | - | EXC |
| methimazole tab (TAPAZOLE equiv) | - | Select |
| propylthiouracil tab | - | Select |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | EXC |
| LEVOTHYROXINE INJ | - | EXC |
| LEVOTHYROXINE INJ 100MCG/ML | - | EXC |
| levothyroxine sodium for iv inj (LEVOTHYROXINE equiv) | - | EXC |
| LIOthyRONINE INJ | - | EXC |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | EXC |
| ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab) | QL-ST | Non-Pref erred Brands |
| SYNTHROID TAB | - | Non-Pref erred Brands |
| THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine) | ST | Non-Pref erred Brands |
| THYROLAR TAB | - | Non-Pref erred Brands |
| TIROSINT CAP | - | Non-Pref erred Brands |
| TIROSINT-SOL (Step therapy requires trial of levothyroxine) | ST | Non-Pref erred Brands |
| levothyroxine tab (SYNTHROID equiv) | - | Select |
| liothyronine tab (CYTOMEL equiv) | - | Select |

TOXOIDS

| TOXOID COMBINATIONS | | |
|-------------------------------|-----|----------------|
| ADACEL/BOOSTRIX INJ | VAC | Preventiv e |
| INFANRIX INJ | VAC | Preventiv e |
| TETANUS/DIPHThERIA TOXOID INJ | VAC | Preventiv e |
| VAXELIS INJ | VAC | Preventiv e |

ULCER DRUGS

| ANTISPASMODICS | | |
|---|---|-----|
| glycopyrrolate inj 0.2mg/ml (ROBINUL equiv) | - | EXC |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | EXC |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | EXC |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | EXC |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | EXC |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | EXC |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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| DrugName | Special Code | Tier |
|---|---------------------|-----------------------------|
| ULCER DRUGS Cont. | | |
| hyoscyamine tab (LEVSIN equiv) | - | EXC |
| b-donna tab (DONNATAL equiv) (QL= 8 tabs/day) | QL | High Cost Generics |
| pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days) | QL | High Cost Generics |
| CUVPOSA SOLN (QL= 9ml/day) | QL | Non-Pref erred Brands |
| DONNATAL ELIXIR (QL= 1200ml/30 days) | QL | Non-Pref erred Brands |
| DONNATAL TAB (QL= 8 tabs/day) | QL | Non-Pref erred Brands |
| GLYCATATE TAB, GLYCOPYRROLATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg) | QL-ST | Non-Pref erred Brands |
| SYMAX DUOTAB | - | Non-Pref erred Brands |
| BELLADONNA ALKALOID/OPIUM SUPP | - | Preferred Brands |
| PROPANTHELINE TAB | - | Preferred Brands |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | Select |
| dicyclomine cap (BENTYL equiv) | - | Select |
| dicyclomine soln (BENTYL equiv) | - | Select |
| dicyclomine tab (BENTYL equiv) | - | Select |
| glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day) | QL | Select |
| glycopyrrolate tab (ROBINUL equiv) | - | Select |
| methscopolamine tab (PAMINE equiv) | - | Select |
| H-2 ANTAGONISTS | | |
| PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine) | ST | Non-Pref erred Brands |
| ZANTAC EFFER TAB | - | Non-Pref erred Brands |
| cimetidine soln (CIMETIDINE equiv) | - | Select |
| cimetidine tab (TAGAMET equiv) | - | Select |
| famotidine susp (PEPCID equiv) | - | Select |
| famotidine tab (PEPCID equiv) | - | Select |
| nizatidine cap (AXID equiv) | - | Select |
| ranitidine cap (ZANTAC equiv) | - | Select |
| ranitidine syrup (ZANTAC equiv) | - | Select |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | Select |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | Select |
| PROTON PUMP INHIBITORS | | |

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| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
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**PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|---|---------------------|----------------------|
| ULCER DRUGS Cont. | | |
| ESOMEPRAZOLE-EZS KIT | - | EXC |
| FIRST OMEPRAZOLE SUSP | - | EXC |
| LANSOPRAZOLE SUSP | - | EXC |
| ACIPHEX TAB | - | Non-Preferred Brands |
| NEXIUM CAP | - | Non-Preferred Brands |
| PREVACID CAP | - | Non-Preferred Brands |
| PRILOSEC CAP | - | Non-Preferred Brands |
| PROTONIX EC TAB | - | Non-Preferred Brands |
| ACIPHEX SPRINKLE CAP | - | Preferred Brands |
| ESOMEPRAZOLE STRONTIUM CAP | - | Preferred Brands |
| NEXIUM GRANULE PACK | - | Preferred Brands |
| PRILOSEC POWDER PACKET | - | Preferred Brands |
| esomeprazole cap (NEXIUM equiv) | - | Select |
| lansoprazole cap (PREVACID equiv) | OTC | Select |
| omeprazole DR cap (PRILOSEC equiv) | - | Select |
| omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) | OTC | Select |
| pantoprazole EC tab (PROTONIX equiv) | - | Select |
| rabeprazole EC tab (ACIPHEX equiv) | - | Select |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | Select |
| ULCER THERAPY COMBINATIONS | | |
| ZEGERID CAP | - | Non-Preferred Brands |
| ZEGERID CAP OTC | OTC | Non-Preferred Brands |
| ZEGERID POWDER PACK | - | Non-Preferred Brands |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | Select |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | Select |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| ATROPINE SUL INJ | - | EXC |

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|---|---------------------|----------------------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| atropine sulfate inj | - | EXC |
| atropine sulfate iv soln | - | EXC |
| glycopyrrolate inj 0.2mg/ml (ROBINUL equiv) | - | EXC |
| glycopyrrolate inj pf soln prefilled syringe | - | EXC |
| GLYRX-PF INJ 0.2MG/ML | - | EXC |
| HYOSCYAMINE INJ | - | EXC |
| DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution) | QL-ST | Non-Preferred Brands |
| GLYCATE TAB (Step Therapy requires trial of glycopyrrolate) | ST | Non-Preferred Brands |
| H-2 ANTAGONISTS | | |
| CIMETIDINE SOLN | - | Preferred Brands |
| NIZATIDINE CAP | - | Preferred Brands |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | Select |
| PROTON PUMP INHIBITORS | | |
| FIRST PANTOPRAZOLE SUSP | - | EXC |
| PANTOPRAZOLE SOLN | - | EXC |
| dexlansoprazole DR cap (DEXILANT equiv) (QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab) | QL-ST | High Cost Generics |
| VOQUEZNA TAB | - | NC |
| DEXILANT DR CAP (QL= 1 cap/day) | QL | Non-Preferred Brands |
| NEXIUM 24HR TAB | - | Non-Preferred Brands |
| NEXIUM GRANULE PACK | - | Non-Preferred Brands |
| PREVACID SOLUTAB | - | Non-Preferred Brands |
| PRILOSEC OTC DR TAB | - | Non-Preferred Brands |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | Preferred Brands |
| esomeprazole DR granule pack (NEXIUM equiv) | - | Select |
| esomeprazole magnesium DR tab (NEXIUM equiv) | - | Select |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | Select |
| omeprazole tab | OTC | Select |
| ULCER THERAPY COMBINATIONS | | |
| PREVPAC KIT | - | EXC |

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PeaceHealth Formulary
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| DrugName | Special Code | Tier |
|--|---------------------|-----------------------------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline) | ST | High Cost Generics |
| HELIDAC PACK | - | NC |
| PYLERA CAP | - | NC |
| TALICIA CAP (QL= 168 caps/14 days) | QL | Non-Pref erred Brands |
| VOQUEZNA DUAL PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit) | QL-ST | Non-Pref erred Brands |
| VOQUEZNA TRIP PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit) | QL-ST | Non-Pref erred Brands |
| KONVOMEK SUSP | OTC | Preferred Brands |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | Preferred Brands |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | Select |

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

| | | |
|---|---|-----------------------|
| tropium chloride SR cap (SANCTURA XR equiv) | - | High Cost Generics |
|---|---|-----------------------|

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

| | | |
|--|--------|-----------------------------|
| darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, tropium IR/ER, solifenacin) | ST | High Cost Generics |
| fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, tropium IR/ER, solifenacin) | QL-ST | High Cost Generics |
| tolterodine tab (DETROL equiv) | - | High Cost Generics |
| tropium tab (SANCTURA equiv) | - | High Cost Generics |
| VESICARE LS SUSP | - | NC |
| ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, tropium, or tropium ER) | ST | Non-Pref erred Brands |
| GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, tropium, or tropium ER) | ST | Non-Pref erred Brands |
| OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin) | QL-ST | Non-Pref erred Brands |
| OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, tropium, or tropium ER) | OTC-ST | Non-Pref erred Brands |
| TOVIAZ TAB (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, tropium tab/SR cap) | QL-ST | Non-Pref erred Brands |
| VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, tropium, or tropium ER) | QL-ST | Non-Pref erred Brands |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
| RDX | Prior Authorization | SF | PeaceHealth Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit |
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| | Step Therapy | | Vaccine Program | | |

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|---|--------------|-----------------------|
| URINARY ANTISPASMODICS Cont. | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | Select |
| oxybutynin syrup | - | Select |
| oxybutynin tab (DITROPAN equiv) | - | Select |
| solifenacin tab (VESICARE equiv) (QL= 1 tab/day) | QL | Select |
| tolterodine SR cap (DETROL LA equiv) | - | Select |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| mirabegron tab er (MYRBETRIQ equiv) (ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, trospium tab/SR cap) | ST | High Cost Generics |
| GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER) | QL-ST | Non-Pref erred Brands |
| MYRBETRIQ SUSP (QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap) | QL-ST | Non-Pref erred Brands |
| MYRBETRIQ TAB | - | Non-Pref erred Brands |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | Select |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW) | | |
| flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin) | QL-ST | High Cost Generics |

VACCINES

BACTERIAL VACCINES

| | | |
|--|--------|-------------|
| BEXSERO INJ | VAC | Preventiv e |
| BIOTHRAX INJ | - | Preventiv e |
| CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older) | QL-VAC | Preventiv e |
| MENACTRA INJ | VAC | Preventiv e |
| MENHIBRIX INJ | VAC | Preventiv e |
| MENOMUNE INJ | VAC | Preventiv e |
| MENQUADFI INJ | VAC | Preventiv e |
| MENVEO INJ | VAC | Preventiv e |
| MENVEO SOLN | VAC | Preventiv e |
| PENBRAYA INJ (Covered for members age 10 through 25 years) | - | Preventiv e |
| PNEUMOVAX INJ | VAC | Preventiv e |
| PREVNAR 13 INJ | VAC | Preventiv e |
| PREVNAR 20 INJ | VAC | Preventiv e |

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|--|---------------------|-------------|
| VACCINES Cont. | | |
| TRUMENBA INJ | VAC | Preventive |
| TYPHOID VI MULTI-DOSE | - | Preventive |
| TYPHOID VI PREFILLED SYRINGE | VAC | Preventive |
| VAXCHORA SUSP | VAC | Preventive |
| VAXNEUVANCE INJ | VAC | Preventive |
| VIVOTIF CAP | - | Preventive |
| VIRAL VACCINES | | |
| AUDENZ INJ | - | EXC |
| COVID-19 VACCINE INJ (PFIZER) | - | EXC |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | - | EXC |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) | - | EXC |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | - | EXC |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) | - | EXC |
| DENGVAXIA SUSP | - | EXC |
| IXCHIQ INJ | - | EXC |
| ROTARIX SUSP | - | EXC |
| TICOVAC INJ | - | EXC |
| PREHEVBRIO SUSP | - | NC |
| ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime) | QL-VAC | Preventive |
| ACAM2000 INJ | - | Preventive |
| AFLURIA INJ (QL= 0.5ml/fill) | QL-VAC | Preventive |
| AFLURIA INJ, FLUZONE INJ | VAC | Preventive |
| AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older) | QL-VAC | Preventive |
| CERVARIX INJ | VAC | Preventive |
| COMIRNATY INJ | VAC | Preventive |
| COMIRNATY INJ 30MCG/0.3ML | VAC | Preventive |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill) | QL | Preventive |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | Preventive |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | Preventive |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | Preventive |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | Preventive |

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| DrugName | Special Code | Tier |
|--|--------------|------------|
| VACCINES Cont. | | |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | Preventive |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | Preventive |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | VAC | Preventive |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | VAC | Preventive |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | VAC | Preventive |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | Preventive |
| FLUAD INJ | VAC | Preventive |
| FLUAD QUAD INJ | VAC | Preventive |
| FLUBLOK INJ | VAC | Preventive |
| FLUBLOK INJ (QL= 0.5ml/fill) | VAC-QL | Preventive |
| FLUBLOK QUAD PF INJ | VAC | Preventive |
| FLUCELVAX INJ (QL= 0.5ml/fill) | QL-VAC | Preventive |
| FLUCELVAX QUAD INJ | VAC | Preventive |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | Preventive |
| FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old) | QL-VAC | Preventive |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | Preventive |
| FLUVIRIN INJ | VAC | Preventive |
| FLUZONE HD PF INJ | VAC | Preventive |
| FLUZONE HIGH DOSE PF INJ | VAC | Preventive |
| FLUZONE QUAD INJ | VAC | Preventive |
| FLUZONE/FLUARIX QUAD INJ | VAC | Preventive |
| GARDASIL 9 INJ | VAC | Preventive |
| GARDASIL INJ | VAC | Preventive |
| HAVRIX INJ, VAQTA INJ | VAC | Preventive |
| HEPLISAV-B INJ | VAC | Preventive |
| IMOVAX INJ | - | Preventive |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | PMSP | Medical Benefit | QL | Over-the-Counter |
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| ST | Restricted to Diagnosis | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**PeaceHealth Formulary
Category/Class
Last Updated* 11/15/2024**

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| VACCINES Cont. | | |
| IPOL INJ | - | Preventive |
| IXIARO INJ | - | Preventive |
| JYNNEOS INJ | - | Preventive |
| M-M-R II INJ | VAC | Preventive |
| MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years and older) | QL-VAC | Preventive |
| NOVAVAX INJ | VAC | Preventive |
| PRIORIX INJ | VAC | Preventive |
| PROQUAD INJ | - | Preventive |
| RABAVERT INJ | - | Preventive |
| SHINGRIX INJ (Covered for members age 18 or older) | VAC | Preventive |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL | Preventive |
| SPIKEVAX INJ 50/0.5ML | VAC | Preventive |
| SPIKEVAX INJ 50MCG/0.5ML | VAC | Preventive |
| STAMARIL INJ | - | Preventive |
| TWINRIX INJ | VAC | Preventive |
| VARIVAX INJ | VAC | Preventive |
| YF-VAX INJ | - | Preventive |

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|-----------------------|---|-----|
| VAGISIL CREAM | - | EXC |
| VITAMIN C VAGINAL TAB | - | EXC |

VAGINAL ANTI-INFECTIVES

| | | |
|---|-------|----------------------|
| XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap) | QL-ST | Non-Preferred Brands |
|---|-------|----------------------|

VAGINAL CONTRACEPTIVE - PH MODULATORS

| | | |
|--------------------------------|----|------------|
| PHEXXI GEL (QL= 180gm/30 days) | QL | Preventive |
|--------------------------------|----|------------|

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|------------|---|----------------------|
| FEM PH GEL | - | Non-Preferred Brands |
|------------|---|----------------------|

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| | | | | | |
|------|---|------|--|------|-------------------------|
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Last Updated* 11/15/2024

| DrugName | Special Code | Tier |
|---|--------------|-----------------------------|
| VAGINAL PRODUCTS Cont. | | |
| INTRAROSA SUPP | - | Non-Pref erred Brands |
| SPERMICIDES | | |
| CONTRACEPTIVE FILM | OTC | Preventiv e |
| CONTRACEPTIVE FOAM | OTC | Preventiv e |
| CONTRACEPTIVE GEL | OTC | Preventiv e |
| CONTRACEPTIVE SUPP | OTC | Preventiv e |
| TODAY SPONGE | OTC | Preventiv e |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | Non-Pref erred Brands |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | Non-Pref erred Brands |
| GYNAZOLE CREAM | - | Non-Pref erred Brands |
| AVC VAGINAL CREAM | - | Preferred Brands |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln) | QL-ST | Preferred Brands |
| clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill) | QL | Select |
| metronidazole vaginal gel (METROGEL equiv) | - | Select |
| terconazole cream (TERAZOL equiv) | - | Select |
| TERCONAZOLE CREAM 0.8% | - | Select |
| terconazole supp (TERAZOL equiv) | - | Select |
| VAGINAL ESTROGENS | | |
| IMVEXXY SUPP | - | EXC |
| ESTRACE VAGINAL CREAM | - | Non-Pref erred Brands |
| FEMRING (3 copays per Rx) | - | Non-Pref erred Brands |
| ESTRING (QL= 1 ring/90 days; 3 copays per Rx) | QL | Preferred Brands |
| PREMARIN VAGINAL CREAM | - | Preferred Brands |
| estradiol cream (ESTRACE equiv) | - | Select |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) | - | Select |
| VAGINAL PROGESTINS | | |
| PROGESTERONE SUPP | - | EXC |

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| DrugName | Special Code | Tier |
|-------------------------------|--------------|-----------------------------|
| VAGINAL PRODUCTS Cont. | | |
| CRINONE GEL | - | Non-Pref erred Brands |
| ENDOMETRIN INSERT | PA | Preferred Brands |

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

| | | |
|--|-------|-----------------------------|
| ADRENACLICK INJ, EPINEPHRINE INJ | - | Non-Pref erred Brands |
| ADRENALIN INJ | - | Non-Pref erred Brands |
| AUVI-Q INJ | - | Non-Pref erred Brands |
| EPIPEN (JR) INJ | - | Non-Pref erred Brands |
| NEFFY SPRAY (QL= 2 doses/fill; Step therapy requires trial of epinephrine injection) | QL-ST | Non-Pref erred Brands |
| epinephrine inj (ADRENALIN equiv) | - | Select |
| EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill) | QL | Select |
| EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill) | QL | Select |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | Select |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | Select |

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

| | | |
|--|----------|--------------------------------|
| droxidopa cap (NORTHERA equiv) | AMSP | Generic Specialty |
| NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416) | LD-QL-ST | Non-Pref erred Specialty |
| NORTHERA CAP 100MG (QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416) | LD-QL-ST | Non-Pref erred Specialty |

VASOPRESSORS

| | | |
|-----------------------------------|---|-----------------------------|
| EPHEDRINE SULF-NACL SOLN PREF SYR | - | EXC |
| EPINEPHRINE SOLN | - | EXC |
| GIAPREZA INJ | - | EXC |
| NOREPINEPHRINE INJ | - | EXC |
| PHENYLEPHRINE HCL IV SOLN | - | EXC |
| REZIPRES INJ | - | EXC |
| epinephrine inj | - | High Cost Generics |
| EPINEPHRINE PF INJ 1 MG/ML | - | Non-Pref erred Brands |

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Category/Class
Last Updated* 11/15/2024**

| DrugName | Special Code | Tier |
|--|---------------------|------------------|
| VASOPRESSORS Cont. | | |
| EPINEPHRINE INJ | - | Preferred Brands |
| midodrine tab (PROAMATINE equiv) | - | Select |
| VITAMINS | | |
| MISC. NUTRITIONAL FACTORS | | |
| QUERCETIN CAP | - | EXC |
| OIL SOLUBLE VITAMINS | | |
| BETA CAROTENE CAP | - | EXC |
| CHOLECALCIFEROL CHEW TAB | OTC | EXC |
| cholecalciferol tab (VITAMIN D3 equiv) | - | EXC |
| K2 LIQ | - | EXC |
| K2-45 CAP | - | EXC |
| TOCO-SORB CAP | OTC | EXC |
| VITAMIN D3 CAP | - | EXC |
| VITAMIN D3 DROPS | - | EXC |
| VITAMIN D3 TAB | - | EXC |
| phytonadione tab (MEPHYTON equiv) | - | Select |
| vitamin D cap (RX strength only) | - | Select |
| WATER SOLUBLE VITAMINS | | |
| ASCORBIC ACID INJ | - | EXC |
| BIOTIN CHEW TAB | OTC | EXC |
| biotin chew tab (YUMVS equiv) | OTC-- | EXC |
| BIOTIN LIQUID | OTC | EXC |
| BIOTIN TAB | - | EXC |
| BUFFERED C POWDER | OTC | EXC |
| ENDUR-AMIDE TAB | - | EXC |
| NIACIN TR CAP | OTC | EXC |
| riboflavin tab | - | EXC |
| THIAMINE HCL SOLN NACL | - | EXC |
| thiamine mononitrate tab (B1 equiv) | - | EXC |
| TRUE VIT B1 TAB | - | EXC |
| TRUE VIT B6 TAB | - | EXC |
| VITAMIN B-2 TAB | OTC | EXC |
| VITAMIN B-6 TAB | - | EXC |
| VITAMIN C TR TAB | OTC | EXC |
| YUMVS BIOTIN CHW ZERO | - | EXC |
| POTABA POWDER PACKET | - | Preferred Brands |

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Prior Authorization Drug List
Last Updated* 11/15/2024

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------------|--|
| abiraterone acetate tab 500mg | Generic Specialty |
| abiraterone tab 250mg | Generic Specialty |
| ABRILADA INJ | Non-Preferred Specialty |
| ABSTRAL SL TAB | Non-Preferred Brands |
| ACTEMRA ACTPEN INJ | Preferred Specialty |
| ACTEMRA SC INJ | Preferred Specialty |
| ACTHAR HP GEL INJ | Preferred Specialty |
| ACTHAR INJ 80UNIT | Preferred Specialty |
| ACTIMMUNE INJ | Non-Preferred Specialty |
| ACTIQ LOZENGE | Non-Preferred Brands |
| ADALIMU-ADBM KIT | Non-Preferred Specialty |
| ADALIMU-ADBM KIT 40/0.4ML | Non-Preferred Specialty |
| ADALIMU-FKJP KIT 20/0.4ML | Non-Preferred Specialty |
| ADALIMUMAB KIT ADBM | Non-Preferred Specialty |
| ADALIMUMAB-AATY KIT 20MG/0.2ML | Non-Preferred Specialty |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML | Preferred Specialty |
| ADALIMUMAB-ADBM KIT | Non-Preferred Specialty |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | Non-Preferred Specialty |
| ADALIMUMAB-FKJP PFS KIT | Non-Preferred Specialty |
| ADALIMUMAB-RYVK INJ | Non-Preferred Specialty |
| ADBRY INJ | Non-Preferred Specialty |
| ADEMPAS TAB | Non-Preferred Specialty |
| AFINITOR DISPERZ TAB | Non-Preferred Specialty |
| AFINITOR TAB | Non-Preferred Specialty |
| AFSTYLA KIT | Preferred Specialty |
| AGAMREE SUSP | Non-Preferred Specialty |
| AIMOVIG INJ | Preferred Brands |
| AJOVY INJ | Preferred Brands |
| AKEEGA TAB | Non-Preferred Specialty |
| ALECENSA CAP | Preferred Specialty |
| ALKERAN TAB | Non-Preferred Specialty |
| ALKINDI SPRINKLE CAP | Non-Preferred Brands |
| ALPROLIX INJ | Non-Preferred Specialty |
| ALTUVIIIIO INJ | Non-Preferred Specialty |
| ALUNBRIG PAK | Non-Preferred Specialty |
| ALUNBRIG TAB 30MG | Preferred Specialty |
| ALUNBRIG TAB 90MG, 180MG | Preferred Specialty |
| ALVAIZ TAB | Non-Preferred Specialty |
| ambrisentan tab | Generic Specialty |
| AMJEVITA AUTO-INJECTOR | Non-Preferred Specialty |
| AMJEVITA INJ 10MG/0.2ML | Non-Preferred Specialty |
| AMJEVITA INJ 20MG/0.2ML | Non-Preferred Specialty |

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PeaceHealth Formulary cont.
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|----------------------------------|--|
| AMJEVITA INJ 40MG/0.4ML | Non-Preferred Specialty |
| AMJEVITA INJ 80MG/0.8ML | Non-Preferred Specialty |
| AMJEVITA SYRINGE 20MG/0.4ML | Non-Preferred Specialty |
| AMJEVITA SYRINGE 40MG/0.8ML | Non-Preferred Specialty |
| AMPYRA TAB | Non-Preferred Specialty |
| ANDRODERM PATCH | Non-Preferred Brands |
| ANDROGEL 1% 25MG | Non-Preferred Brands |
| ANDROGEL 1% 50MG/5GM | Non-Preferred Brands |
| ANDROGEL 1.62% 1.25GM | Non-Preferred Brands |
| ANDROGEL 1.62% 2.5GM | Non-Preferred Brands |
| ANDROGEL PUMP 1.62% | Non-Preferred Brands |
| APADAZ TAB | Non-Preferred Brands |
| ARCALYST INJ | Non-Preferred Specialty |
| ARIKAYCE SUSP | Non-Preferred Specialty |
| AUBAGIO TAB | Non-Preferred Specialty |
| AUGTYRO CAP | Non-Preferred Specialty |
| AUGTYRO CAP 160MG | Non-Preferred Specialty |
| AUSTEDO TAB 12MG | Non-Preferred Specialty |
| AUSTEDO TAB 6MG | Non-Preferred Specialty |
| AUSTEDO TAB 9MG | Non-Preferred Specialty |
| AUSTEDO XR TAB | Non-Preferred Specialty |
| AUSTEDO XR TAB 18MG | Non-Preferred Specialty |
| AUSTEDO XR TAB 24MG | Non-Preferred Specialty |
| AUSTEDO XR TAB 6MG | Non-Preferred Specialty |
| AUSTEDO XR TAB TITRATION KIT | Non-Preferred Specialty |
| AUSTEDO XR TAB TITRATION PACK | Non-Preferred Specialty |
| AYVAKIT TAB | Non-Preferred Specialty |
| BAFIERTAM CAP | Non-Preferred Specialty |
| BALVERSA TAB 3MG | Non-Preferred Specialty |
| BALVERSA TAB 4MG | Non-Preferred Specialty |
| BALVERSA TAB 5MG | Non-Preferred Specialty |
| BARACLUDE SOLN | Preferred Specialty |
| BAXDELA TAB | Non-Preferred Brands |
| BENEFIX INJ | Preferred Specialty |
| BENLYSTA AUTO-INJECTOR | Non-Preferred Specialty |
| BENLYSTA INJ | Non-Preferred Specialty |
| BERINERT INJ | Non-Preferred Specialty |
| BESREMI INJ | Non-Preferred Specialty |
| betaine powder for oral solution | Generic Specialty |
| BETASERON INJ | Non-Preferred Specialty |
| BEVYXXA CAP | Non-Preferred Brands |
| bexarotene cap | Generic Specialty |

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|------------------------|--|
| bexarotene gel | Generic Specialty |
| BIMZELX INJ | Non-Preferred Specialty |
| bosentan tab | Generic Specialty |
| BOSULIF CAP | Preferred Specialty |
| BOSULIF TAB | Preferred Specialty |
| BRAFTOVI CAP 75MG | Non-Preferred Specialty |
| BRUKINSA CAP | Non-Preferred Specialty |
| BUPHENYL POWDER | Non-Preferred Specialty |
| BUPHENYL TAB | Non-Preferred Specialty |
| BYLVAY CAP | Non-Preferred Specialty |
| CABLIVI INJ KIT | Non-Preferred Specialty |
| CABOMETYX TAB | Preferred Specialty |
| CALQUENCE CAP | Preferred Specialty |
| CALQUENCE TAB | Preferred Specialty |
| CAMZYOS CAP | Non-Preferred Specialty |
| CAPRELSA TAB 100MG | Preferred Specialty |
| CAPRELSA TAB 300MG | Preferred Specialty |
| CARBAGLU TAB | Non-Preferred Specialty |
| carglumic acid tab | Generic Specialty |
| CERDELGA CAP | Preferred Specialty |
| CHOLBAM CAP | Non-Preferred Specialty |
| CIALIS TAB | Non-Preferred Brands |
| CIBINQO TAB | Non-Preferred Specialty |
| CIMZIA INJ | Preferred Specialty |
| CINQAIR INJ | Non-Preferred Specialty |
| CINRYZE INJ | Non-Preferred Specialty |
| COAGADEX INJ | Non-Preferred Specialty |
| COMETRIQ KIT | Preferred Specialty |
| COPAXONE INJ 20MG/ML | Non-Preferred Specialty |
| COPAXONE INJ 40MG/ML | Non-Preferred Specialty |
| COPIKTRA CAP | Non-Preferred Specialty |
| CORLANOR SOLN | Non-Preferred Brands |
| CORLANOR TAB | Non-Preferred Brands |
| CORTROPHIN GEL 80UNIT | Non-Preferred Specialty |
| COSENTYX INJ (1-PACK) | Preferred Specialty |
| COSENTYX INJ (2-PACK) | Preferred Specialty |
| COSENTYX INJ 300MG/2ML | Preferred Specialty |
| COTELLIC TAB | Preferred Specialty |
| CUTAQUIG INJ | Non-Preferred Specialty |
| CUVITRU INJ | Preferred Specialty |
| CYLTEZO AUTO-INJECTOR | Non-Preferred Specialty |
| CYLTEZO INJ 10MG/0.2ML | Non-Preferred Specialty |

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| CYLTEZO INJ 20MG/0.4ML | Non-Preferred Specialty |
| CYLTEZO INJ 40MG/0.8ML | Non-Preferred Specialty |
| CYLTEZO INJ CROHNS | Non-Preferred Specialty |
| CYLTEZO INJ PSORIASIS | Non-Preferred Specialty |
| CYLTEZO KIT | Non-Preferred Specialty |
| CYLTEZO KIT CROHNS | Non-Preferred Specialty |
| CYLTEZO PSORIASIS KIT | Non-Preferred Specialty |
| DAKLINZA TAB | Non-Preferred Specialty |
| dalfampridine ER tab | Generic Specialty |
| DALIRESP TAB | Non-Preferred Brands |
| DARAPRIM TAB | Non-Preferred Specialty |
| dasatinib tab | Generic Specialty |
| DAURISMO TAB 100MG | Non-Preferred Specialty |
| DAURISMO TAB 25MG | Non-Preferred Specialty |
| DAYBUE SOLN | Non-Preferred Specialty |
| deferasirox granules packet | Generic Specialty |
| deferasirox tab | Generic Specialty |
| deferasirox tab 90mg, 360mg | Generic Specialty |
| deferiprone tab | Generic Specialty |
| deferiprone tab 1000mg | Generic Specialty |
| deflazacort susp | Preferred Specialty |
| deflazacort tab | Preferred Specialty |
| DEMSER CAP | Non-Preferred Brands |
| DESCOVY TAB | Preferred Brands |
| DIACOMIT CAP | Non-Preferred Specialty |
| DIACOMIT POWDER PACK | Non-Preferred Specialty |
| dichlorphenamide tab | Generic Specialty |
| DOJOLVI ORAL LIQUID | Non-Preferred Specialty |
| DOPTELET TAB | Preferred Specialty |
| DUPIXENT INJ | Preferred Specialty |
| DUPIXENT PEN INJ | Preferred Specialty |
| DUVYZAT ORAL SUSP | Non-Preferred Specialty |
| DUZALLO TAB | Non-Preferred Brands |
| EBGLYSS INJ | Non-Preferred Specialty |
| EMFLAZA SUSP | Non-Preferred Specialty |
| EMFLAZA TAB | Non-Preferred Specialty |
| EMGALITY INJ | Preferred Brands |
| EMGALITY INJ 100MG/ML | Non-Preferred Brands |
| EMPAVELI INJ | Preferred Specialty |
| ENBREL INJ | Preferred Specialty |
| ENBREL INJ 25MG | Preferred Specialty |
| ENBREL INJ 50MG | Preferred Specialty |

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|----------------------------------|--|
| ENBREL MINI INJ | Preferred Specialty |
| ENBREL SURECLICK INJ 50MG | Preferred Specialty |
| ENDOMETRIN INSERT | Preferred Brands |
| ENSPRYNG INJ | Non-Preferred Specialty |
| ENTYVIO INJ | Preferred Specialty |
| EPCLUSA PAK | Non-Preferred Specialty |
| EPCLUSA TAB | Non-Preferred Specialty |
| EPIDIOLEX SOLN | Preferred Specialty |
| ERIVEDGE CAP | Preferred Specialty |
| ERLEADA TAB | Preferred Specialty |
| ERLEADA TAB 240MG | Preferred Specialty |
| erlotinib tab 100mg | Generic Specialty |
| erlotinib tab 150mg | Generic Specialty |
| erlotinib tab 25mg | Generic Specialty |
| ESBRIET CAP | Non-Preferred Specialty |
| ESBRIET TAB 267MG | Non-Preferred Specialty |
| ESBRIET TAB 801MG | Non-Preferred Specialty |
| everolimus tab | Generic Specialty |
| everolimus tab for oral susp | Generic Specialty |
| EVRYSDI SOLN | Non-Preferred Specialty |
| EXKIVITY CAP | Non-Preferred Specialty |
| EXSERVAN FILM | Preferred Specialty |
| EXTAVIA INJ | Non-Preferred Specialty |
| FABHALTA CAP | Non-Preferred Specialty |
| FASENRA INJ | Non-Preferred Specialty |
| FASENRA INJ 10MG/0.5ML | Non-Preferred Specialty |
| FASENRA PEN INJ | Non-Preferred Specialty |
| FENTANYL BUCCAL TAB | Non-Preferred Brands |
| fentanyl citrate lollipop | High Cost Generics |
| FENTORA TAB, FENTANYL BUCCAL TAB | Non-Preferred Brands |
| FERRIPROX 2 DAY TAB 1000MG | Non-Preferred Specialty |
| FERRIPROX SOLN | Non-Preferred Specialty |
| FERRIPROX TAB 1000MG | Non-Preferred Specialty |
| FERRIPROX TAB 500MG | Non-Preferred Specialty |
| FILSPARI TAB | Non-Preferred Specialty |
| FILSUVEZ GEL | Non-Preferred Specialty |
| FINTEPLA SOLN | Non-Preferred Specialty |
| FIRAZYR INJ | Non-Preferred Specialty |
| FIRDAPSE TAB | Non-Preferred Specialty |
| FORTEO INJ 600MCG/2.4ML | Non-Preferred Specialty |
| FORTESTA GEL 2% | Non-Preferred Brands |
| FOTIVDA CAP | Non-Preferred Specialty |

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PeaceHealth Formulary cont.
Prior Authorization Drug List
Last Updated* 11/15/2024

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------------|--|
| FRUZAQLA CAP 1MG | Non-Preferred Specialty |
| FRUZAQLA CAP 5MG | Non-Preferred Specialty |
| FYLNETRA INJ | Non-Preferred Specialty |
| gabapentin (once-daily) tab | High Cost Generics |
| GALAFOLD CAP | Non-Preferred Specialty |
| GANIRELIX AC INJ | Preferred Specialty |
| GATTEX KIT | Non-Preferred Specialty |
| GAVRETO CAP | Non-Preferred Specialty |
| gefitinib tab | Generic Specialty |
| GILENYA CAP | Non-Preferred Specialty |
| GILOTRIF TAB | Preferred Specialty |
| GLEEVEC TAB | Non-Preferred Specialty |
| GLEEVEC TAB 100 MG | Non-Preferred Specialty |
| GRALISE TAB | Non-Preferred Brands |
| GRANIX INJ | Non-Preferred Specialty |
| GUARDIAN 4 MIS SENSOR | Non-Preferred Brands |
| GUARDIAN 4 TRANSMITTER | Non-Preferred Brands |
| HADLIMA INJ 40MG/0.4ML | Preferred Specialty |
| HADLIMA INJ 40MG/0.8ML | Preferred Specialty |
| HADLIMA PUSH INJ 40MG/0.4ML | Preferred Specialty |
| HADLIMA PUSH INJ 40MG/0.8ML | Preferred Specialty |
| HAEGARDA INJ 2000U | Preferred Specialty |
| HAEGARDA INJ 3000U | Preferred Specialty |
| HARVONI PELLET PAK | Non-Preferred Specialty |
| HARVONI TAB | Non-Preferred Specialty |
| HEMLIBRA INJ | Preferred Specialty |
| HETLIOZ CAP | Non-Preferred Specialty |
| HETLIOZ SUSP | Non-Preferred Specialty |
| HIZENTRA INJ | Preferred Specialty |
| HIZENTRA INJ, VIVAGLOBIN INJ | Preferred Specialty |
| HORIZANT TAB | Non-Preferred Brands |
| HORIZANT TAB 600MG ER | Non-Preferred Brands |
| HULIO INJ 40MG/0.8ML | Non-Preferred Specialty |
| HULIO KIT 20MG/0.4ML | Non-Preferred Specialty |
| HUMATROPE INJ | Non-Preferred Specialty |
| HUMIRA 10MG/0.1ML (CORDAVIS) | Non-Preferred Specialty |
| HUMIRA 20MG/0.2ML (CORDAVIS) | Non-Preferred Specialty |
| HUMIRA 40MG/0.4ML (CORDAVIS) | Non-Preferred Specialty |
| HUMIRA 80MG/0.8ML (CORDAVIS) | Non-Preferred Specialty |
| HUMIRA INJ 10MG | Non-Preferred Specialty |
| HUMIRA INJ 20MG | Non-Preferred Specialty |
| HUMIRA INJ 40MG | Non-Preferred Specialty |

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PeaceHealth Formulary cont.
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| HUMIRA INJ 80MG | Non-Preferred Specialty |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | Non-Preferred Specialty |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | Non-Preferred Specialty |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | Non-Preferred Specialty |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | Non-Preferred Specialty |
| HUMIRA PEN INJ 40MG | Non-Preferred Specialty |
| HYCAMTIN CAP | Preferred Specialty |
| HYDROXYPROGESTERONE CAPROATE INJ | Preferred Specialty |
| HYFTOR GEL | Non-Preferred Specialty |
| HYQVIA INJ | Preferred Specialty |
| HYRIMOZ INJ 40MG/0.4ML | Non-Preferred Specialty |
| HYRIMOZ INJ 40MG/0.8ML | Non-Preferred Specialty |
| HYRIMOZ INJ 80MG/0.8ML | Non-Preferred Specialty |
| HYRIMOZ INJ CROHNS | Non-Preferred Specialty |
| HYRIMOZ INJ PLAQUE PSORIASIS | Non-Preferred Specialty |
| HYRIMOZ PFS INJ 10MG/0.1ML | Non-Preferred Specialty |
| HYRIMOZ PFS INJ 20MG/0.2ML | Non-Preferred Specialty |
| HYRIMOZ-PED INJ CROHNS | Non-Preferred Specialty |
| HYRIMOZ-PED INJ CROHNS 80MG/0.8ML | Non-Preferred Specialty |
| IBRANCE CAP | Non-Preferred Specialty |
| IBRANCE TAB | Non-Preferred Specialty |
| IBSRELA TAB | Non-Preferred Brands |
| icatibant inj | Generic Specialty |
| ICLUSIG TAB | Preferred Specialty |
| IDACIO INJ 40MG/0.8ML | Non-Preferred Specialty |
| IDELVION INJ | Non-Preferred Specialty |
| IDHIFA TAB | Non-Preferred Specialty |
| imatinib tab 100mg | Generic Specialty |
| imatinib tab 400mg | Generic Specialty |
| IMBRUVICA CAP 140MG | Preferred Specialty |
| IMBRUVICA CAP 70MG | Preferred Specialty |
| IMBRUVICA SUSP | Preferred Specialty |
| IMBRUVICA TAB | Preferred Specialty |
| INBRIJA INH POWDER | Non-Preferred Specialty |
| INGREZZA CAP | Non-Preferred Specialty |
| INGREZZA PACK 40-80MG | Non-Preferred Specialty |
| INGREZZA SPRINKLE CAP | Non-Preferred Specialty |
| INLYTA TAB | Preferred Specialty |
| INQOVI TAB | Non-Preferred Specialty |
| INREBIC CAP | Non-Preferred Specialty |
| IRESSA TAB | Non-Preferred Specialty |
| ISTURISA TAB 1MG | Non-Preferred Specialty |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| ivabradine hcl tab | Select |
| IWILFIN TAB | Non-Preferred Specialty |
| JADENU SPRINKLE | Non-Preferred Specialty |
| JAKAFI TAB | Preferred Specialty |
| JATENZO CAP 158MG | Non-Preferred Brands |
| JATENZO CAP 198MG | Non-Preferred Brands |
| JATENZO CAP 237MG | Non-Preferred Brands |
| JAYPIRCA TAB 100MG | Non-Preferred Specialty |
| JAYPIRCA TAB 50MG | Non-Preferred Specialty |
| JOENJA TAB | Non-Preferred Specialty |
| JUXTAPID CAP | Preferred Specialty |
| JYNARQUE PAK | Preferred Specialty |
| JYNARQUE TAB 15MG | Preferred Specialty |
| JYNARQUE TAB 30MG | Preferred Specialty |
| KALYDECO PAK | Preferred Specialty |
| KALYDECO TAB | Preferred Specialty |
| KAPVAY TAB | Non-Preferred Brands |
| KEVEYIS TAB | Non-Preferred Specialty |
| KEVZARA INJ | Non-Preferred Specialty |
| KINERET INJ | Non-Preferred Specialty |
| KISQALI PAK | Preferred Specialty |
| KISQALI TAB | Preferred Specialty |
| KITABIS PAK NEB SOLN | Non-Preferred Specialty |
| KLISYRI OINT | Non-Preferred Brands |
| KORLYM TAB | Non-Preferred Specialty |
| KOSELUGO CAP | Non-Preferred Specialty |
| KOSELUGO CAP 10MG | Non-Preferred Specialty |
| KRAZATI TAB | Non-Preferred Specialty |
| KUVAN POWDER PACK | Non-Preferred Specialty |
| KUVAN TAB | Non-Preferred Specialty |
| KYNAMRO INJ | Non-Preferred Specialty |
| KYNMOBI TITRATION KIT | Non-Preferred Specialty |
| KYZATREX CAP | Non-Preferred Brands |
| KYZATREX CAP, TLANDO CAP | Non-Preferred Brands |
| lamivudine tab 100mg | Generic Specialty |
| lapatinib ditosylate tab | Generic Specialty |
| LAZANDA NASAL SPRAY | Non-Preferred Brands |
| lenalidomide cap | Generic Specialty |
| LENVIMA CAP | Preferred Specialty |
| LETAIRIS TAB | Non-Preferred Specialty |
| LEUKINE INJ | Non-Preferred Specialty |
| LEUPROLIDE INJ | Preferred Specialty |

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|--------------------------------|--|
| LIQREV SUSP | Non-Preferred Specialty |
| LIVMARLI SOLN | Non-Preferred Specialty |
| LIVTENCITY TAB | Non-Preferred Specialty |
| LODOCO TAB | Non-Preferred Brands |
| LONSURF TAB | Preferred Specialty |
| LORBRENA TAB 100MG | Non-Preferred Specialty |
| LORBRENA TAB 25MG | Non-Preferred Specialty |
| LUMAKRAS TAB | Non-Preferred Specialty |
| LUMAKRAS TAB 320MG | Non-Preferred Specialty |
| LUMRYZ PACK 4.5GM | Non-Preferred Specialty |
| LUMRYZ PACK 6GM | Non-Preferred Specialty |
| LUMRYZ PACK 7.5GM | Non-Preferred Specialty |
| LUMRYZ PACK 9GM | Non-Preferred Specialty |
| LUMRYZ STARTER PACK | Non-Preferred Specialty |
| LUPKYNIS CAP | Non-Preferred Specialty |
| LUPRON DEPOT INJ | Preferred Specialty |
| LUPRON DEPOT INJ PED | Preferred Specialty |
| LUPRON DEPOT-PED INJ (1-MONTH) | Preferred Specialty |
| LUPRON DEPOT-PED INJ (3-MONTH) | Preferred Specialty |
| LYNPARZA CAP | Preferred Specialty |
| LYNPARZA TAB | Preferred Specialty |
| LYTGOBI TAB (12MG DAILY DOSE) | Non-Preferred Specialty |
| LYTGOBI TAB (16MG DAILY DOSE) | Non-Preferred Specialty |
| LYTGOBI TAB (20MG DAILY DOSE) | Non-Preferred Specialty |
| MAKENA INJ | Non-Preferred Specialty |
| MAVENCLAD PAK | Non-Preferred Specialty |
| MAYZENT TAB | Non-Preferred Specialty |
| MAYZENT TAB STARTER PACK | Non-Preferred Specialty |
| MEKINIST SOLN | Preferred Specialty |
| MEKINIST TAB 0.5MG | Preferred Specialty |
| MEKINIST TAB 2MG | Preferred Specialty |
| MEKTOVI TAB | Non-Preferred Specialty |
| METHITEST TAB | Non-Preferred Brands |
| methyltestosterone cap | High Cost Generics |
| metyrosine cap | High Cost Generics |
| mifepristone tab | Generic Specialty |
| miglustat cap | Generic Specialty |
| MIRCERA INJ | Non-Preferred Specialty |
| MODERIBA TAB | Non-Preferred Specialty |
| MOVANTIK TAB | Preferred Brands |
| MULPLETA TAB | Non-Preferred Specialty |
| MYALEPT INJ | Non-Preferred Specialty |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| MYCAPSSA CAP | Non-Preferred Specialty |
| MYFEMBREE TAB | Non-Preferred Specialty |
| NATESTO GEL | Non-Preferred Brands |
| NATESTO NASAL GEL | Non-Preferred Brands |
| NATPARA INJ | Non-Preferred Specialty |
| NERLYNX TAB | Non-Preferred Specialty |
| NEULASTA INJ | Non-Preferred Specialty |
| NEUPOGEN INJ | Non-Preferred Specialty |
| NEXAVAR TAB | Non-Preferred Specialty |
| NEXLETOL TAB | Non-Preferred Brands |
| NEXLIZET TAB | Non-Preferred Brands |
| NGENLA INJ | Non-Preferred Specialty |
| NILANDRON TAB | Non-Preferred Specialty |
| nilutamide tab | Generic Specialty |
| NINLARO CAP | Preferred Specialty |
| nitisinone cap | Generic Specialty |
| NITYR TAB | Non-Preferred Specialty |
| NIVESTYM INJ | Non-Preferred Specialty |
| NON-PREFERRED CGM MONITOR SUPPLIES KIT | Non-Preferred Brands |
| NORDITROPIN INJ, NUTROPIN AQ INJ | Non-Preferred Specialty |
| NUBEQA TAB | Preferred Specialty |
| NUCALA INJ | Preferred Specialty |
| NUPLAZID CAP | Non-Preferred Specialty |
| NUPLAZID TAB | Non-Preferred Specialty |
| NURTEC ODT | Non-Preferred Brands |
| NUWIQ INJ | Non-Preferred Specialty |
| NUWIQ KIT | Non-Preferred Specialty |
| NUZYRA TAB | Non-Preferred Specialty |
| OCALIVA TAB | Non-Preferred Specialty |
| OCREVUS INJ | Non-Preferred Specialty |
| OCREVUS ZUNOVO INJ | Non-Preferred Specialty |
| octreotide inj | Generic Specialty |
| OCTREOTIDE INJ 100MCG | Generic Specialty |
| ODOMZO CAP | Preferred Specialty |
| OFEV CAP | Preferred Specialty |
| OGSIVEO TAB | Non-Preferred Specialty |
| OGSIVEO TAB 100MG | Non-Preferred Specialty |
| OGSIVEO TAB 150MG | Non-Preferred Specialty |
| OHTUVAYRE SUSP | Non-Preferred Specialty |
| OJEMDA SUSP | Non-Preferred Specialty |
| OJEMDA TAB | Non-Preferred Specialty |
| OJJAARA TAB | Non-Preferred Specialty |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| OLPRUVA PACK | Non-Preferred Specialty |
| OLUMIANT TAB | Non-Preferred Specialty |
| OLYSIO CAP | Non-Preferred Specialty |
| OMVOH INJ | Non-Preferred Specialty |
| ONUREG TAB | Non-Preferred Specialty |
| OPFOLDA CAP | Non-Preferred Specialty |
| OPSUMIT TAB | Preferred Specialty |
| OPSYNVI TAB | Non-Preferred Specialty |
| OPZELURA CREAM | Non-Preferred Brands |
| ORENCIA CLICK INJ | Non-Preferred Specialty |
| ORENCIA SC INJ 125MG/ML | Non-Preferred Specialty |
| ORENCIA SC INJ 50MG/0.4ML | Non-Preferred Specialty |
| ORENCIA SC INJ 87.5MG/0.7ML | Non-Preferred Specialty |
| ORENITRAM TAB | Preferred Specialty |
| ORENITRAM TAB MONTH PAK | Non-Preferred Specialty |
| ORFADIN CAP | Non-Preferred Specialty |
| ORFADIN SUSP | Non-Preferred Specialty |
| ORGOVYX TAB | Non-Preferred Specialty |
| ORIAHNN CAP | Non-Preferred Specialty |
| ORILISSA TAB 150MG | Non-Preferred Specialty |
| ORILISSA TAB 200MG | Non-Preferred Specialty |
| ORKAMBI GRANULES PACKET | Preferred Specialty |
| ORKAMBI TAB | Preferred Specialty |
| ORLADEYO CAP | Non-Preferred Specialty |
| ORSERDU TAB 345MG | Non-Preferred Specialty |
| ORSERDU TAB 86MG | Non-Preferred Specialty |
| OSPHENA TAB | Non-Preferred Brands |
| OTEZLA STARTER PACK | Preferred Specialty |
| OTEZLA TAB | Preferred Specialty |
| OXBRYTA TAB | Non-Preferred Specialty |
| OXBRYTA TAB 300MG | Non-Preferred Specialty |
| OXERVATE OPHTH SOLN | Non-Preferred Specialty |
| PALFORZIA POWDER PACK | Non-Preferred Specialty |
| PALFORZIA SPRINKLE CAP | Non-Preferred Specialty |
| PALYNZIQ INJ | Non-Preferred Specialty |
| pazopanib hcl tab | Generic Specialty |
| PEGASYS INJ | Preferred Specialty |
| PEMAZYRE TAB | Non-Preferred Specialty |
| PHEBURANE ORAL PELLETS | Non-Preferred Specialty |
| PIQRAY TAB | Non-Preferred Specialty |
| pirfenidone cap | Generic Specialty |
| pirfenidone tab 267mg | Generic Specialty |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| PIRFENIDONE TAB 534MG | Generic Specialty |
| pirfenidone tab 801mg | Generic Specialty |
| PLEGRIDY INJ | Non-Preferred Specialty |
| PLEGRIDY PEN INJ | Non-Preferred Specialty |
| POMALYST CAP | Preferred Specialty |
| PONVORY TAB | Non-Preferred Specialty |
| PONVORY TAB STARTER PACK | Non-Preferred Specialty |
| PRALUENT INJ | Non-Preferred Brands |
| PREVYMIS TAB | Non-Preferred Specialty |
| PROCYSBI CAP | Non-Preferred Specialty |
| PROCYSBI GRANULES PACKET | Non-Preferred Specialty |
| PROLIA INJ | Preferred Specialty |
| PROMACTA POWDER | Preferred Specialty |
| PROMACTA TAB | Preferred Specialty |
| PURIXAN SUSP | Preferred Specialty |
| pyrimethamine tab | Generic Specialty |
| PYRUKYND TAB | Non-Preferred Specialty |
| PYRUKYND THERAPY PACK | Non-Preferred Specialty |
| QBREXZA PAD | Non-Preferred Brands |
| QINLOCK TAB | Non-Preferred Specialty |
| QULIPTA TAB | Non-Preferred Brands |
| RADICAVA ORS SUSP | Preferred Specialty |
| RAVICTI LIQUID | Non-Preferred Specialty |
| RAYALDEE CAP | Non-Preferred Brands |
| RAYOS TAB | Non-Preferred Brands |
| REBINYN INJ | Non-Preferred Specialty |
| RECORLEV TAB | Non-Preferred Specialty |
| RELEUKO INJ | Non-Preferred Specialty |
| RELISTOR INJ | Non-Preferred Specialty |
| RELISTOR INJ KIT | Non-Preferred Specialty |
| RELISTOR TAB | Non-Preferred Specialty |
| RELYVRIO PAK | Non-Preferred Specialty |
| REMODULIN INJ 10MG/ML | Non-Preferred Specialty |
| REMODULIN INJ 1MG/ML | Non-Preferred Specialty |
| REMODULIN INJ 2.5MG/ML | Non-Preferred Specialty |
| REMODULIN INJ 5MG/ML | Non-Preferred Specialty |
| REPATHA INJ | Preferred Brands |
| REPATHA PUSHTRONEX INJ | Preferred Brands |
| RETEVMO CAP 40MG | Non-Preferred Specialty |
| RETEVMO CAP 80MG | Non-Preferred Specialty |
| RETEVMO TAB | Non-Preferred Specialty |
| RETEVMO TAB 40MG | Non-Preferred Specialty |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| REVATIO SUSP | Non-Preferred Specialty |
| REVLIMID CAP | Non-Preferred Specialty |
| REZDIFFRA TAB | Non-Preferred Specialty |
| REZLIDHIA CAP | Non-Preferred Specialty |
| REZUROCK TAB | Non-Preferred Specialty |
| RINVOQ ER TAB | Non-Preferred Specialty |
| RINVOQ ER TAB 45MG | Non-Preferred Specialty |
| RINVOQ ORAL SOLN | Non-Preferred Specialty |
| RIVFLOZA INJ | Non-Preferred Specialty |
| roflumilast tab | Select |
| ROZLYTREK CAP | Non-Preferred Specialty |
| ROZLYTREK CAP 200MG | Non-Preferred Specialty |
| ROZLYTREK PAK | Non-Preferred Specialty |
| RUBRACA TAB | Preferred Specialty |
| RUCONEST INJ | Non-Preferred Specialty |
| RUZURGI TAB | Non-Preferred Specialty |
| RYDAPT CAP | Non-Preferred Specialty |
| SABRIL POWDER PACK | Non-Preferred Specialty |
| SABRIL TAB | Non-Preferred Specialty |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | Non-Preferred Specialty |
| SAMSCA TAB 30MG | Non-Preferred Specialty |
| SAMSCA TAB, TOLVAPTAN TAB | Non-Preferred Specialty |
| sapropterin dihydrochloride powder packet | Generic Specialty |
| sapropterin dihydrochloride soluble tab | Generic Specialty |
| SCEMBLIX TAB 100MG | Non-Preferred Specialty |
| SCEMBLIX TAB 20MG | Non-Preferred Specialty |
| SCEMBLIX TAB 40MG | Non-Preferred Specialty |
| SIGNIFOR INJ | Preferred Specialty |
| sildenafil susp | Generic Specialty |
| SILIQ INJ | Non-Preferred Specialty |
| SIMLANDI INJ | Non-Preferred Specialty |
| SIMPONI SC INJ | Non-Preferred Specialty |
| simvastatin tab 80mg | Preventive |
| SKYCLARYS CAP 50MG | Non-Preferred Specialty |
| SKYRIZI INJ | Non-Preferred Specialty |
| SKYRIZI INJ 150MG/ML | Non-Preferred Specialty |
| SKYRIZI PEN 150MG/ML | Non-Preferred Specialty |
| SKYTROFA INJ | Preferred Specialty |
| SODIUM OXYBATE SOLN, XYREM SOLN | Non-Preferred Specialty |
| sodium phenylbutyrate powder | Generic Specialty |
| sodium phenylbutyrate tab | Generic Specialty |
| SOGROYA INJ | Non-Preferred Specialty |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| SOHONOS CAP | Non-Preferred Specialty |
| SOMAVERT INJ | Preferred Specialty |
| sorafenib tosylate tab | Preferred Specialty |
| SOTYKTU TAB | Non-Preferred Specialty |
| SOVALDI TAB | Non-Preferred Specialty |
| SPINRAZA INJ | Non-Preferred Specialty |
| SPRAVATO NASAL SOLN | Non-Preferred Specialty |
| SPRYCEL TAB | Non-Preferred Specialty |
| STELARA INJ | Preferred Specialty |
| STIMUFEND INJ | Non-Preferred Specialty |
| STIVARGA TAB | Preferred Specialty |
| STRENSIQ INJ | Preferred Specialty |
| STRIANT FILM | Non-Preferred Brands |
| SUBSYS SPRAY | Non-Preferred Brands |
| sunitinib malate cap | Generic Specialty |
| SUNOSI TAB 150MG | Non-Preferred Brands |
| SUNOSI TAB 75 MG | Non-Preferred Brands |
| SUTENT CAP | Non-Preferred Specialty |
| SYLATRON INJ | Non-Preferred Specialty |
| SYMDEKO TAB | Preferred Specialty |
| SYMPROIC TAB | Preferred Brands |
| SYNAGIS INJ | Preferred Specialty |
| SYNRIBO INJ | Preferred Specialty |
| TABRECTA TAB | Non-Preferred Specialty |
| TADLIQ SUSP | Non-Preferred Specialty |
| TAFINLAR CAP | Preferred Specialty |
| TAFINLAR TAB | Preferred Specialty |
| TAGRISSO TAB | Preferred Specialty |
| TAKHZYRO INJ | Preferred Specialty |
| TAKHZYRO INJ 150MG/ML | Preferred Specialty |
| TALTZ INJ | Non-Preferred Specialty |
| TALTZ INJ 20MG/0.25ML | Non-Preferred Specialty |
| TALTZ INJ 40MG/0.5ML | Non-Preferred Specialty |
| TALZENNA CAP | Non-Preferred Specialty |
| TARCEVA TAB 100MG | Non-Preferred Specialty |
| TARCEVA TAB 150MG | Non-Preferred Specialty |
| TARCEVA TAB 25MG | Non-Preferred Specialty |
| TARGRETIN GEL | Non-Preferred Specialty |
| TARPEYO CAP | Non-Preferred Specialty |
| TASCENSO ODT TAB | Non-Preferred Specialty |
| TASIGNA CAP | Preferred Specialty |
| tasimelteon capsule | Generic Specialty |

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**PeaceHealth Formulary cont.
Prior Authorization Drug List
Last Updated* 11/15/2024**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| TAVALISSE TAB | Non-Preferred Specialty |
| TAVNEOS CAP | Non-Preferred Specialty |
| TAZVERIK TAB | Non-Preferred Specialty |
| TECFIDERA CAP | Non-Preferred Specialty |
| TECFIDERA STARTER PACK | Non-Preferred Specialty |
| TECHNIVIE TAB | Non-Preferred Specialty |
| TEGSEDI INJ | Non-Preferred Specialty |
| TEPMETKO TAB | Non-Preferred Specialty |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml | Preferred Specialty |
| TERIPARATIDE INJ 620MCG/2.48ML | Preferred Specialty |
| TESTOSTERONE GEL 1% 25MG | Preferred Brands |
| testosterone gel 1.62% 1.25gm | High Cost Generics |
| testosterone gel 1.62% 2.5gm | High Cost Generics |
| TESTOSTERONE GEL 10MG/ACT | High Cost Generics |
| testosterone gel 2% | High Cost Generics |
| TESTOSTERONE GEL PUMP | Preferred Brands |
| TESTOSTERONE GEL, VOGELXO GEL | Non-Preferred Brands |
| testosterone soln | High Cost Generics |
| tetrabenazine tab | Generic Specialty |
| TEZSPIRE INJ | Non-Preferred Specialty |
| TEZSPIRE SOLN | Non-Preferred Specialty |
| THIOLA EC TAB | Non-Preferred Specialty |
| THIOLA TAB | Non-Preferred Specialty |
| TIBSOVO TAB | Non-Preferred Specialty |
| TIGLUTIK SUSP | Preferred Specialty |
| tiopronin tab | Generic Specialty |
| tiopronin tab delayed release | Preferred Specialty |
| TOBI PODHALER | Non-Preferred Specialty |
| tobramycin neb soln | Generic Specialty |
| tolvaptan tab | Generic Specialty |
| tolvaptan tab 15mg | Generic Specialty |
| TRACLEER TAB 32MG | Preferred Specialty |
| TRACLEER TAB 62.5MG, 125MG | Non-Preferred Specialty |
| TREMFYA INJ | Preferred Specialty |
| treprostinil inj 10mg/ml | Generic Specialty |
| treprostinil inj 1mg/ml | Generic Specialty |
| treprostinil inj 2.5mg/ml | Generic Specialty |
| treprostinil inj 5mg/ml | Generic Specialty |
| TRIKAFTA TAB | Non-Preferred Specialty |
| TRIKAFTA THERAPY PACK | Non-Preferred Specialty |
| TRUQAP TAB | Non-Preferred Specialty |
| TRUQAP THERAPY PACK | Non-Preferred Specialty |

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Prior Authorization Drug List
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|-------------------------------|--|
| TRUSELTIQ PACK 100MG | Non-Preferred Specialty |
| TRUSELTIQ PACK 175MG | Non-Preferred Specialty |
| TRUSELTIQ PACK 50MG, 125MG | Non-Preferred Specialty |
| TRYVIO TAB | Non-Preferred Specialty |
| TUKYSA TAB | Non-Preferred Specialty |
| TURALIO CAP | Non-Preferred Specialty |
| TYENNE INJ | Non-Preferred Specialty |
| TYKERB TAB | Non-Preferred Specialty |
| TYMLOS INJ | Preferred Specialty |
| TYVASO DPI POWDER 16-32-48MCG | Preferred Specialty |
| TYVASO DPI POWDER 16-32MCG | Preferred Specialty |
| TYVASO DPI POWDER 32-48MCG | Preferred Specialty |
| TYVASO DPI POWDER | Preferred Specialty |
| TYVASO INH SOLN | Preferred Specialty |
| TYZEKA TAB | Preferred Specialty |
| UDENYCA INJ | Non-Preferred Specialty |
| UPNEEQ SOLN | Non-Preferred Brands |
| UPTRAVI TAB | Preferred Specialty |
| VALCHLOR GEL | Preferred Specialty |
| VANFLYTA TAB | Non-Preferred Specialty |
| VECAMYL TAB | Non-Preferred Specialty |
| VELSIPITY TAB | Non-Preferred Specialty |
| VENCLEXTA STARTER PACK | Preferred Specialty |
| VENCLEXTA TAB | Preferred Specialty |
| VENTAVIS INH SOLN | Preferred Specialty |
| VERZENIO TAB | Preferred Specialty |
| VIEKIRA PAK TAB | Non-Preferred Specialty |
| VIEKIRA XR TAB | Non-Preferred Specialty |
| vigabatrin powder pack | Generic Specialty |
| vigabatrin tab | Generic Specialty |
| VIGAFYDE SOLN | Non-Preferred Specialty |
| VIJOICE GRANULES PACKET | Non-Preferred Specialty |
| VIJOICE TAB | Non-Preferred Specialty |
| VITRAKVI CAP 100MG | Non-Preferred Specialty |
| VITRAKVI CAP 25MG | Non-Preferred Specialty |
| VITRAKVI SOLN | Non-Preferred Specialty |
| VIVJOA CAP | Non-Preferred Specialty |
| VIZIMPRO TAB | Non-Preferred Specialty |
| VONJO CAP | Non-Preferred Specialty |
| VOSEVI TAB | Preferred Specialty |
| VOTRIENT TAB | Non-Preferred Specialty |
| VOWST CAP | Non-Preferred Specialty |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| VOXZOGO INJ | Non-Preferred Specialty |
| VOYDEYA TAB | Non-Preferred Specialty |
| VOYDEYA TAB THERAPY PACK | Non-Preferred Specialty |
| VTAMA CREAM | Non-Preferred Brands |
| VYLEESI INJ | Non-Preferred Brands |
| VYNDAMAX CAP | Non-Preferred Specialty |
| VYNDAQEL CAP | Non-Preferred Specialty |
| WAINUA INJ | Non-Preferred Specialty |
| WAKIX TAB | Non-Preferred Specialty |
| WEGOVI INJ | Non-Preferred Brands |
| WEGOVI INJ 1.7MG | Non-Preferred Brands |
| WEGOVI INJ 2.4MG | Non-Preferred Brands |
| WELIREG TAB | Non-Preferred Specialty |
| WINREVAIR INJ | Non-Preferred Specialty |
| XALKORI CAP | Preferred Specialty |
| XALKORI SPRINKLE CAP | Preferred Specialty |
| XELJANZ SOLN | Preferred Specialty |
| XELJANZ TAB | Preferred Specialty |
| XELJANZ XR TAB | Preferred Specialty |
| XEMBIFY INJ | Non-Preferred Specialty |
| XENAZINE TAB | Non-Preferred Specialty |
| XENLETA TAB | Non-Preferred Specialty |
| XERMELO TAB | Non-Preferred Specialty |
| XIFAXAN TAB 200MG | Non-Preferred Brands |
| XIFAXAN TAB 550MG | Non-Preferred Brands |
| XOLAIR INJ | Preferred Specialty |
| XOLAIR INJ 150MG/ML | Preferred Specialty |
| XOLAIR INJ 300MG/2ML | Preferred Specialty |
| XOLAIR INJ 75MG/0.5ML | Preferred Specialty |
| XOLREMDI CAP | Non-Preferred Specialty |
| XOSPATA TAB | Non-Preferred Specialty |
| XPHOZAH TAB | Non-Preferred Brands |
| XPOVIO TAB | Non-Preferred Specialty |
| XTANDI CAP | Non-Preferred Specialty |
| XTANDI TAB 40MG | Non-Preferred Specialty |
| XTANDI TAB 80MG | Non-Preferred Specialty |
| XURIDEN POWDER | Non-Preferred Specialty |
| XYOSTED INJ | Non-Preferred Brands |
| XYWAV SOLN | Non-Preferred Specialty |
| YONSA TAB | Non-Preferred Specialty |
| YUFLYMA 2SYR KIT 40MG/0.4ML | Non-Preferred Specialty |
| YUFLYMA KIT 40MG/0.4ML | Non-Preferred Specialty |

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Prior Authorization Drug List
Last Updated* 11/15/2024**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| YUFLYMA KIT 80MG/0.8ML | Non-Preferred Specialty |
| YUSIMRY INJ 40MG/0.8ML | Non-Preferred Specialty |
| ZAVESCA CAP | Non-Preferred Specialty |
| ZEJULA CAP | Preferred Specialty |
| ZEJULA TAB | Preferred Specialty |
| ZELBORAF TAB | Preferred Specialty |
| ZEPATIER TAB | Non-Preferred Specialty |
| ZEPOSIA CAP | Non-Preferred Specialty |
| ZEPOSIA STARTER PACK | Non-Preferred Specialty |
| ZIEXTENZO INJ | Non-Preferred Specialty |
| ZILBRYSQ INJ 16.6MG/0.416ML | Non-Preferred Specialty |
| ZILBRYSQ INJ 23MG/0.574ML | Non-Preferred Specialty |
| ZILBRYSQ INJ 32.4MG/0.81ML | Non-Preferred Specialty |
| ZOCOR TAB 80MG | Non-Preferred Brands |
| ZOKINVY CAP | Non-Preferred Specialty |
| ZOLINZA CAP | Preferred Specialty |
| ZOMACTON INJ | Non-Preferred Specialty |
| ZTALMY SUSP | Non-Preferred Specialty |
| ZURAMPIC TAB | Non-Preferred Brands |
| ZURZUVAE CAP 20MG | Non-Preferred Brands |
| ZURZUVAE CAP 25MG | Non-Preferred Brands |
| ZURZUVAE CAP 30MG | Non-Preferred Brands |
| ZYDELIG TAB | Preferred Specialty |
| ZYKADIA CAP | Preferred Specialty |
| ZYKADIA TAB | Preferred Specialty |
| ZYMFENTRA INJ | Non-Preferred Specialty |
| ZYTIGA TAB 250MG | Non-Preferred Specialty |
| ZYTIGA TAB 500MG | Non-Preferred Specialty |

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PeaceHealth Formulary
Last Updated* 11/15/2024
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|-----------------------------------|-----------------------------------|--|---------------------------|
| adapalene gel | ANTIVERT TAB, MECLIZINE TAB | aspirin ec tab 81mg | aspirin tab |
| b-complex w/ c and folic acid tab | B-D INSULIN SYRINGE | BD NEEDLES | B-D PEN NEEDLE |
| BENZEPRO LIQUID CREAMY | benzoyl peroxide foam | CALCIUM ALGINATE-SILVER ROPE 1/4"X12" | CALIBRATION LIQUID |
| CLARITIN CHEW TAB | clemastine fumarate syrup | clindamycin/benzoyl peroxide gel | CONTOUR TEST STRIP |
| CONTRACEPTIVE FILM DUAC GEL | CONTRACEPTIVE FOAM FEMALE CONDOMS | CONTRACEPTIVE GEL | CONTRACEPTIVE SUPP |
| FREESTYLE INSULINX TEST STRIP | FREESTYLE LITE TEST STRIP | folic acid tab 400mcg | folic acid tab 800mcg |
| guaifenesin/codeine syrup | HEMATINIC/FA TAB | FREESTYLE PRECISION NEO TEST STRIP | FREESTYLE TEST STRIP |
| HUMULIN N INJ | HUMULIN N PEN INJ | HUMULIN MIX INJ | HUMULIN MIX PEN INJ |
| IVERMECTIN LOTION | KONVOMEK SUSP | HUMULIN R INJ | HYPODERMIC NEEDLES |
| LANOLIN OINT | lansoprazole cap | LANCET KIT | LANCETS |
| levocetirizine tab | LEVOMEFOLATE GLUCOSAMINE CAP | LEFLUNICLO PAK | levocetirizine soln |
| meclizine chew tab | meclizine tab | levonorgestrel tab | LIDO/RAC/TET GEL |
| NICORETTE GUM | NICORETTE LOZENGE | NARCAN HCL SPRAY (OTC) | NICODERM PATCH |
| nicotine lozenge | nicotine patch | nicotine gum | NICOTINE KIT |
| NOVOLIN 70/30 FLEXPEN INJ | NOVOTWIST PEN NEEDLE | nizoral a-d shampoo | NOVOFINE PEN NEEDLE |
| OXYTROL PATCH (OTC) | PHENYLEPHRINE W/ DM-GG TAB | omeprazole magnesium delayed release tab | omeprazole tab |
| PRENATAL CAP | SKLICE LOTION | PLAN B TAB | PRECISION XTRA TEST STRIP |
| trispec pse liquid | XYZAL SOLN | SYRINGE LUER-LOK | TODAY SPONGE |
| ZEGERID CAP OTC | | XYZAL TAB | YOSPRALA TAB |

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PeaceHealth Formulary
Last Updated* 11/15/2024
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

| | | | |
|---|--|--------------------------------------|-------------------------------------|
| ABILIFY ASIMTUFII INJ 720MG/2.4ML abiraterone tab 250mg | ABILIFY ASIMTUFII INJ 960MG/3.2ML ABRILADA INJ | ABILIFY MAINTENA INJ | abiraterone acetate tab 500mg |
| ACTHAR HP GEL INJ | ACTHAR INJ 80UNIT | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ |
| ADALIMU-ADBM KIT 40/0.4ML | ADALIMU-FKJP KIT 20/0.4ML | ACTIMMUNE INJ | ADALIMU-ADBM KIT |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML | ADALIMUMAB-ADBM KIT | ADALIMUMAB KIT ADBM | ADALIMUMAB-AATY KIT 20MG/0.2ML |
| ADALIMUMAB-RYVK INJ | ADBRY INJ | ADALIMUMAB-FKJP AUTO-INJECTOR KIT | ADALIMUMAB-FKJP PFS KIT |
| AFINITOR DISPERZ TAB | AFINITOR TAB | adefovir dipivoxil tab | ADEMPAS TAB |
| AKEEGA TAB | ALECENSA CAP | AFSTYLA KIT | AGAMREE SUSP |
| ALTUVIIIO INJ | ALUNBRIG PAK | ALKERAN TAB | ALPROLIX INJ |
| | | ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG |
| ALVAIZ TAB | ambrisentan tab | aminocaproic acid soln | AMJEVITA AUTO-INJECTOF |
| AMJEVITA INJ 10MG/0.2ML | AMJEVITA INJ 20MG/0.2ML | AMJEVITA INJ 40MG/0.4ML | AMJEVITA INJ 80MG/0.8ML |
| AMJEVITA SYRINGE 20MG/0.4ML | AMJEVITA SYRINGE 40MG/0.8ML | AMPYRA TAB | APOKYN INJ |
| apomorphine inj | ARANESP INJ | ARCALYST INJ | ARIKAYCE SUSP |
| ARISTADA 675MG/2.4ML IN | ARISTADA INJ | AUBAGIO TAB | AUGTYRO CAP |
| AUGTYRO CAP 160MG | AUSTEDO TAB 12MG | AUSTEDO TAB 6MG | AUSTEDO TAB 9MG |
| AUSTEDO XR TAB | AUSTEDO XR TAB 18MG | AUSTEDO XR TAB 24MG | AUSTEDO XR TAB 6MG |
| AUSTEDO XR TAB TITRATION KIT | AUSTEDO XR TAB TITRATION PACK | AVONEX INJ | AYVAKIT TAB |
| BAFIERTAM CAP | BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG |
| BARACLUDGE SOLN | BARACLUDGE TAB | BENEFIX INJ | BENLYSTA AUTO-INJECTOI |
| BENLYSTA INJ | BERINERT INJ | BESREMI INJ | betaine powder for oral solution |
| BETASERON INJ | bexarotene cap | bexarotene gel | BIMZELX INJ |
| bosentan tab | BOSULIF CAP | BOSULIF TAB | BRAFTOVI CAP 75MG |
| BRONCHITOL CAP | BRUKINSA CAP | BUPHENYL POWDER | BUPHENYL TAB |
| BYLVAY CAP | CABLIVI INJ KIT | CABOMETYX TAB | CALQUENCE CAP |
| CALQUENCE TAB | CAMZYOS CAP | capecitabine tab | CAPRELSA TAB 100MG |
| CAPRELSA TAB 300MG | CARBAGLU TAB | carglumic acid tab | CAYSTON INH SOLN |
| CERDELGA CAP | CHOLBAM CAP | CIBINQO TAB | CIMZIA INJ |
| CINQAIR INJ | CINRYZE INJ | COAGADDEX INJ | COMETRIQ KIT |
| COPAXONE INJ 20MG/ML | COPAXONE INJ 40MG/ML | COPIKTRA CAP | CORTROPHIN GEL 80UNIT |
| COSENTYX INJ (1-PACK) | COSENTYX INJ (2-PACK) | COSENTYX INJ 300MG/2ML | COTELLIC TAB |
| CUTAQUIG INJ | CUVITRU INJ | CYLTEZO AUTO-INJECTOR | CYLTEZO INJ 10MG/0.2ML |

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| | | | |
|---|---|--|---|
| CYLTEZO INJ 20MG/0.4ML CYLTEZO KIT CYSTADROPS SOLN DAKLINZA TAB DAURISMO TAB 100MG deferasirox tab deflazacort susp dichlorphenamide tab | CYLTEZO INJ 40MG/0.8ML CYLTEZO KIT CROHNS CYSTAGON CAP 150MG dalfampridine ER tab DAURISMO TAB 25MG deferasirox tab 90mg, 360mg deflazacort tab dimethyl fumarate DR cap | CYLTEZO INJ CROHNS CYLTEZO PSORIASIS KIT CYSTAGON CAP 50MG DARAPRIM TAB DAYBUE SOLN deferiprone tab DIACOMIT CAP dimethyl fumarate DR starter pack DUPIXENT INJ EMFLAZA SUSP ENBREL INJ 25MG ENDARI POWDER PACKET | CYLTEZO INJ PSORIASIS CYSTADANE POWDER CYSTARAN OPHTH SOLN dasatinib tab deferasirox granules packet deferiprone tab 1000mg DIACOMIT POWDER PACK DOJOLVI ORAL LIQUID |
| DOPTELET TAB DUVYZAT ORAL SUSP EMPAVELI INJ ENBREL MINI INJ | droxidopa cap EBGLYSS INJ ENBREL INJ ENBREL SURECLICK INJ 50MG | EPCLUSA TAB EPOGEN/PROCRIT erlotinib tab 100mg ESBRIET TAB 267MG EVRYSDI SOLN FABHALTA CAP FASENRA PEN INJ | DUPIXENT PEN INJ EMFLAZA TAB ENBREL INJ 50MG ENSPRYNG INJ |
| ENTYVIO INJ EPIVIR HBV SOLN ERLEADA TAB erlotinib tab 25mg everolimus tab EXSERVAN FILM FASENRA INJ | EPCLUSA PAK EPIVIR HBV TAB ERLEADA TAB 240MG ESBRIET CAP everolimus tab for oral susp EXTAVIA INJ FASENRA INJ 10MG/0.5ML | EPCLUSA TAB EPOGEN/PROCRIT erlotinib tab 100mg ESBRIET TAB 267MG EVRYSDI SOLN FABHALTA CAP FASENRA PEN INJ | EPIDIOLEX SOLN ERIVEDGE CAP erlotinib tab 150mg ESBRIET TAB 801MG EXKIVITY CAP FARESTON TAB FERRIPROX 2 DAY TAB 1000MG |
| FERRIPROX SOLN FILSUVEZ GEL FIRDAPSE TAB FRUZAQLA CAP 5MG GALAFOLD CAP gefitinib tab GENOTROPIN INJ 0.8MG GENOTROPIN INJ 1.8MG GENOTROPIN INJ 5MG glatiramer inj 40mg/ml | FERRIPROX TAB 1000MG fingolimod hcl cap FORTEO INJ 600MCG/2.4ML FULPHILA INJ GANIRELIX AC INJ GENOTROPIN INJ 0.2MG GENOTROPIN INJ 1.2MG GENOTROPIN INJ 12MG GILENYA CAP GLEEVEC TAB | FERRIPROX TAB 500MG FINTEPLA SOLN FOTIVDA CAP FUROSCIX KIT GATTEX KIT GENOTROPIN INJ 0.4MG GENOTROPIN INJ 1.4MG GENOTROPIN INJ 1MG GILOTRIF TAB GLEEVEC TAB 100 MG | EPIDIOLEX SOLN ERIVEDGE CAP erlotinib tab 150mg ESBRIET TAB 801MG EXKIVITY CAP FARESTON TAB FERRIPROX 2 DAY TAB 1000MG FILSPARI TAB FIRAZYR INJ FRUZAQLA CAP 1MG FUZEON INJ GAVRETO CAP GENOTROPIN INJ 0.6MG GENOTROPIN INJ 1.6MG GENOTROPIN INJ 2MG glatiramer inj 20mg/ml GLEOSTINE/LOMUSTINE CAP |
| GRANIX INJ | HADLIMA INJ 40MG/0.4ML | HADLIMA INJ 40MG/0.8ML | HADLIMA PUSH INJ 40MG/0.4ML haloperidol decanoate inj |
| HADLIMA PUSH INJ 40MG/0.8ML HARVONI PELLET PAK HETLIOZ CAP HIZENTRA INJ, VIVAGLOBIN INJ HUMIRA 10MG/0.1ML (CORDAVIS) HUMIRA INJ 10MG HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK HUMIRA PEN INJ 40MG | HADLIMA INJ 40MG/0.4ML HAEGARDA INJ 2000U HARVONI TAB HETLIOZ SUSP HULIO INJ 40MG/0.8ML HUMIRA 20MG/0.2ML (CORDAVIS) HUMIRA INJ 20MG HUMIRA INJ PEDIATRIC CROHNS STARTER PACK HYCAMTIN CAP | HADLIMA INJ 40MG/0.8ML HAEGARDA INJ 3000U HEMLIBRA INJ HEXALEN CAP HULIO KIT 20MG/0.4ML HUMIRA 40MG/0.4ML (CORDAVIS) HUMIRA INJ 40MG HUMIRA INJ PEDIATRIC UC STARTER PACK hydroxyprogesterone caproate inj | HADLIMA PUSH INJ 40MG/0.4ML haloperidol decanoate inj HEPSERA TAB HIZENTRA INJ HUMATROPE INJ HUMIRA 80MG/0.8ML (CORDAVIS) HUMIRA INJ 80MG HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK HYFTOR GEL |
| HYQVIA INJ HYRIMOZ INJ CROHNS | HYRIMOZ INJ 40MG/0.4ML | HYRIMOZ INJ 40MG/0.8ML | HYRIMOZ INJ 80MG/0.8ML |

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| | | | |
|--|--|--|--|
| HYRIMOZ INJ PLAQUE PSORIASIS HYRIMOZ-PED INJ CROHN 80MG/0.8ML ICLUSIG TAB imatinib tab 100mg IMBRUVICA SUSP INCRELEX INJ INLYTA TAB INVEGA HAFYERA INJ IWILFIN TAB JAYPIRCA TAB 50MG JYNARQUE TAB 15MG KESIMPTA INJ KISQALI PAK KOSELUGO CAP KUVAN TAB lamivudine tab 100mg | HYRIMOZ PFS INJ 10MG/0.1ML IBRANCE CAP IDACIO INJ 40MG/0.8ML imatinib tab 400mg IMBRUVICA TAB INGREZZA CAP INQOVI TAB INVEGA INJ JADENU SPRINKLE JOENJA TAB JYNARQUE TAB 30MG KEVEYIS TAB KISQALI TAB KOSELUGO CAP 10MG KYNAMRO INJ lapatinib ditosylate tab | HYRIMOZ PFS INJ 20MG/0.2ML IBRANCE TAB IDELVION INJ IMBRUVICA CAP 140MG IMPAVIDO CAP INGREZZA PACK 40-80MG INREBIC CAP IRESSA TAB JAKAFI TAB JUXTAPID CAP KALYDECO PAK KEVZARA INJ KITABIS PAK NEB SOLN KRAZATI TAB KYNMOBI FILM LEDIPASVIR/SOFOSBUVIR TAB LEUKINE INJ LIVMARLI SOLN LORBRENA TAB 25MG LUMRYZ PACK 6GM LUPKYNIS CAP LUPRON DEPOT-PED INJ (3-MONTH) LYTGOBI TAB (12MG DAILY DOSE) MATULANE CAP | HYRIMOZ-PED INJ CROHN icatibant inj IDHIFA TAB IMBRUVICA CAP 70MG INBRIJA INH POWDER INGREZZA SPRINKLE CAP INTRON-A INJ ISTURISA TAB 1MG JAYPIRCA TAB 100MG JYNARQUE PAK KALYDECO TAB KINERET INJ KORLYM TAB KUVAN POWDER PACK KYNMOBI TITRATION KIT lenalidomide cap LEUPROLIDE INJ LIVTENCITY TAB LUMAKRAS TAB LUMRYZ PACK 7.5GM LUPRON DEPOT INJ LYNPARZA CAP LYTGOBI TAB (16MG DAILY DOSE) MAVENCLAD PAK |
| LENVIMA CAP l-glutamine powder packet LONSURF TAB LUMAKRAS TAB 320MG LUMRYZ PACK 9GM LUPRON DEPOT INJ PED LYNPARZA TAB LYTGOBI TAB (20MG DAILY DOSE) MAVYRET PAK | LETAIRIS TAB LIQREV SUSP LORBRENA TAB 100MG LUMRYZ PACK 4.5GM LUMRYZ STARTER PACK LUPRON DEPOT-PED INJ (1-MONTH) LYSODREN TAB MAKENA INJ MAVYRET TAB | MAYZENT TAB MEKINIST TAB 2MG mifepristone tab MULPLETA TAB MYLERAN TAB NEUPOGEN INJ nilutamide tab NIVESTYM INJ | MAYZENT TAB STARTER PACK MEKTOVI TAB miglustat cap MYALEPT INJ NATPARA INJ NEXAVAR TAB NINLARO CAP NORDITROPIN INJ, NUTROPIN AQ INJ NUBEQA TAB NUWIQ INJ OCALIVA TAB OCTREOTIDE INJ 100MCG OGSIVEO TAB 100MG OJEMDA TAB OLYSIO CAP OPFOLDA CAP ORENCIA SC INJ 125MG/ML ORENITRAM TAB MONTH PAK |
| MEKINIST SOLN MELPHALAN TAB MIRCERA INJ MYCAPSSA CAP NERLYNX TAB NGENLA INJ nitisinone cap NORTHERA CAP NUCALA INJ NUWIQ KIT OCREVUS INJ ODOMZO CAP OGSIVEO TAB 150MG OJJAARA TAB OMNITROPE INJ OPSUMIT TAB ORENCIA SC INJ 50MG/0.4ML | MEKINIST TAB 0.5MG MESNEX TAB MODERIBA TAB MYFEMBREE TAB NEULASTA INJ NILANDRON TAB NITYR TAB NORTHERA CAP 100MG NUPLAZID CAP NUZYRA TAB OCREVUS ZUNOVO INJ OFEV CAP OHTUVAYRE SUSP OLPRUVA PACK OMVOH INJ OPSYNVI TAB ORENCIA SC INJ 87.5MG/0.7ML | NOURIANZ TAB NUPLAZID TAB NYVEPRIA INJ octreotide inj OGSIVEO TAB OJEMDA SUSP OLUMIANT TAB ONUREG TAB ORENCIA CLICK INJ ORENITRAM TAB | |

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

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| ORFADIN CAP ORILISSA TAB 150MG | ORFADIN SUSP ORILISSA TAB 200MG | ORGOVYX TAB ORKAMBI GRANULES PACKET | ORIAHNN CAP ORKAMBI TAB |
| ORLADEYO CAP OTEZLA TAB PALFORZIA POWDER PACK | ORSERDU TAB 345MG OXBRYTA TAB PALFORZIA SPRINKLE CAF | ORSERDU TAB 86MG OXBRYTA TAB 300MG PALYNZIQ INJ | OTEZLA STARTER PACK OXERVATE OPHTH SOLN pazopanib hcl tab |
| PEGASYS INJ PHEBURANE ORAL PELLETS | PEG-INTRON INJ PIQRAY TAB | PEMAZYRE TAB pirfenidone cap | PERSERIS INJ pirfenidone tab 267mg |
| PIRFENIDONE TAB 534MG POMALYST CAP | pirfenidone tab 801mg PONVORY TAB | PLEGRIDY INJ PONVORY TAB STARTER PACK | PLEGRIDY PEN INJ PRETOMANID TAB |
| PREVYMIS TAB | PROCYSBI CAP | PROCYSBI GRANULES PACKET | PROLIA INJ |
| PROMACTA POWDER pyrimethamine tab | PROMACTA TAB PYRUKYND TAB | PULMOZYME INH SOLN PYRUKYND THERAPY PACK | PURIXAN SUSP QINLOCK TAB |
| RADICAVA ORS SUSP REBINYN INJ RELISTOR INJ KIT | RAVICTI LIQUID RECORLEV TAB RELISTOR TAB | REBETOL SOLN RELEUKO INJ RELYVRIO PAK | REBIF INJ RELISTOR INJ REMODULIN INJ 10MG/ML |
| REMODULIN INJ 1MG/ML RETEVMO CAP 40MG REVATIO SUSP | REMODULIN INJ 2.5MG/ML RETEVMO CAP 80MG REVLIMID CAP | REMODULIN INJ 5MG/ML RETEVMO TAB REZDIFFRA TAB | REMODULIN INJ 10MG/ML RETACRIT INJ RETEVMO TAB 40MG |
| REZUROCK TAB RIDAURA CAP RINVOQ ORAL SOLN | RIBAPAK TAB riluzole tab RISPERDAL INJ | RIBAVIRIN CAP RINVOQ ER TAB risperidone microspheres inj | REZLIDHIA CAP RIBAVIRIN TAB RINVOQ ER TAB 45MG |
| ROZLYTREK CAP RUCONEST INJ SABRIL POWDER PACK | ROZLYTREK CAP 200MG RUZURGI TAB SABRIL TAB | ROZLYTREK PAK RYDAPT CAP SAIZEN INJ, SEROSTIM INJ ZORBTIVE INJ | RIVFLOZA INJ RUBRACA TAB RYKINDO INJ SAMSCA TAB 30MG |
| SAMSCA TAB, TOLVAPTAN TAB | SANDOSTATIN LAR INJ KIT | sapropterin dihydrochloride powder packet | sapropterin dihydrochloride soluble tab |
| SCSEMBLIX TAB 100MG sildenafil susp SIRTURO TAB SKYRIZI PEN 150MG/ML | SCSEMBLIX TAB 20MG SILIQ INJ SKYCLARYS CAP 50MG SKYTROFA INJ | SCSEMBLIX TAB 40MG SIMLANDI INJ SKYRIZI INJ SODIUM OXYBATE SOLN, XYREM SOLN SOGROYA INJ | SIGNIFOR INJ SIMPONI SC INJ SKYRIZI INJ 150MG/ML sodium phenylbutyrate powder SOHONOS CAP |
| sodium phenylbutyrate tab | SOFOSBUVIR/VELPATASVI R TAB | | |
| SOMAVERT INJ SOVALDI PELLET PAK SPRYCEL TAB | sorafenib tosylate tab SOVALDI TAB STELARA INJ | SORIATANE CAP SPINRAZA INJ STIMUFEND INJ | SOTYKTU TAB SPRAVATO NASAL SOLN STIVARGA TAB |
| STRENSIQ INJ SYLATRON INJ TABLOID TAB | SUCRAID SOLN SYMDEKO TAB TABRECTA TAB | sunitinib malate cap SYNAGIS INJ TADLIQ SUSP | SUTENT CAP SYNRIBO INJ TAFINLAR CAP |
| TAFINLAR TAB TALTZ INJ TARCEVA TAB 100MG TARPEYO CAP TAVALISSE TAB | TAGRISSO TAB TALTZ INJ 20MG/0.25ML TARCEVA TAB 150MG TASCENSO ODT TAB TAVNEOS CAP | TAKHZYRO INJ TALTZ INJ 40MG/0.5ML TARCEVA TAB 25MG TASIGNA CAP TAZVERIK TAB | TAKHZYRO INJ 150MG/ML TALZENNA CAP TARGRETIN GEL tasimelteon capsule TECFIDERA CAP |

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| | | | |
|-------------------------------|-------------------------------|---|-----------------------------------|
| TECFIDERA STARTER PACK | TECHNIVIE TAB | TEGSEDI INJ | temozolomide cap |
| TEPMETKO TAB | teriflunomide tab | teriparatide (recombinant) soln pen-inj 600mcg/2.4ml | TERIPARATIDE INJ 620MCG/2.48ML |
| tetrabenazine tab | TEZSPIRE INJ | TEZSPIRE SOLN | THALOMID CAP |
| THIOLA EC TAB | THIOLA TAB | TIBSOVO TAB | TIGLUTIK SUSP |
| tiopronin tab | tiopronin tab delayed release | TOBI PODHALER | tobramycin neb soln |
| tolvaptan tab | tolvaptan tab 15mg | TRACLEER TAB 32MG | TRACLEER TAB 62.5MG, 125MG |
| TREMFYA INJ | treprostinil inj 10mg/ml | treprostinil inj 1mg/ml | treprostinil inj 2.5mg/ml |
| treprostinil inj 5mg/ml | tretinoin cap | TRIKAFTA TAB | TRIKAFTA THERAPY PACK |
| TRUQAP TAB | TRUQAP THERAPY PACK | TRUSELTIQ PACK 100MG | TRUSELTIQ PACK 175MG |
| TRUSELTIQ PACK 50MG, 125MG | TRYVIO TAB | TUKYSA TAB | TURALIO CAP |
| TYENNE INJ | TYKERB TAB | TYMLOS INJ | TYVASO DPI POWDER 16-32-48MCG |
| TYVASO DPI POWDER 16-32MCG | TYVASO DPI POWDER 32-48MCG | TYVASO DPI POWDER | TYVASO INH SOLN |
| TYZEKA TAB | UDENYCA INJ | UPTRAVI TAB | UZEDY INJ |
| VALCHLOR GEL | VANFLYTA TAB | VECAMEYL TAB | VELSIPITY TAB |
| VEMLIDY TAB | VENCLEXTA STARTER PACK | VENCLEXTA TAB | VENTAVIS INH SOLN |
| VERZENIO TAB | VIEKIRA PAK TAB | VIEKIRA XR TAB | vigabatrin powder pack |
| vigabatrin tab | VIGAFYDE SOLN | VIJOICE GRANULES PACKET | VIJOICE TAB |
| VISTOGARD PAK | VITRAKVI CAP 100MG | VITRAKVI CAP 25MG | VITRAKVI SOLN |
| VIVITROL INJ | VIVJOA CAP | VIZIMPRO TAB | VONJO CAP |
| VOSEVI TAB | VOTRIENT TAB | VOWST CAP | VOXZOGO INJ |
| VOYDEYA TAB | VOYDEYA TAB THERAPY PACK | VUMERITY CAP | VYNDAMAX CAP |
| VYNDAQEL CAP | WAINUA INJ | WAKIX TAB | WELIREG TAB |
| WINREVAIR INJ | XADAGO TAB | XALKORI CAP | XALKORI SPRINKLE CAP |
| XDEMVY DROP | XELJANZ SOLN | XELJANZ TAB | XELJANZ XR TAB |
| XELODA TAB | XEMBIFY INJ | XENAZINE TAB | XENLETA TAB |
| XERMELO TAB | XOLAIR INJ | XOLAIR INJ 150MG/ML | XOLAIR INJ 300MG/2ML |
| XOLAIR INJ 75MG/0.5ML | XOLREMDI CAP | XOSPATA TAB | XPOVIO TAB |
| XTANDI CAP | XTANDI TAB 40MG | XTANDI TAB 80MG | XURIDEN POWDER |
| XYWAV SOLN | YONSA TAB | YUFLYMA 2SYR KIT 40MG/0.4ML | YUFLYMA KIT 40MG/0.4ML |
| YUFLYMA KIT 80MG/0.8ML | YUSIMRY INJ 40MG/0.8ML | ZARXIO INJ | ZARXIO INJ 480/0.8 |
| ZAVESCA CAP | ZEJULA CAP | ZEJULA TAB | ZELBORAF TAB |
| ZEPATIER TAB | ZEPOSIA CAP | ZEPOSIA STARTER PACK | ZIEXTENZO INJ |
| ZILBRYSQ INJ | ZILBRYSQ INJ | ZILBRYSQ INJ | ZOKINVY CAP |
| 16.6MG/0.416ML | 23MG/0.574ML | 32.4MG/0.81ML | |
| ZOLINZA CAP | ZOMACTON INJ | ZTALMY SUSP | ZYDELIG TAB |
| ZYKADIA CAP | ZYKADIA TAB | ZYMFENTRA INJ | ZYPREXA RELPREVV INJ |
| ZYTIGA TAB 250MG | ZYTIGA TAB 500MG | | |

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PeaceHealth Formulary
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| ABILIFY MYCITE PACK | QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics |
| ABILIFY MYCITE TAB | QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics |
| ABSORICA CAP | Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myoris cap, or zenatane cap |
| acitretin cap | Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin |
| ACTICLATE TAB | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| ACTONEL TAB 150MG | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| ACTOPLUS MET XR TAB | Step Therapy requires trial of metformin or metformin ER |
| ACZONE GEL 5% | QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide |
| ACZONE GEL 7.5% | QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide |
| ADAPALENE SOLN | QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| ADDERALL XR CAP 10MG | QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 15MG | QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 20MG | QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 30MG | QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 5MG | QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADHANSIA XR CAP 25MG | QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ADHANSIA XR CAP 35MG | QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ADHANSIA XR, JORNAY PM | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ADLARITY PATCH | QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT |
| ADLYXIN INJ | QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| ADMELOG INJ, HUMALOG INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| ADVAIR DISKUS INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| ADVAIR HFA INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|--|
| ADZENYS ER SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ADZENYS XR TAB | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| AFINITOR DISPERZ TAB | QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp |
| AFINITOR TAB | QL= 1 tab/day; Step therapy requires trial of everolimus tab |
| AFREZZA INH POWDER | QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| AIRDUO POWDER INHALER W/SENSOR | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| AIRDUO RESPICLICK | QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| AIRSUPRA AER 90-80MCG | QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar |
| AKLIEF CREAM | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| AKYNZEO CAP | QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron |
| aliskiren tab | Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB) |
| allopurinol tab 200mg | QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs |
| almotriptan tab | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ALOGLIPTIN TAB | QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentaduet |
| ALOGLIPTIN TAB, NESINA TAB | QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue |
| ALOGLIPTIN/METFORMIN TAB | QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadue |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet |
| ALOGLIPTIN/PIOGLITAZONE TAB | QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentaduet |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentaduet |
| ALPHAGAN P OPHTH SOLN 0.15% | Step Therapy requires trial of brimonidine ophth soln 0.2% |
| ALPHAGAN P SOLN 0.1% | Step Therapy requires trial of brimonidine ophth soln 0.2% |
| ALSUMA INJ, ZEMBRACE SYMTOUCH IN | QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ALTRENO LOTION | QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| ALVESCO INHALER | QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|--|
| amcinonide oint | Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetaso halobetasol) |
| AMCINONIDE OINTMENT | ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol) |
| AMITIZA CAP | QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC |
| amlodipine/atorvastatin tab | QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin) |
| amlodipine/valsartan/hydrochlorothiazide ta | QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ |
| AMPHETAMINE ER SUSP, DYANA VEL XR SUSP | QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| amphetamine tab | QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| AMRIX CAP | QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER |
| AMZEEQ FOAM | QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| ANALPRAM-HC CREAM 1-1% | ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CRE. |
| ANTARA CAP | QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130) |
| ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG | QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg |
| ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG | QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54n 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg |
| ANZEMET TAB | QL= 1 tab/30 days; Step Therapy requires trial of ondansetron |
| APIDRA INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| APIDRA SOLOSTAR INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| APLENZIN TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| APRACLONIDIN OPHTH SOLN | QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol |
| aprepitant cap 125mg | QL= 1 cap/21 days; Step Therapy requires trial of ondansetron |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------------------|---|
| aprepitant cap 40mg | QL= 1 cap/28 days; Step Therapy requires trial of ondansetron |
| aprepitant cap 80mg | QL= 2 caps/21 days; Step Therapy requires trial of ondansetron |
| aprepitant pak | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |
| APTENSIO XR CAP 10MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 15MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 20MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 30MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 40MG | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 50MG | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 60MG | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ARAZLO LOTION | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| ARCAPTA NEOHALER | Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER |
| arformoterol tartrate neb soln | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QV/ |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QV/ |
| ARMONAIR DIGITAL INHALER 55MCG/AC | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QV/ |
| ASACOL HD TAB | Step Therapy requires trial of APRISO or LIALDA |
| ASACOL HD TAB, MESALAMINE TAB | Step Therapy requires trial of APRISO or LIALDA |
| asenapine maleate SL tab | QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT |
| ASPRUZYO SPRINKLE GRANULES | QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab |
| ATACAND HCT TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| ATACAND TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| ATELVIA TAB | QL= 4 tabs/28 days; Step Therapy requires trial of alendronate |
| ATORVALIQ SUSP | QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin ta or simvastatin tab |
| AURYXIA TAB | QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC) |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-----------------------------------|---|
| AUVELITY TAB | QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone |
| AVANDIA TAB | Step Therapy requires trial of metformin or metformin ER |
| AVONEX INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| AXERT TAB | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| azathioprine tab 100mg | QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg |
| azathioprine tab 75mg | QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg |
| AZELEX CREAM | QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel |
| AZOPT OPTH SUSP | Step Therapy requires trial of dorzolamide 2% ophth soln |
| AZOR TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| BACLOFEN SOLN | QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed) |
| BACLOFEN SUSP | QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed) |
| baclofen tab 15mg | QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine |
| BANZEL SUSP | QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| BANZEL TAB | QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| BASAGLAR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| BASAGLAR KWIKPEN | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| BASAGLAR TEMPO PEN INJ 100UNIT/ML | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| BELBUCA FILM | Step therapy requires trial of buprenorphine patch |
| BELSOMRA TAB | QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate |
| BENICAR HCT TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan |
| bepotastine besilate ophth soln | QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln |
| BESIVANCE OPTH SUSP | Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPTH SOLN |
| BETAXOLOL OPTH SOLN | QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| BETOPTIC-S OPHTH SOLN | Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate |
| BEVESPI AEROSPHERE INHALER | QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER |
| BEXAGLIFLOZN TAB | QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab |
| bimatoprost ophth soln | QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln |
| BINOSTO TAB | QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate |
| bismuth/metro/tetra cap | Step therapy requires trial of oral metronidazole and tetracycline |
| BREXAFEMME TAB | QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole |
| brimonidine ophth soln 0.15% | Step Therapy requires trial of brimonidine ophth soln 0.2% |
| brimonidine tartrate ophth soln 0.1% | Step Therapy requires trial of brimonidine ophth soln 0.2% |
| brimonidine tartrate-timolol maleate ophth soln | QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate |
| brinzolamide ophth susp | Step Therapy requires trial of dorzolamide 2% ophth soln |
| bromfenac ophth soln | Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| bromfenac sodium ophth soln 0.07% | QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| BRONCHITOL CAP | QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84) |
| BROVANA NEB SOLN | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln |
| BRYHALI LOTION, ULTRAVATE LOTION | Step Therapy requires trial of 1 topical corticosteroid lotion |
| budesonide rectal foam | QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema |
| budesonide/formoterol inhaler | QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| buprenorphine hcl buccal film | Step therapy requires trial of buprenorphine patch |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ | QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ | QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ | QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYSTOLIC TAB | QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol |
| BYSTOLIC TAB 20MG | QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap |
| CADUET TAB | QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin) |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| CALCIPOTRIENE FOAM | QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln |
| CALCIPOTRIENE FOAM, SORILUX FOAM | QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln |
| CALCIPOTRIENE/ BETAMETHASONE SUSP | QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene |
| calcipotriene-betamethasone dipropionate susp | QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene |
| CAMBIA POWDER | QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan) |
| candesartan tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| candesartan/hydrochlorothiazide tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| CAPLYTA CAP | QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone |
| captopril tab | Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug |
| CARBAMAZEPINE CHEW TAB 200MG | Step therapy requires trial of carbamazepine 100mg chew tab |
| carisoprodol tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| CAROSPIR SUSP | QL= 600ml/30 days; ST req trial of furosemide oral soln |
| CELONTIN CAP | QL= 4 caps/day; ST requires trial of ethosuximide tab/soln |
| cephalexin cap 750mg | QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap |
| CEQUA (PF) OPHTH SOLN | Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis) |
| CESAMET CAP | Step Therapy requires trial of ondansetron |
| CHENODAL TAB | ST req trial of 1: ursodiol caps or tabs |
| chlorzoxazone tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| chlorzoxazone tab 375mg | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| CITALOPRAM CAP | QL= 1 cap/day; Step therapy requires trial of citalopram tab |
| clindamycin foam | QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| clindamycin/tretinoin gel | QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin |
| CLOBETASOL OPHTH SUSP | QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth |
| clocortolone pivalate cream | QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid |
| colesevelam pack | Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|--|
| COMBIGAN OPHTH SOLN | QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate |
| CONDYLOX GEL | QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream |
| CONJUPRI TAB, LEVAMLODIPINE TAB | QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine |
| CONSENSI TAB | QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib |
| COSOPT (PF) OPHTH SOLN | Step Therapy requires trial of dorzolamide/timolol ophth soln |
| COXANTO CAP | QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac) |
| CRESEMBA CAP 186MG | QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole |
| CRESEMBA CAP 74.5MG | QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole |
| CRESTOR TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab |
| CREXONT CAP 35-140MG | QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CREXONT CAP 52.5-210MG | QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CREXONT CAP 70-280MG | QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CREXONT CAP 87.5-350MG | QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CROTAN LOTION | Step therapy requires trial of permethrin cream and lindane |
| CUVRIOR TAB | QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap |
| cyanocobalamin nasal spray 500mcg/0.1ml | ST req trial of cyanocobalamin injection |
| cyclobenzaprine ER cap | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER |
| cyclobenzaprine tab 7.5mg | Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine |
| CYCLOSET TAB | Step Therapy requires trial of metformin or metformin ER |
| CYSTADANE POWDER | QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007 |
| DANTRIUM CAP | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| dantrolene cap | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| DAPAGLIF PRO TAB 10MG | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR |
| DAPAGLIF PRO TAB 5MG | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR |

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Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------------------|---|
| DAPAGLIF-MET TAB 10-1000 | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR |
| DAPAGLIF-MET TAB 5-1000MG | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC, SYNJARDY, or SYNJARDY XR |
| dapsone gel | QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| darifenacin SR tab | Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin |
| DARTISLA ODT TAB | QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution |
| DAYTRANA PATCH | QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| DAYVIGO TAB | QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate |
| DEGLUDEC FLEXTOUCH INJ 100 UNIT | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| DEGLUDEC FLEXTOUCH INJ 200 UNIT | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| DEGLUDEC INJ 100 UNIT | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| DENA VIR CREAM | QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB |
| DESOXYN TAB | QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine |
| DESVENLAFAXINE ER TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Step therapy requires trial of one insulin product |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Step therapy requires trial of one insulin product |
| dexlansoprazole DR cap | QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab |
| DEXPAK TAB | Step Therapy requires trial of dexamethasone |
| dextroamphetamine sulfate tab 15mg | QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab |
| dextroamphetamine sulfate tab 2.5mg | QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| dextroamphetamine sulfate tab 20mg | QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab |

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Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|--|
| dextroamphetamine sulfate tab 30mg | QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab |
| dextroamphetamine sulfate tab 7.5mg | QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| DHIVY TAB | QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab |
| diclofenac potassium (migraine) packet | QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan) |
| diclofenac potassium cap | QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets |
| diclofenac potassium tab 25mg | QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets |
| diclofenac sodium soln 2% | Step therapy requires trial of of diclofenac 1.5% soln |
| DIFFERIN LOTION | QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| DIFLORASONE CREAM, PSORCON CREAM | Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide |
| difluprednate ophth emulsion | QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus |
| dihydroergotamine mesylate nasal spray | QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan |
| DIVIGEL GEL | QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| DIVIGEL GEL 1.25MG/1.25GM | QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| DOLOBID TAB | QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone |
| DORYX MPC TAB | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR |
| DORYX TAB 50MG | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| dorzolamide/timolol (pf) ophth soln | Step Therapy requires trial of dorzolamide/timolol ophth soln |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | ST req trial of a topical corticosteroid AND topical tacrolimus |
| doxepin hcl cream | ST req trial of a topical corticosteroid AND topical tacrolimus |
| doxepin tab | QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| doxycycline (rosacea) cap delayed release | QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 100mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 200mg | QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 50mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |

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Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-----------------------------------|---|
| doxycycline hyclate DR tab 75mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate tab 150mg | QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets |
| doxycycline hyclate tab 50mg | Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate tab 75mg | QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets |
| doxycycline monohydrate tab 150mg | QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate 50mg or 100mg tablets |
| DUAKLIR INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER |
| DUETACT TAB | Step Therapy requires trial of metformin or metformin ER |
| DUOBRII LOTION | Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream |
| DUREZOL OPHTH EMULSION | QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus |
| dutasteride/tamsulosin cap | Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap |
| DUTOPROL TAB | QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers |
| DXEVO 11-DAY PAK | Step therapy requires trial of dexamethasone tab/soln |
| DYANAVAL XR CHEW 10MG | QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM) |
| DYANAVAL XR CHEW 15MG | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| DYANAVAL XR CHEW 20MG | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| DYANAVAL XR CHEW 5MG | QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM) |
| DYRENIUM CAP | Step Therapy requires trial of amiloride or spironolactone |
| EDARBI TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| EDARBYCLOR TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| EDLUAR SL TAB | QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| ELEPSIA XR TAB 1000MG | QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab |
| ELEPSIA XR TAB 1500MG | QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab |
| eletriptan tab | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ELIDEL CREAM | Step Therapy requires trial of tacrolimus oint |
| ELYXYB SOLN | QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension |
| EMEND CAP 125MG | QL= 1 cap/21 days; Step Therapy requires trial of ondansetron |
| EMEND CAP 40MG | QL= 1 cap/28 days; Step Therapy requires trial of ondansetron |
| EMEND CAP 80MG | QL= 2 caps/21 days; Step Therapy requires trial of ondansetron |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------------|---|
| EMEND PAK | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |
| ENABLEX TAB | Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| enalapril maleate oral soln | QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab |
| ENDARI POWDER PACKET | QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps |
| ENTADFI CAP | QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil |
| EOHILIA SUS 2MG/10ML | Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0) |
| EPANED SOLN | QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab |
| epinastine ophth soln | QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln |
| EPOGEN/PROCRIT | QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp |
| EPRONTIA SOLN | QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps |
| ERMEZA SOLN 150MCG/5ML | QL= 10ml/day; Step therapy requires trial of levothyroxine tab |
| estradiol gel 0.06% | QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| estradiol td gel | QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| estradiol td gel 1.25mg/1.25gm | QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| estradiol valerate inj | ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring |
| EUCRISA OINT | Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream |
| EVEKEO ODT | QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| EVOCLIN FOAM | QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| EVZIO INJ | Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY |
| EVZIO INJ | Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY |
| EXFORGE HCT TAB | QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine t |
| EZALLOR SPRINKLE CAP | QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin |
| EZETIMIBE/ATORVASTATIN TAB | QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe |
| FABIOR AEROSOL FOAM | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| FARESTON TAB | Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------------|--|
| FENOFIBRATE CAP | QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130) |
| FENOFIBRATE MICRO CAP 90MG | QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra) |
| fenoprofen calcium cap | QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| fenoprofen calcium tab | Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| FENOPROFEN CAP, NAFLON CAP | QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, or ibuprofen |
| fesoterodine fumarate er tab | QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin |
| FETZIMA CAP | QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| FETZIMA TITRATION PACK | QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| FIRVANQ SOLN 25MG/ML | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution |
| FIRVANQ SOLN 50MG/ML | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution |
| flavoxate tab | QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin |
| FLEQSUVY SUSP | QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab |
| FLOLIPID SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| FLUOXETINE TAB 60MG | Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap |
| FLURAZEPAM CAP | QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam |
| FLURBIPROFEN OPHTH SOLN | Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| FLUTICASONE LOTION | ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%) |
| FLUTICASONE/VILANTEROL INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| fluvastatin cap | QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| fluvastatin ER tab | QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| FORFIVO XL TAB | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| formoterol fumarate neb soln | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln |
| FOSAMAX+D TAB | Step Therapy requires trial of alendronate and ibandronate |
| FREE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |

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PeaceHealth Formulary Cont.
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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 2 SENSOR | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FUROSCIX KIT | QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633 |
| GELNIQUE | Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| GEMTESA TAB | QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| GIMOTI NASAL SPRAY | QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab |
| GLIMEPIRIDE TAB | QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab |
| GLIPIZIDE TAB | QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide |
| GLOPERBA SOLN | QL= 300ml/30 days; Step Therapy requires trial of colchicine |
| GLUCAGON KIT | QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT |
| GLUMETZA TAB 1000MG | Step Therapy requires trial of metformin or metformin ER |
| GLUMETZA TAB 500MG | Step Therapy requires trial of metformin or metformin ER |
| GLYCATE TAB | Step Therapy requires trial of glycopyrrolate |
| GLYCATE TAB, GLYCOPYRROLATE TAB | QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg |
| GLYXAMBI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab |
| GOCOVRI CAP | Step Therapy requires trial of amantadine |
| halcinonide cream | Step Therapy requires trial of 2 High potency corticosteroids |
| HALOBETASOL AER | ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol) |
| halobetasol propionate foam | QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint) |
| HALOG CREAM | Step Therapy requires trial of 2 High potency corticosteroids |
| HUMALOG INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| HUMALOG KWIKPEN INJ | QL= 12 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| HUMALOG MIX INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| HUMALOG PEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |

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PeaceHealth Formulary Cont.
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Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|---|
| HUMALOG TEMPO PEN INJ 100UNIT/ML | QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| HUMULIN MIX INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN MIX PEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN N INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN N PEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN R INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| hydrocodone bitartrate ER cap | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| HYSINGLA ER TAB | QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER |
| IMIQUIMOD CREAM 3.75% | QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY | QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| IMPOYZ CREAM | Step Therapy requires trial of 2 High potency corticosteroids |
| INDOCIN SUSP | QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp |
| INDOMETHACIN CAP, TIVORBEX CAP | Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs) |
| indomethacin suppository | QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxer diclofenac, meloxicam, etc) |
| indomethacin susp | QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp |
| INPEFA TAB | QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga |
| INSULIN GLARGINE INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| INVELTYS OPHTH SUSP | Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| INVOKAMET TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR |
| INVOKAMET XR TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR |
| INVOKANA TAB | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR |
| IOPIDINE OPHTH SOLN 1% | Step Therapy requires trial of apraclonidine soln |
| ISORDIL TITRADOSE TAB 40MG | Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER |
| isosorbide dinitrate tab 40mg | Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER |
| ISTALOL OPHTH SOLN 0.5% | Step Therapy requires trial of timolol maleate ophth soln |
| ivermectin cream | QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole |
| IYUZEH OPHTH DROPS | QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln |

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Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|--|
| JALYN CAP | Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap |
| JANUMET TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto |
| JANUMET XR TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto |
| JANUVIA TAB | QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto |
| JUBLIA SOLN | Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab |
| KADIAN CAP 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 10MG | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 200MG | QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 20mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 40mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 50mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 60mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 80mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KATERZIA SUSP | Step Therapy requires trial of amlodipine |
| KERENDIA TAB | QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance) |
| KERYDIN SOLN | Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab |
| KESIMPTA INJ | QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| KOMBIGLYZE XR TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto |
| LACTULOSE PACK | Step Therapy requires trial of lactulose |
| lamotrigine odt | QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew |
| lanthanum carbonate chew tab | QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| lanthanum carbonate chew tab 500mg | QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| LANTUS INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| LANTUS SOLOSTAR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| LESCOL XL TAB | QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab. |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| LEVEMIR FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| LEVEMIR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |

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Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---------------------------------------|--|
| LEVOFLOXACIN OPHTH SOLN 0.5% | QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth |
| levorphanol tab | QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone) |
| l-glutamine powder packet | QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps |
| LIBERVANT FILM | QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel |
| LINZESS CAP | QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone |
| LIRAGLUTIDE SOLN PEN-INJECTOR | QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, and Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11) |
| LIVALO TAB | QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs |
| LOKELMA PAK | QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone |
| LOREEV XR CAP | QL= 1 cap/day; Step therapy requires trial of lorazepam tab |
| LOREEV XR CAP 3MG | QL= 3 cap/day; Step therapy requires trial of lorazepam tab |
| LOTEMAX GEL | QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| LOTEMAX OPHTH OINT 0.5% | Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| LOTEMAX OPHTH SUSP | Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| loteprednol etabonate ophth gel | QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| loteprednol etabonate ophth susp 0.2% | QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| LYBALVI TAB | QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone |
| LYRICA CAP | Step Therapy required trial of gabapentin and pregabalin |
| LYRICA CR TAB | QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln |
| LYRICA SOLN | QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin |
| LYUMJEV INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| LYUMJEV KWIKPEN | QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| LYUMJEV KWIKPEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| LYUMJEV TEMPO PEN INJ 100UNIT/ML | QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|------------------------------|---|
| LYVISPAH GRANULE PACKET 10MG | QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap |
| LYVISPAH GRANULE PACKET 20MG | QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/ca |
| LYVISPAH GRANULE PACKET 5MG | QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap |
| MARPLAN TAB | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| meloxicam | QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin |
| MELOXICAM SUSP | QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp |
| memantine ER cap | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| mesalamine ER cap | QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA |
| mesalamine tab | QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA |
| METFORMIN TAB | QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, c 1000mg tab AND metformin ER |
| methazolamide tab | Step Therapy requires trial of acetazolamide |
| METHOCARBAMOL TAB 1000MG | QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine |
| methsuximide cap | QL= 4 caps/day; ST requires trial of ethosuximide tab/soln |
| methylphenidate ER cap | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 10mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 15mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 20mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 30mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 40mg | QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 50mg | QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 60mg | QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| METHYLPHENIDATE ER TAB | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate td patch | QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| METOZOLV ODT | Step Therapy requires trial of metoclopramide |
| MICARDIS HCT TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| MICARDIS TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| MIEBO OPTH SOLN | QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% opth emulsion |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------------|--|
| MIGRANAL SPRAY | QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan |
| MINOCYCLINE ER CAP | QL= 1 cap/day; Step Therapy requires trial of minocycline |
| minocycline ER tab | QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab |
| MINOLIRA TAB | QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab |
| mirabegron tab er | ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, trospium tab/SR cap |
| MORPHINE SULFATE ER CAP | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 10mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 20mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 50mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 60mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 80mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| MOTEGRITY TAB | QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone |
| MOTPOLY XR CAP 100MG | QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap |
| MOTPOLY XR CAP 150MG | QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap |
| MOTPOLY XR CAP 200MG | QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap |
| MOUNJARO INJ | QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Rybelsus, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11) |
| MOXATAG TAB | Step Therapy requires trial of amoxicillin |
| MOXIFLOXACIN SOLN | QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops |
| MYDAYIS CAP 12.5MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| MYDAYIS CAP 25MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| MYDAYIS CAP 37.5MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| MYDAYIS CAP 50MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER |
| MYRBETRIQ SUSP | QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap |
| NAFLON CAP | QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, c ibuprofen |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|------------------------------------|--|
| naftifine cream | QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products |
| naftifine hcl gel 2% | QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream |
| NAFTIN GEL | QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream |
| NAMENDA TAB | Step Therapy requires trial of memantine tab |
| NAMENDA XR CAP | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| NAMENDA XR TITRATION PACK | QL= 28 caps/28 days; Step Therapy requires trial of memantine tab |
| NAMZARIC CAP | QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er |
| NAMZARIC STARTER PACK | QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er |
| NAPRELAN CR TAB | Step therapy requires trial of generic naproxen IR AND one of the following: diclofen: tab, etodolac tab, indomethacin cap |
| naproxen sodium CR tab | Step therapy requires trial of generic naproxen IR AND one of the following: diclofen: tab, etodolac tab, indomethacin cap |
| NEFFY SPRAY | QL= 2 doses/fill; Step therapy requires trial of epinephrine injection |
| NITAZOXANIDE TAB | QL= 6 tabs/3 days; ST req trial of 1: metronidazole, tinidazole |
| NITROFURANTOIN SUSP | Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML |
| NORITATE CREAM | Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT |
| NORTHERA CAP | QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416 |
| NORTHERA CAP 100MG | QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416 |
| NOURIANZ TAB | QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-) |
| NOXAFIL PAK | QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazo susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab |
| NOXAFIL SUSP | Step therapy requires trial of fluconazole, itraconazole or voriconazole |
| NOXAFIL TAB | QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| NUEDEXTA CAP | QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL | QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln |
| olopatadine nasal spray | QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray |
| ONDANSETRON TAB ODT 16MG | QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tat ondansetron soln |
| ONGENTYS CAP | Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline |
| ONGLYZA TAB | QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|--|
| ONYDA XR SUSP | QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap |
| ONZETRA XSAIL | Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| orphenadrine/aspirin/caffeine tab | QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab |
| OSMOLEX ER TAB | QL= 1 tab/day; Step Therapy requires trial of amantadine |
| OSMOPREP TAB | Step Therapy requires trial of CLENPIQ |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic |
| oxazepam cap | Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab |
| OXYBUTYNIN TAB 2.5MG | QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin |
| OXYCODONE ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 80MG | QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN CR TAB | QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYTROL PATCH (OTC) | Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| OZOBAX SOLN | QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab |
| PANCREAZE CAP, PERTZYE CAP, ZENPEP CAP | Step Therapy requires trial of Creon |
| paroxetine oral susp | QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs |
| PATANASE NASAL SPRAY | QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray |
| PAXIL ORAL SUSP | QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs |
| penciclovir cream | QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB |

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Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|------------------------------|---|
| PENNSAID SOLN 2% | Step therapy requires trial of of diclofenac 1.5% soln |
| PENTASA CAP | QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA |
| PENTASA CAP 500MG | Step Therapy requires trial of APRISO or LIALDA |
| PENTASA CR CAP | QL= 8 caps/day; Diagnosis Restricted- Crohn's Disease (K50.9), Ulcerative colitis (K51.9); For ulcerative colitis, ST req trial of generic APRISO or generic LIALDA |
| PEPCID SUSP | Step Therapy requires trial of cimetidine or nizatidine |
| PERFOROMIST NEB SOLN | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln |
| PEXEVA TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| pimecrolimus cream | Step Therapy requires trial of tacrolimus oint |
| pioglitazone/glimepiride tab | Step Therapy requires trial of metformin or metformin ER |
| pitavastatin calcium tab | QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs |
| podofilox gel | QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream |
| POKONZA POWDER | QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln, KCL 20MEQ packet |
| posaconazole DR tab | QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| posaconazole susp | Step therapy requires trial of fluconazole, itraconazole or voriconazole |
| PRADAXA CAP 75MG, 150MG | QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto |
| prednisolone ODT | Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln |
| prednisolone tab | Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln |
| pregabalin ER tab | QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap c pregabalin soln |
| PRESTALIA TAB | Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor |
| PRISTIQ TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| PROAIR HFA INHALER | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| PROAIR RESPICLICK INHALER | Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler |
| PROLATE TAB | QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325m tab |
| PROLENSA OPHTH SOLN 0.07% | QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| PROVENTIL AERO HFA | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler |
| PROVENTIL HFA INHALER | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| PULMICORT FLEXHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVA |
| QELBREE ER CAP 100MG | QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine |

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Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------------|---|
| QELBREE ER CAP 150MG | QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine |
| QELBREE ER CAP 200MG | QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine |
| QMIIZ ODT TAB | Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetir |
| QUAZEPAM TAB | QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam |
| QUDEXY XR CAP 100MG | QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 150MG | QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 200MG | QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 25MG | QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 50MG | QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR |
| QUETIAPINE TAB 150MG | QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs |
| QUVIVIQ TAB | QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate |
| ramelteon tab | QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| REBIF INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| RELAFEN DS TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, buprofen, or nabumetone |
| RELEXXII ER TAB 18MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| RELEXXII ER TAB 27MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| RELEXXII ER TAB 36MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| RELEXXII ER TAB 54MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| RELPAK TAB | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| RELTONE CAP | Step therapy requires trial of ursodiol tab |
| REQUIP XL TAB | QL= 1 tab/day; Step Therapy requires trial of ropinirole |
| RETIN-A MICRO GEL 0.04%, 0.1% | QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| RETIN-A MICRO GEL 0.08%, 0.06% | QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| REXULTI TAB | QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone |

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Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| REYVOW TAB 100mg | QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| REYVOW TAB 50mg | QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| REZVOGLAR INJ | QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| RHOPRESSA OPHTH SOLN | QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol |
| RIBAPAK TAB | Step Therapy requires trial of ribavirin |
| risedronate DR tab | QL= 4 tabs/28 days; Step Therapy requires trial of alendronate |
| risedronate tab 150mg | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| RITALIN LA CAP | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ROCKLATAN OPHTH SOLN | Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol |
| ropinirole ER tab | QL= 1 tab/day; Step Therapy requires trial of ropinirole |
| ROSDAN KIT | Step Therapy requires trial of metronidazole cream |
| ROSZET TAB | QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe |
| ROXYBOND TAB | Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln |
| ROZEREM TAB | QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| rufinamide susp | QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| rufinamide tab | QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| RYTARY CAP 23.75-95MG | QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYTARY CAP 36.25-145MG | QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYTARY CAP 48.75-195MG | QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYTARY CAP 61.25-245MG | QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB | QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab |
| SANCUSO PATCH | QL= 4 patches/28 days; Step Therapy requires trial of granisetron |
| SAPHRIS SL TAB | QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT |
| SAVAYSA TAB | QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO |
| SAVELLA PAK | Step Therapy requires trial of duloxetine and gabapentin |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---------------------------------------|---|
| SAVELLA TAB | QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin |
| saxagliptin hcl tab | QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto |
| saxagliptin-metformin hcl tab er 24hr | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto |
| SECUADO PATCH | QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT |
| SEGLENTIS TAB | QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol |
| SEGLUROMET TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR |
| SEREVENT DISKUS INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi |
| SERNIVO SPRAY | Step Therapy requires trial of betamethasone dipropionate |
| SERTRALINE CAP | QL= 30 caps/30 days; Step therapy requires trial of sertraline tab |
| SIKLOS TAB | Step Therapy requires trial of DROXIA CAP |
| SILENOR TAB | QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| SIMVASTATIN SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| SITAVIG TAB | QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir |
| SOAANZ TAB | QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab |
| SOAANZ TAB 60MG | QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab |
| SOLQUA INJ | QL= 18ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS |
| SOLODYN TAB | QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab |
| SOLOSEC GRANULES PACKET | QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole |
| SOMA TAB | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| SOOLANTRA CREAM | QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole |
| SORIATANE CAP | Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416 |
| SOVUNA TAB | Step therapy requires trial of generic hydroxychloroquine (generic for Planquenil) |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler |
| spironolactone susp | QL= 600ml/30 days; ST req trial of furosemide oral soln |
| SPRITAM TAB | Step Therapy requires trial of levetiracetam or levetiracetam ER |
| SPYRINE CAP 250MG | ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| STEGLATRO TAB | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB |
| STEGLUJAN TAB | Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, SYNJARDY XR |
| SUCRAID SOLN | Step Therapy requires trial of Creon; Only available through Optum Frontier Therapeutics 855-768-9727 |
| SUMANSETRON PAK | Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| sumatriptan nasal spray | QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab |
| sumatriptan/naproxen tab | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| SURMONTIL CAP | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| SYMBICORT INHALER | QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| SYMLINPEN INJ 120 | QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart |
| SYMLINPEN INJ 60 | QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart |
| tafluprost preservative free (pf) ophth soln | QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln |
| TANLOR TAB | QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine |
| tavaborole soln | Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tablet |
| tazarotene cream 0.05% | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| tazarotene gel 0.1% | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| TAZORAC CREAM 0.05% | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| TAZORAC GEL 0.1% | QL= 100g/30 days; Step Therapy requires trial of tazarotene cream |
| TEKTURNA HCT TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| TEKTURNA TAB | Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB) |
| TELMISARTAN/AMLODIPINE TAB | QL= 1 tab/day; Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan |
| telmisartan/hydrochlorothiazide tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| telmisartan/hydrochlorothiazide tab 40-12.5MG | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| telmisartan/hydrochlorothiazide tab 80-25MG | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---------------------------------|---|
| TETRACYCLINE TAB | QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate |
| THALITONE TAB | QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg |
| THYQUIDITY SOLN | Step Therapy requires trial of levothyroxine |
| timolol maleate ophth gel | Step Therapy requires trial of timolol maleate ophth soln |
| timolol maleate ophth soln 0.5% | Step Therapy requires trial of timolol maleate ophth soln |
| TIMOPTIC-XE OPHTH GEL | Step Therapy requires trial of timolol maleate ophth soln |
| TIROSINT-SOL | Step therapy requires trial of levothyroxine |
| TOLMETIN CAP | Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| TOLMETIN TAB | Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| TOLSURA CAP | QL= 4 caps/day; Step Therapy requires trial of itraconazole |
| topiramate cap er 200mg | QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkl (generic Qudexy XR) |
| topiramate er cap | QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR) |
| toremifene tab | Step Therapy requires trial of tamoxifen |
| TOSYMRA SOLN | QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| TOVIAZ TAB | QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap |
| TRAMADOL ER CAP | QL= 1 cap/day; Step Therapy requires trial of tramadol tab |
| TRAMADOL HCL ER TAB 100MG | QL= 1 tab/day; Step therapy requires trial of tramadol ERT |
| TRAMADOL HCL ER TAB 200MG | QL= 1 tab/day; Step therapy requires trial of tramadol ERT |
| TRAMADOL HCL ER TAB 300MG | QL= 1 tab/day; Step therapy requires trial of tramadol ERT |
| TRAVATAN Z DROPS | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| travoprost ophth soln | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln |
| TRESIBA FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| TRESIBA INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| tretinoin gel | QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| TRETIN-X CREAM | QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| TREXIMET TAB | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| triamterene cap | Step Therapy requires trial of amiloride or spironolactone |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------------------|--|
| TRIBENZOR TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| trientine cap 250mg | ST req trial of generic penicillamine tab |
| TRIENTINE CAP 500MG | ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap |
| TRIJARDY XR TAB 10-5-1000MG | QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta |
| TRIJARDY XR TAB 12.5-2.5-1000MG | QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta |
| TRIJARDY XR TAB 25-5-1000MG | QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta |
| TRIJARDY XR TAB 5-2.5-1000MG | QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta |
| trimipramine cap | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| TRINTELLIX TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| TROKENDI XR CAP | QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR) |
| TROKENDI XR CAP 200MG | QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkl (generic Qudexy XR) |
| TRUDHESA NASAL SPRAY | QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan |
| TUDORZA PRESSAIR INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler |
| TWYNSTA TAB | Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan |
| TYRVAYA SOLN | QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsior (generic Restasis) |
| UBRELVY TAB | QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptar ODT, sumatriptan tab |
| URSODIOL CAP | Step therapy requires trial of ursodiol tab |
| vancomycin hcl for oral soln 25mg/ml | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution |
| vancomycin hcl for oral soln 50mg/ml | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution |
| VARUBI TAB | QL= 2 tabs/day; Step Therapy requires trial of ondansetron |
| VELPHORO CHEW TAB | QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum |
| VELTASSA POWDER | QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma |
| VELTASSA POWDER 1GM | QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma |
| VENLAFAXINE TAB | QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| VEOZAH TAB | QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND tria of 1: gabapen, pregab, clonidine |
| verapamil SR cap | Step Therapy requires trial of verapamil ER tab (generic Calan) |
| VERKAZIA EMULSION 0.1% OPHTH | QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------------|--|
| VESICARE TAB | QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| VEVYE DROP 0.1% | QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion |
| VIIBRYD STARTER KIT | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| VIIBRYD TAB | QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox |
| vilazodone hcl tab | QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox |
| VIOKACE TAB | Step Therapy requires trial of Creon |
| VIVLODEX CAP | QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin |
| VOQUEZNA DUAL PAK | QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit |
| VOQUEZNA TRIP PAK | QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit |
| VRAYLAR CAP | QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone |
| VRAYLAR PACK | QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone |
| VUMERITY CAP | QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| VYZULTA SOLN | QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| WINLEVI CREAM | QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin |
| XACIATO GEL | QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap |
| XADAGO TAB | QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa |
| XALATAN OPHTH SOLN | Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| XCOPRI PAK 100-150MG | QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|------------------------|---|
| XELPROS OPHTH EMULSION | Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| XELSTRYM PAD | QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| XERMELO TAB | QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306 |
| XIIDRA OPHTH SOLN | QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis) |
| XTAMPZA ER CAP 13.5MG | QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 18MG | QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 27MG | QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 36MG | QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 9MG | QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XULTOPHY INJ | QL= 15ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS |
| YUPELRI SOLN | QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler |
| ZAVZPRET SPRAY | QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal |
| ZECUITY PAD | QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| zenzedi tab 10mg | QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ZENZEDI TAB 2.5MG | QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| zenzedi tab 5mg | QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ZENZEDI TAB 7.5MG | QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ZIANA GEL | QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin |
| ZILXI FOAM | QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| ZIMHI SOLN | QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj |
| ZIOPTAN OPHTH SOLN | QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| ZITUVIMET XR TAB | QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadu |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------|---|
| ZITUVIO TAB | QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue |
| ZOHYDRO ER CAP | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT |
| ZOLPIDEM CAP | QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL |
| ZOLPIMIST SPRAY | Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, c zolpidem SL |
| ZONTIVITY TAB | Step Therapy requires trial of clopidogrel |
| ZORYVE CREAM | QL= 60g/30 days; ST req trial of tacrolimus oint |
| ZORYVE FOAM 0.3% | QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) an 1 topical calcineurin inhibitor (e.g. tacro) |
| ZUPLENZ SL FILM | Step Therapy requires trial of ondansetron |
| ZYCLARA CREAM 2.5% | QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream |
| ZYPITAMAG TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |

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**PeaceHealth Formulary
Smoking Cessation Agents
Last Updated* 11/15/2024**

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

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PeaceHealth Formulary
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| abacavir soln | QL= 960ml/30 days |
| abacavir tab | QL= 2 tabs/day |
| abacavir/lamivudine tab | QL= 1 tab/day |
| abacavir/lamivudine/zidovudine tab | QL= 2 tabs/day |
| ABILIFY MYCITE PACK | QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics |
| ABILIFY MYCITE TAB | QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics |
| ABILIFY TAB | QL= 1 tab/day |
| abiraterone acetate tab 500mg | QL= 2 tabs/day |
| abiraterone tab 250mg | QL= 4 tabs/day |
| ABRILADA INJ | QL= 2 syringes/28 days |
| ABRYSVO INJ | QL= 1 inj/fill, 1 fill/lifetime |
| ABSORICA LD CAP | QL= 2 caps/day |
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | QL= 10 tabs/day |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ACTICLATE TAB | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| ACTINEL LIQUID | QL= 1200ml/30 days |
| ACTINEL PEDIATRIC LIQUID | QL= 2400ml/30 days |
| ACTIQ LOZENGE | QL= 120 lozenges/30 days |
| ACTONEL TAB 150MG | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| ACTONEL TAB 30MG | QL= 1 tab/day |
| ACTONEL TAB 35MG | QL= 4 tabs/28 days |
| ACTONEL TAB 5MG | QL= 1 tab/day |
| ACZONE GEL 5% | QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide |
| ACZONE GEL 7.5% | QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide |
| ADALIMU-ADBM KIT | QL= 2 inj/28 days |
| ADALIMU-ADBM KIT 40/0.4ML | QL= 2 inj/28 days |
| ADALIMU-FKJP KIT 20/0.4ML | QL= 2 inj/28 days |
| ADALIMUMAB KIT ADBM | QL= 2 inj/28 days |
| ADALIMUMAB-AATY KIT 20MG/0.2ML | QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML | QL= 2 inj/28 days |
| ADALIMUMAB-ADBM KIT | QL= 1 pack/fill, 1 fill/year |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT | QL= 2 inj/28 days |
| ADALIMUMAB-RYVK INJ | QL = 2 inj/28 days; Only available through Accredo 800-803-2523 |
| adapalene cream | QL= 360g/30 days |
| ADAPALENE SOLN | QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| ADBRY INJ | QL= 4 syringes/28 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| ADDERALL TAB | QL= 2 tabs/day |
| ADDERALL XR CAP 10MG | QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 15MG | QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 20MG | QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 30MG | QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| ADDERALL XR CAP 5MG | QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap |
| adefovir dipivoxil tab | QL= 1 tab/day |
| ADEMPAS TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| ADHANSIA XR CAP 25MG | QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ADHANSIA XR CAP 35MG | QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ADHANSIA XR, JORNAY PM | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| ADLARITY PATCH | QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT |
| ADLYXIN INJ | QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| ADMELOG INJ, HUMALOG INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, c FIASP |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, c FIASP |
| ADVAIR DISKUS INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| ADVAIR HFA INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela |
| ADVICOR TAB 1000-20MG | QL= 2 tabs/day |
| ADVICOR TAB 500-20MG, 1000-40MG | QL= 1 tab/day |
| ADVICOR TAB 750-20MG | QL= 2 tabs/day |
| ADVIL COLD/ TAB SINUS | QL= 240 tabs/30 days |
| ADZENYS ER SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ADZENYS XR TAB | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| AEMCOLO TAB | QL= 12 tabs/fill, 2 fills/month |
| AEROCHAMBER | QL= 1 device/365 days |
| AFINITOR DISPERZ TAB | QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp |
| AFINITOR TAB | QL= 1 tab/day; Step therapy requires trial of everolimus tab |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| AFLURIA INJ | QL= 0.5ml/fill |
| AFREZZA INH POWDER | QL= 180 inhalations/28 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP |
| AGAMREE SUSP | QL= 225ml/30 days; Only available through AnovoRx 844-288-5007 |
| AIMOVI INJ | QL= 1 pack/28 days |
| AIRDUO POWDER INHALER W/SENSOR | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| AIRDUO RESPICLICK | QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| AIRSUPRA AER 90-80MCG | QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar |
| AJOVY INJ | QL= 1 inj/28 days |
| AKEEGA TAB | QL= 60 tablets/30 days; Only available through Onco360 877-662-6633 |
| AKLIEF CREAM | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| AKYNZEO CAP | QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron |
| albuterol HFA inhaler | QL= 2 inhalers/30 days |
| ALDARA CREAM 5% | QL= 24gm/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| alendronate sodium oral soln | QL= 300ml/28 days |
| ALINIA SUSP | QL= 60ml/fill, 2 fills/month |
| ALINIA TAB | QL= 6 tabs/fill, 2 fills/month |
| allopurinol tab 200mg | QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs |
| ALLZITAL TAB | QL= 12 tabs/day |
| almotriptan tab | QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ALOGLIPTIN TAB | QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto |
| ALOGLIPTIN TAB, NESINA TAB | QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet |
| ALOGLIPTIN/METFORMIN TAB | QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentaduet |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue |
| ALOGLIPTIN/PIOGLITAZONE TAB | QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto |
| ALORA PATCH | QL= 8 patches/28 days |
| ALREX OPTH SUSP 0.2% | QL= 5ml/30 days |
| ALSUMA INJ, ZEMBRACE SYMTOUCH IN | QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ALTOPREV TAB | QL= 1 tab/day |
| ALTRENO LOTION | QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| ALUNBRIG PAK | QL= 1 pack/365 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| 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 |
| ALVESCO INHALER | QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR |
| AMBIEN CR TAB | QL= 1 tab/day |
| AMBIEN TAB | QL= 1 tab/day |
| ambrisentan tab | QL= 1 tab/day |
| AMERGE TAB | QL= 9 tabs/30 days |
| AMITIZA CAP | QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC |
| AMJEVITA AUTO-INJECTOR | QL= 2 syringes/28 days |
| AMJEVITA INJ 10MG/0.2ML | QL= 2 syringes/28 days |
| AMJEVITA INJ 20MG/0.2ML | QL= 2 syringes/28 days |
| AMJEVITA INJ 40MG/0.4ML | QL= 2 syringes/28 days |
| AMJEVITA INJ 80MG/0.8ML | QL= 2 syringes/28 days |
| AMJEVITA SYRINGE 20MG/0.4ML | QL= 2 syringes/28 days |
| AMJEVITA SYRINGE 40MG/0.8ML | QL= 2 syringes/28 days |
| amlodipine/atorvastatin tab | QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin) |
| amlodipine/valsartan/hydrochlorothiazide ta | QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ |
| amoxapine tab | QL= 4 tabs/day |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP | QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| amphetamine tab | QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine |
| amphetamine/dextroamphetamine tab 10mg | QL= 180 tabs/30 days |
| amphetamine/dextroamphetamine tab 12.5mg | QL= 150 tabs/30 days |
| amphetamine/dextroamphetamine tab 15mg | QL= 120 tabs/30 days |
| amphetamine/dextroamphetamine tab 20mg | QL= 90 tabs/30 days |
| amphetamine/dextroamphetamine tab 30mg | QL= 60 tabs/30 days |
| amphetamine/dextroamphetamine tab 5mg | QL= 360 tabs/30 days |
| amphetamine/dextroamphetamine tab 7.5mg | QL= 240 tabs/30 days |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg AMRIX CAP | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| AMZEEQ FOAM | QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER |
| ANDRODERM PATCH | QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| ANDROGEL 1% 25MG | QL= 1 patch/day |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | QL= 150gm/30 days |
| ANDROGEL 1% 50MG/5GM | QL= 300gm/30 days |
| ANDROGEL 1.62% 1.25GM | QL= 300gm/30 days |
| ANDROGEL 1.62% 2.5GM | QL= 2 packets/day |
| ANDROGEL PUMP 1.62% | QL= 2 packets/day |
| ANORO ELLIPTA INHALER | QL= 150gm/30 days |
| ANTARA CAP | QL= 60gm/30 days |
| ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG | QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130) |
| ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG | QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR) 67mg, 134mg, 200mg |
| ANZEMET TAB | QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR) 67mg, 134mg, 200mg |
| APADAZ TAB | QL= 1 tab/30 days; Step Therapy requires trial of ondansetron |
| APIDRA INJ | QL= 12 tabs/day |
| APIDRA SOLOSTAR INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, c FIASP |
| APLENZIN TAB | QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, c FIASP |
| APOKYN INJ | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| apomorphine inj | QL= 54ml/30 days; Only available through Accredo 800-803-2523 |
| APRACLONIDIN OPHTH SOLN | QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767 |
| aprepitant cap 125mg | QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine carteolol, levobunolol, timolol |
| aprepitant cap 40mg | QL= 1 cap/21 days; Step Therapy requires trial of ondansetron |
| aprepitant cap 80mg | QL= 1 cap/28 days; Step Therapy requires trial of ondansetron |
| aprepitant pak | QL= 2 caps/21 days; Step Therapy requires trial of ondansetron |
| APRISO CAP | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |
| APTENSIO XR CAP 10MG | QL= 8 caps/day |
| APTENSIO XR CAP 15MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylphen ER, methylphen ER 27/36/54 (non-OSM) |
| | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylphen ER, methylphen ER 27/36/54 (non-OSM) |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------------|---|
| APTENSIO XR CAP 20MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 30MG | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 40MG | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 50MG | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTENSIO XR CAP 60MG | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| APTIOM TAB | QL= 60 tabs/30 days |
| APTIVUS CAP | QL= 4 caps/day |
| APTIVUS SOLN | QL= 380ml/30 days |
| ARANESP INJ | QL= 4 vials/30 days |
| ARAZLO LOTION | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| ARCALYST INJ | QL= 4 vials/21 days; Only available through Walgreens 888-347-3416 |
| AREXVY INJ | QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older |
| arformoterol tartrate neb soln | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| ARICEPT TAB 10MG | QL= 1 tab/day |
| ARICEPT TAB 23MG | QL= 1 tab/day |
| ARICEPT TAB 5MG | QL= 1 tab/day |
| ARIKAYCE SUSP | QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046 |
| aripiprazole ODT | QL= 2 tabs/day |
| aripiprazole soln | QL= 30 ml/day |
| armodafinil tab 150mg | QL= 1 tab/day |
| armodafinil tab 200mg | QL= 1 tab/day |
| armodafinil tab 250mg | QL= 60 tabs/30 days |
| armodafinil tab 50mg | QL= 3 tabs/day |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI |
| ARNUIITY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| ARYMO ER TAB | QL= 3 tabs/day |
| asenapine maleate SL tab | QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT |
| ASMANEX HFA INHALER | QL= 1 inhaler/30 days |
| ASMANEX INHALER | QL= 1 inhaler/30 days |
| ASPRUZYO SPRINKLE GRANULES | QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab |
| atazanavir cap 150mg | QL= 2 caps/day |

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Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|---|
| atazanavir cap 200mg | QL= 2 caps/day |
| atazanavir cap 300mg | QL= 1 cap/day |
| ATELVIA TAB | QL= 4 tabs/28 days; Step Therapy requires trial of alendronate |
| atomoxetine cap 100mg | QL= 1 cap/day |
| atomoxetine cap 10mg | QL= 120 caps/30 days |
| atomoxetine cap 18mg | QL= 2 caps/day |
| atomoxetine cap 25mg | QL= 2 caps/day |
| atomoxetine cap 40mg | QL= 2 caps/day |
| atomoxetine cap 60mg | QL= 1 cap/day |
| atomoxetine cap 80mg | QL= 1 cap/day |
| ATORVALIQ SUSP | QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab |
| atorvastatin tab | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| atorvastatin tab 10mg | QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay |
| atorvastatin tab 20mg | QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay |
| atorvastatin tab 40mg | QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay |
| ATRALIN GEL, RETIN-A GEL | QL= 360g/30 days |
| ATRIPLA TAB | QL= 1 tab/day |
| atropine ophth soln | QL= 1 bottle/30 days |
| ATROPINE SUL SOLN 1% OPHTH | |
| ATROVENT HFA INHALER | QL= 25.8gm/30 days |
| AUBAGIO TAB | QL= 30 tabs/30 days |
| AUGTYRO CAP | QL= 240 caps/30 days |
| AUGTYRO CAP 160MG | QL= 2 caps/day |
| AURYXIA TAB | QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC) |
| AUSTEDO TAB 12MG | QL= 120 tabs/30 days |
| AUSTEDO TAB 6MG | QL= 30 tabs/30 days |
| AUSTEDO TAB 9MG | QL= 30 tabs/30 days |
| AUSTEDO XR TAB | QL= 30 tabs/30 days |
| AUSTEDO XR TAB 18MG | QL= 2 tabs/day |
| AUSTEDO XR TAB 24MG | QL= 60 tabs/30 days |
| AUSTEDO XR TAB 6MG | QL= 60 tabs/30 days |
| AUSTEDO XR TAB TITRATION KIT | QL= 1 pack/fill, 1 fill/plan year |
| AUSTEDO XR TAB TITRATION PACK | QL= 28 tabs/28 days |
| AUVELITY TAB | QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------------|---|
| AVONEX INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| AXERT TAB | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| azathioprine tab 100mg | QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg |
| azathioprine tab 75mg | QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg |
| AZELEX CREAM | QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel |
| AZILECT TAB | QL= 1 tab/day |
| AZSTARYS CAP | QL= 30 caps/30 days |
| BACLOFEN SOLN | QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed) |
| BACLOFEN SUSP | QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed) |
| baclofen tab 15mg | QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine |
| BAFIERTAM CAP | QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416 |
| BALVERSA TAB 3MG | QL= 3 tabs/day |
| BALVERSA TAB 4MG | QL= 2 tabs/day |
| BALVERSA TAB 5MG | QL= 1 tab/day |
| BANZEL SUSP | QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| BANZEL TAB | QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill, 2 fills/month |
| BARACLUDE SOLN | QL= 630ml/30 days |
| BARACLUDE TAB | QL= 1 tab/day |
| BASAGLAR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn or Toujeo |
| BASAGLAR KWIKPEN | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn or Toujeo |
| BASAGLAR TEMPO PEN INJ 100UNIT/ML | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn or Toujeo |
| BAXDELA TAB | QL= 2 tabs/day |
| b-donna tab | QL= 8 tabs/day |
| BELSOMRA TAB | QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bepotastine besilate ophth soln | QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln |
| BEPREVE DROPS | QL= 5mL/25 days |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| BERINERT INJ | QL= 20ml/30 days |
| BESREMI INJ | QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| betaine powder for oral solution | QL= 540 grams/30 days; Only available through Walgreens 888-347-3416 |
| BETASERON INJ | QL= 14 kits/28 days |
| BETAXOLOL OPHTH SOLN | QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol |
| BEVESPI AEROSPHERE INHALER | QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER |
| BEVYXXA CAP | QL= 43 caps/42 days |
| BEXAGLIFLOZN TAB | QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab |
| bexarotene gel | QL= 60g/30 days |
| BIDIL TAB | QL= 6 tabs/day |
| BIKTARVY TAB | QL= 1 tab/day |
| bimatoprost ophth soln | QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln |
| BIMZELX INJ | QL= 2 inj/28 days |
| BINOSTO TAB | QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate |
| bosentan tab | QL= 2 tabs/day; Only available through Lumicera 855-847-3553 |
| BOSULIF CAP | QL= 5 caps/day; Only available through Walgreens 888-347-3416 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Optum 877-445-6874 |
| BREO ELLIPTA INHALER | QL= 1 inhaler/30 days |
| BREXAFEMME TAB | QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole |
| BREZTRI AEROSPHERE INHALER | QL= 1 inhaler/30 days |
| BRILINTA TAB | QL= 2 tabs/day |
| brimonidine tartrate-timolol maleate ophth soln | QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate |
| BRISDELLE CAP | QL= 1 cap/day |
| BRIVIACT SOLN 10MG/ML | QL= 600ml/30 days |
| BRIVIACT TAB | QL= 2 tabs/day |
| bromfenac sodium ophth soln 0.07% | QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| BRONCHITOL CAP | QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84) |
| BROVANA NEB SOLN | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| BRUKINSA CAP | QL= 4 caps/day |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml | QL= 120 units/30 days |
| budesonide inh susp 1mg/2ml | QL= 60 units/30 days |
| budesonide rectal foam | QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema |
| budesonide/formoterol inhaler | QL= 10.2gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| bupropion SR tab | Limited to 180 days/plan year |
| butalbital/acetaminophen tab | QL= 6 tabs/day |
| butorphanol nasal spray | QL= 5ml/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ | QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ | QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ | QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYSTOLIC TAB | QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol |
| BYSTOLIC TAB 20MG | QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap |
| CABLIVI INJ KIT | QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| CABOMETYX TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| CADUET TAB | QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin) |
| CAFERGOT TAB | QL= 40 tabs/28 days |
| CALCIPOTRIENE FOAM | QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln |
| CALCIPOTRIENE FOAM, SORILUX FOAM | QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln |
| CALCIPOTRIENE/ BETAMETHASONE SUSP | QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene |
| calcipotriene-betamethasone dipropionate susp | QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene |
| CALQUENCE CAP | QL= 2 caps/day |
| CALQUENCE TAB | QL= 2 tabs/day |
| CAMBIA POWDER | QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan) |
| CAMZYOS CAP | QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555 |
| CANASA SUPP | QL= 1 tab/day |
| CAPLYTA CAP | QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone |
| CAPMIST DM TAB | QL= 4 tabs/day |
| CAPRELSA TAB 100MG | 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 |
| CAPVAXIVE INJ | QL= 0.5 mL/fill; Covered for ages 19 years and older |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg | QL= 8 tabs/day |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| carbidopa-levodopa-entacapone tab 25-100-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 50-200-200mg | QL= 6 tabs/day |
| CARBINOXAMINE SOLN | QL= 40ml/day |
| carbinoxamine tab | QL= 240 tabs/30 days |
| carisoprodol tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| CAROSPIR SUSP | QL= 600ml/30 days; ST req trial of furosemide oral soln |
| CELONTIN CAP | QL= 4 caps/day; ST requires trial of ethosuximide tab/soln |
| cephalexin cap 750mg | QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexi 500mg tab/cap |
| CEQR SIMPLICITY 2U | QL= 10 patches/30 days |
| CEQR SIMPLICITY INSERTER | QL= 1 inserter/lifetime |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| CHLORPROMAZINE CONC | QL= 800ml/30 days |
| CHLORPROMAZINE CONC 100MG/ML | QL= 2000ml/30 days |
| CHLORPROMAZINE CONC 30MG/ML | QL= 600ml/30 days |
| chlorzoxazone tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| chlorzoxazone tab 375mg | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| CIALIS TAB | QL= 1 tab/day; Prior Authorization for BPH |
| CIBINQO TAB | QL= 1 tab/day |
| CIMZIA INJ | QL= 2 inj/28 days |
| cinacalcet tab 30mg | QL= 2 tabs/day |
| cinacalcet tab 60mg | QL= 2 tabs/day |
| cinacalcet tab 90mg | QL= 4 tabs/day |
| CINQAIR INJ | QL= 4 vials/28 days |
| CINRYZE INJ | QL= 16 vials/28 days |
| CITALOPRAM CAP | QL= 1 cap/day; Step therapy requires trial of citalopram tab |
| CLEOCIN VAGINAL SUPP | QL= 3 suppositories/30 days |
| CLEOCIN-T GEL | QL= 360g/30 days |
| CLIMARA PATCH | QL= 4 patches/28 days |
| clindamycin foam | QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| clindamycin vaginal cream | QL= 1 tube/30 days |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|---|
| clindamycin/tretinoin gel | QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin |
| CLINDESSE VAGINAL CREAM | QL= 1 applicator/fill |
| clobazam susp | QL= 480ml/30 days |
| CLOBETASOL OPHTH SUSP | QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth |
| clocortolone pivalate cream | QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid |
| clonidine ER tab | QL= 4 tabs/day |
| clopidogrel tab 300mg | QL= 4 tabs/30 days |
| CLOZAPINE ODT | QL= 3 tabs/day |
| clozapine ODT 25mg, 100mg | QL= 3 tabs/day |
| CLOZAPINE ODT, FAZACLO ODT | QL= 3 tabs/day |
| clozapine tab | QL= 3 tabs/day |
| CLOZARIL TAB | QL= 3 tabs/day |
| CODITUSSIN LIQUID DAC | QL= 1200ml/30 days |
| colchicine cap | QL= 4 caps/day |
| colchicine tab | QL= 4 tabs/day |
| COLCRYS TAB | QL= 4 tabs/day |
| cold/allergy elx children | QL= 2400ml/30 days |
| COMBIGAN OPHTH SOLN | QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate |
| COMBIVENT RESPIMAT INHALER | QL= 2 inhalers/30 days |
| COMBIVIR TAB | QL= 2 tabs/day |
| COMPLERA TAB | QL= 1 tab/day |
| CONCERTA TAB 18MG | QL= 1 tab/day |
| CONCERTA TAB 27MG | QL= 1 tab/day |
| CONCERTA TAB 36MG | QL= 1 tabs/day |
| CONCERTA TAB 54MG | QL= 1 tab/day |
| CONDYLOX GEL | QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream |
| CONJUPRI TAB, LEVAMLODIPINE TAB | QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nifedipine, isradipine, amlodipine |
| CONSENSI TAB | QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib |
| CONTOUR BLOOD GLUCOSE TEST STRIP | QL= 300 strips/30 days |
| CONTOUR TEST STRIP | QL= 300 test strips/30 days |
| COPAXONE INJ 20MG/ML | QL= 30 syringes/30 days |
| COPAXONE INJ 40MG/ML | QL= 12 syringes/28 days |
| COPIKTRA CAP | QL= 2 caps/day; Only available through Optum 877-445-6874 |
| CORLANOR TAB | QL= 60 tabs/30 days |
| COSENTYX INJ (1-PACK) | QL= 1 inj/28 days |
| COSENTYX INJ (2-PACK) | QL= 2 inj/56 days |
| COSENTYX INJ 300MG/2ML | QL= 1 inj/28 days |
| COTELLIC TAB | QL= 3 tabs/day |
| COTEMPLA XR ODT 17.3MG | QL= 1 tab/day |

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| COTEMPLA XR ODT 25.9MG | QL= 2 tabs/day |
| COTEMPLA XR ODT 8.6MG | QL= 1 tab/day |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) | QL=1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (NOVAVAX) | QL= 1 dose/17 days |
| COXANTO CAP | QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac) |
| CRESEMBA CAP 186MG | QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole |
| CRESEMBA CAP 74.5MG | QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole |
| CRESTOR TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab |
| CREXONT CAP 35-140MG | QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CREXONT CAP 52.5-210MG | QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CREXONT CAP 70-280MG | QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CREXONT CAP 87.5-350MG | QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| CUE HEALTH MIS MONITOR | QL= 1 kit/year |
| CUTAQUIG INJ | QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767 |
| CUVPOSA SOLN | QL= 9ml/day |
| CUVRIOR TAB | QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap |
| cyclobenzaprine ER cap | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER |
| cyclosporine ophth emulsion | QL= 60 vials/30 days |
| CYLTEZO AUTO-INJECTOR | QL= 2 inj/28 days |
| CYLTEZO INJ 10MG/0.2ML | QL= 2 inj/28 days |
| CYLTEZO INJ 20MG/0.4ML | QL= 2 inj/28 days |
| CYLTEZO INJ 40MG/0.8ML | QL= 2 inj/28 days |
| CYLTEZO INJ CROHNS | QL= 1 pack/fill, 1 fill/year |
| CYLTEZO INJ PSORIASIS | QL= 1 pack/fill, 1 fill/year |
| CYLTEZO KIT | QL= 2 inj/28 days |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------------|--|
| CYLTEZO KIT CROHNS | QL= 6 inj/28 days, 1 fill/year |
| CYLTEZO PSORIASIS KIT | QL= 4 inj/28 days, 1 fill/year |
| CYMBALTA CAP 20MG | QL= 6 caps/day |
| CYMBALTA CAP 30MG | QL= 4 caps/day |
| CYMBALTA CAP 60MG | QL= 2 caps/day |
| CYSTADANE POWDER | QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007 |
| CYSTADROPS SOLN | QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTAGON CAP 50MG | QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrostatic cystinosis (E72.04) |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416 |
| D.H.E. INJ | QL= 24ml/28 days |
| dabigatran etexilate mesylate cap | QL= 2 caps/day |
| DALIRESP TAB | QL= 1 tab/day |
| danazol cap | QL= 4 caps/day |
| DANTRIUM CAP | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| dantrolene cap | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| DAPAGLIF PRO TAB 10MG | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR |
| DAPAGLIF PRO TAB 5MG | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR |
| DAPAGLIF-MET TAB 10-1000 | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR |
| DAPAGLIF-MET TAB 5-1000MG | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR |
| dapsone gel | QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| DARAPRIM TAB | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| DARTISLA ODT TAB | QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution |
| darunavir tab 600mg | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| darunavir tab 800mg | QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| DAURISMO TAB 100MG | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| DAURISMO TAB 25MG | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| DAYBUE SOLN | QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007 |
| DAYTRANA PATCH | QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM) |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|---|
| DAYVIGO TAB | QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate |
| DEGLUDEC FLEXTOUCH INJ 100 UNIT | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| DEGLUDEC FLEXTOUCH INJ 200 UNIT | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| DEGLUDEC INJ 100 UNIT | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| DELZICOL CAP | QL= 6 caps/day |
| DEMEROL TAB | QL= 6 tabs/day |
| DEMSEER CAP | QL= 448 caps/28 days |
| DENAVIR CREAM | QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB |
| DEPEN TITRATAB | QL= 16 tabs/day |
| DEPO-PROVERA INJ | QL= 1 inj/84 days |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/84 days |
| DEPO-TESTOSTERONE INJ | QL= 4 vials/28 days |
| DERMACINRX KIT | QL= 1 kit/30 days |
| dermawerx pak | QL= 1 kit/30 days |
| DESCOVY TAB | QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| DESOXYN TAB | QL= 5 tabs/day; Step therapy requires trial dexamethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine |
| desvenlafaxine ER tab | QL= 1 tab/day |
| DEXAMETHASONE TAB 20MG | QL= 8 tabs/30 days |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Step therapy requires trial of one insulin product |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Step therapy requires trial of one insulin product |
| DEXEDRINE CAP 10MG | QL= 120 caps/30 days |
| DEXEDRINE CAP 15MG | QL= 4 caps/day |
| DEXEDRINE CAP 5MG | QL= 2 caps/day |
| DEXILANT DR CAP | QL= 1 cap/day |
| dexlansoprazole DR cap | QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab |
| dexamethylphenidate ER cap | QL= 2 caps/day |
| dexamethylphenidate tab 10mg | QL= 60 tabs/30 days |
| dexamethylphenidate tab 2.5mg | QL= 240 tabs/30 days |
| dexamethylphenidate tab 5mg | QL= 120 tabs/30 days |
| dextroamphetamine 5mg tab | QL= 180 tabs/30 days |
| dextroamphetamine ER cap 10mg | QL= 2 caps/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| dextroamphetamine ER cap 15mg | QL= 4 caps/day |
| dextroamphetamine ER cap 5mg | QL= 2 caps/day |
| dextroamphetamine soln | QL= 1800ml/30 days |
| dextroamphetamine sulfate tab 15mg | QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab |
| dextroamphetamine sulfate tab 2.5mg | QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| dextroamphetamine sulfate tab 20mg | QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab |
| dextroamphetamine sulfate tab 30mg | QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab |
| dextroamphetamine sulfate tab 7.5mg | QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| dextroamphetamine tab 10mg | QL= 6 tabs/day |
| DHIVY TAB | QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab |
| DIASTAT ACDL GEL | QL= 4 doses/fill |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 4 doses/fill |
| DIAZEPAM GEL | QL= 4 doses/fill |
| diazepam oral soln | QL= 360ml/30 days |
| diazepam rectal gel | QL= 4 doses/fill |
| dichlorphenamide tab | QL= 4 tabs/day |
| DICLEGIS TAB | QL= 120 tabs/30 days |
| diclofenac gel | QL= 100gm/fill, 2 fills/month |
| DICLOFENAC PATCH, FLECTOR PATCH | QL= 60 patches/30 days |
| diclofenac potassium (migraine) packet | QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan) |
| diclofenac potassium cap | QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets |
| diclofenac potassium tab | QL= 4 tabs/day |
| diclofenac potassium tab 25mg | QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets |
| DIDANOSINE DR CAP | QL= 2 caps/day |
| DIFFERIN CREAM | QL= 360g/30 days |
| DIFFERIN GEL | QL= 360g/30 days |
| DIFFERIN LOTION | QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| DIFICID SUSP | QL= 136 mL/30 days |
| DIFICID TAB | QL= 20 tabs/30 days |
| difluprednate ophth emulsion | QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| digoxin tab 62.5mcg | QL= 1 tab/day |
| dihydroergotamine mesylate inj | QL= 24ml/28 days |
| dihydroergotamine mesylate nasal spray | QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan |
| dimethyl fumarate DR cap | QL= 60 caps/30 days |
| dimethyl fumarate DR starter pack | QL= 60 caps/30 days |
| DIVIGEL GEL | QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| DIVIGEL GEL 1.25MG/1.25GM | QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| DOLOBID TAB | QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone |
| DOLOPHINE TAB 10MG | QL= 4 tabs/day |
| DOLOPHINE TAB 5MG | QL= 8 tabs/day |
| donepezil tab 10mg | QL= 1 tab/day |
| donepezil tab 23mg | QL= 1 tab/day |
| donepezil tab 5mg | QL= 1 tab/day |
| DONNATAL ELIXIR | QL= 1200ml/30 days |
| DONNATAL TAB | QL= 8 tabs/day |
| DOPTELET TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| DORYX MPC TAB | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR |
| DORYX TAB 50MG | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxepin cap | QL= 2 tabs/day |
| doxepin tab | QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem zolpidem ER tab, or zolpidem SL |
| doxycycline (rosacea) cap delayed release | QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate cap | QL= 2 caps/day |
| doxycycline hyclate cap 50mg | QL= 2 caps/day |
| doxycycline hyclate DR tab | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 100mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 200mg | QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 50mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate DR tab 75mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| doxycycline hyclate tab | QL= 2 tabs/day |
| doxycycline hyclate tab 150mg | QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets |
| doxycycline hyclate tab 75mg | QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets |
| doxycycline monohydrate cap | QL= 2 caps/day |
| doxycycline monohydrate tab | QL= 2 tabs/day |
| doxycycline monohydrate tab 150mg | QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate 50mg or 100mg tablets |
| doxylamine/pyridoxine dr tab | QL= 120 tabs/30 days |
| dronabinol cap | QL= 2 caps/day |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| DUAKLIR INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER |
| DULERA INHALER | QL= 1 inhaler/30 days |
| duloxetine cap 40mg | QL= 2 caps/day |
| duloxetine EC cap 20mg | QL= 6 caps/day |
| duloxetine EC cap 30mg | QL= 4 caps/day |
| duloxetine EC cap 60mg | QL= 2 caps/day |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 syringes/28 days |
| DURAGESIC PATCH | QL=15 patches/30 days |
| DUREZOL OPHTH EMULSION | QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp |
| DUTOPROL TAB | QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers |
| DUVYZAT ORAL SUSP | QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479 |
| DUZALLO TAB | QL= 1 tab/day |
| DYANAVAL XR CHEW 10MG | QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| DYANAVAL XR CHEW 15MG | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| DYANAVAL XR CHEW 20MG | QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| DYANAVAL XR CHEW 5MG | QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| EBGLYSS INJ | QL= 2ml/28 days |
| EDLUAR SL TAB | QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| EDURANT TAB | QL= 1 tab/day |
| efavirenz/emtricitabine/tenofovir df tab | QL= 1 tab/day |
| EFFIENT TAB | QL= 1 tab/day |
| ELEPSIA XR TAB 1000MG | QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab |
| ELEPSIA XR TAB 1500MG | QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab |
| eletriptan tab | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ELIQUIS STARTER PACK 5MG | QL= 1 pack/30 days |
| ELIQUIS TAB 2.5MG | QL= 60 tabs/30 days |
| ELIQUIS TAB 5MG | QL= 74 tabs/30 days |
| ELYXYB SOLN | QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension |
| EMEND CAP 125MG | QL= 1 cap/21 days; Step Therapy requires trial of ondansetron |
| EMEND CAP 40MG | QL= 1 cap/28 days; Step Therapy requires trial of ondansetron |
| EMEND CAP 80MG | QL= 2 caps/21 days; Step Therapy requires trial of ondansetron |
| EMEND PAK | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| EMEND SUSP | QL= 3 doses/fill, 2 fills/month |
| 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 PantherRx Pharmacy 855-726-8479 |
| emtricitabine cap | QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| emtricitabine/tenofovir disoproxil fumarate tab | QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg | QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| EMTRIVA CAP | QL= 1 cap/day |
| EMTRIVA SOLN | QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| enalapril maleate oral soln | QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab |
| ENBREL INJ | QL= 8 inj/28 days |
| 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 |
| ENDARI POWDER PACKET | QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps |
| ENSPRYNG INJ | QL= 1 inj/28 days |
| ENTADFI CAP | QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO CAP | QL= 8 caps/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| ENTYVIO INJ | QL= 1.36ml/28 days |
| EPANED SOLN | QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab |
| EPCLUSA PAK | QL= 1 packet/day |
| EPCLUSA TAB | QL= 1 tab/day |
| epinastine ophth soln | QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln |
| EPINEPHRINE INJ 0.15MG | QL= 2 inj/fill |
| EPINEPHRINE INJ 0.3MG | QL= 2 inj/fill |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| EPIVIR HBV SOLN | QL= 720ml/30 days |
| EPIVIR HBV TAB | QL= 1 tab/day |
| EPIVIR SOLN | QL= 960ml/30 days |
| EPIVIR TAB 150MG | QL= 2 tabs/day |
| EPIVIR TAB 300MG | QL= 1 tab/day |
| EPOGEN/PROCRIT | QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp |
| EPRONTIA SOLN | QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps |

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**PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|---|
| EPZICOM TAB | QL= 1 tab/day |
| ergotamine/caffeine tab | QL= 40 tabs/28 days |
| ERIVEDGE CAP | QL= 1 cap/day |
| ERLEADA TAB | QL= 4 tabs/day |
| ERLEADA TAB 240MG | QL= 1 tab/day |
| erlotinib tab 100mg | QL= 3 tabs/day |
| erlotinib tab 150mg | QL= 3 tabs/day |
| erlotinib tab 25mg | QL= 3 tabs/day |
| ERMEZA SOLN 150MCG/5ML | QL= 10ml/day; Step therapy requires trial of levothyroxine tab |
| ESBRIET CAP | QL= 3 caps/day |
| ESBRIET TAB 267MG | QL= 9 tabs/day |
| ESBRIET TAB 801MG | QL= 3 tabs/day |
| estradiol gel 0.06% | QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| estradiol patch | QL= 4 patches/28 days |
| estradiol td gel | QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| estradiol td gel 1.25mg/1.25gm | QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz |
| ESTRING | QL= 1 ring/90 days; 3 copays per Rx |
| eszopiclone tab | QL= 1 tab/day |
| etravirine tab 100mg | QL= 4 tabs/day |
| etravirine tab 200mg | QL= 2 tabs/day |
| EULEXIN CAP | QL= 6 caps/day |
| EVEKEO ODT | QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| everolimus tab | QL= 2 tabs/day |
| everolimus tab for oral susp | QL= 1 tab/day |
| EVISTA TAB | QL= 1 tab/day |
| EVOCLIN FOAM | QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| EVOTAZ TAB | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 240 ml/30 days; Only available through Accredo 800-803-2523 |
| EXALGO TAB 12MG | QL= 1 tab/day |
| EXALGO TAB 16MG | QL= 1 tab/day |
| EXALGO TAB 32MG | QL= 2 tabs/day |
| EXALGO TAB 8MG | QL= 1 tab/day |
| EXELON PATCH | QL= 1 patch/day |
| EXFORGE HCT TAB | QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tal |
| EXKIVITY CAP | QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| EXSERVAN FILM | QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|--|
| EXTAVIA INJ | QL= 14 kits/28 days |
| EZALLOR SPRINKLE CAP | QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin |
| ezetimibe tab | QL= 1 tab/day |
| EZETIMIBE/ATORVASTATIN TAB | QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe |
| ezetimibe/simvastatin tab | QL= 1 tab/day |
| FABHALTA CAP | QL= 60 caps/30 days; Only available through Onco360 877-662-6633 |
| FABIOR AEROSOL FOAM | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| famciclovir tab 125mg | QL= 2 tabs/day |
| famciclovir tab 250mg | QL= 2 tabs/day |
| famciclovir tab 500mg | QL= 42 tabs/fill, 2 fills/month |
| FANAPT TAB | QL= 2 tabs/day |
| FANAPT TITRATION PACK | QL= 1 pack/plan year |
| FARXIGA TAB | QL= 1 tab/day |
| FASENRA INJ | QL= 1 syringe/56 days |
| FASENRA INJ 10MG/0.5ML | QL= 1 syringe/56 days |
| FASENRA PEN INJ | QL= 1 pen/56 days |
| FAZACLO ODT 12.5MG, 25MG, 100MG | QL= 3 tabs/day |
| febuxostat tab | QL= 1 tab/day |
| felbamate susp | QL= 30ml/day |
| felbamate tab 400mg | QL= 9 tabs/day |
| felbamate tab 600mg | QL= 6 tabs/day |
| FELBATOL SUSP | QL= 30ml/day |
| FELBATOL TAB 400MG | QL= 9 tabs/day |
| FELBATOL TAB 600MG | QL= 6 tabs/day |
| FEMLYV TAB | QL= 28 tabs/24 days |
| FENOFIBRATE CAP | QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130) |
| FENOFIBRATE MICRO CAP 90MG | QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra) |
| fenoprofen calcium cap | QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| FENOPROFEN CAP, NAFLON CAP | QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| FENTANYL CITRATE LOLLIPOP | QL= 120 lozenges/30 days |
| fenentanyl patch | QL=15 patches/30 days |
| FENTORA TAB, FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| fesoterodine fumarate er tab | QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin |
| FETZIMA CAP | QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| FETZIMA TITRATION PACK | QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| FIASP FLEXTOUCH INJ | QL= 60 units/30 days |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| FIASP INJ | QL= 60 units/30 days |
| FIASP PENFILL INJ | QL= 60 units/30 days |
| FIASP PUMP CARTRIDGE | QL= 60 units/30 days |
| FILSPARI TAB | QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695 |
| FILSUVEZ GEL | QL= 702g/30days; Only available through PantherRx 855-726-8479 |
| fingolimod hcl cap | QL= 30 caps/30 days |
| FINTEPLA SOLN | QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| FIRAZYR INJ | QL= 36ml/30 days |
| FIRDAPSE TAB | QL= 8 tabs/day; Only available through AnovoRx 844-288-5007 |
| FIRVANQ SOLN 25MG/ML | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution |
| FIRVANQ SOLN 50MG/ML | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution |
| flavoxate tab | QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin |
| FLEQSUVY SUSP | QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab |
| FLOLIPID SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| FLUBLOK INJ | QL= 0.5ml/fill |
| FLUCELVAX INJ | QL= 0.5ml/fill |
| FLUMIST NASAL | QL= 1 dose/fill; Limited to members aged 2 to 49 years old |
| fluoxetine cap 90mg | QL= 4 caps/28 days |
| FLURAZEPAM CAP | QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam |
| FLUTAMIDE CAP | QL= 6 caps/day |
| FLUTICASONONE DISKUS INHALER | QL= 2 inhalers/30 days |
| FLUTICASONONE HFA INHALER 110MCG | QL= 2 inhalers/30 days |
| FLUTICASONONE HFA INHALER 220MCG | QL= 2 inhalers/30 days |
| FLUTICASONONE HFA INHALER 44MCG | QL= 2 inhalers/30 days |
| FLUTICASONONE/SALMETEROL INHALER | QL= 1 inhaler/30 days |
| fluticasone/salmeterol inhaler, wixela inhale | QL= 1 inhaler/30 days |
| FLUTICASONONE/VILANTEROL INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| FLUTICASONONE-SALMETEROL INHALER | QL= 1 inhaler/30 days |
| fluvastatin cap | QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| fluvastatin ER tab | QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| fluvoxamine ER cap | QL= 2 caps/day |
| FOCALIN TAB | QL= 2 tabs/day |
| FOCALIN XR CAP | QL= 1 cap/day |

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**PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|---|
| formoterol fumarate neb soln | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| FORTEO INJ 600MCG/2.4ML | QL= 2.4 units/28 days |
| FORTESTA GEL 2% | QL= 2 bottles/30 days |
| fosamprenavir tab | QL= 4 tabs/day |
| FOSRENOL POWDER PACK | QL= 3 packs/day |
| FOTIVDA CAP | QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| FRAGMIN INJ 10000 | QL= 10ml/30 days |
| FRAGMIN INJ 12500 | QL= 5ml/30 days |
| FRAGMIN INJ 15000 | QL= 6ml/30 days |
| FRAGMIN INJ 18000 | QL= 7.2ml/30 days |
| FRAGMIN INJ 2500 | QL= 2ml/30 days |
| FRAGMIN INJ 5000 | QL= 2ml/30 days |
| FRAGMIN INJ 7500 | QL= 3ml/30 days |
| FRAGMIN INJ 95000 | QL= 7.6ml/30 days |
| FREE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Step therapy requires trial of one insulin product |
| FREESTYLE INSULINX TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LITE TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE PRECISION NEO TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE TEST STRIPS | QL= 300 strips/30 days |
| FROVA TAB | QL= 10 tabs/30 days |
| frovatriptan tab | QL= 10 tabs/30 days |
| FRUZAQLA CAP 1MG | QL= 84 caps/28 days; Only available through Onco360 877-662-6633 |
| FRUZAQLA CAP 5MG | QL= 21 caps/28 days; Only available through Onco360 877-662-6633 |
| FULPHILA INJ | QL= 2 syringes/28 days |
| FUROSCIX KIT | QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633 |
| FYCOMPA TAB | QL= 4 tabs/day |
| FYLNTRA INJ | QL= 2 syringes/28 days |
| gabapentin (once-daily) tab | QL= 2 tabs/day |
| GABITRIL TAB 12MG | QL= 4 tabs/day |
| GABITRIL TAB 16MG | QL= 3 tabs/day |
| GABITRIL TAB 2mg | QL= 4 tabs/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|---|
| GABITRIL TAB 4MG | QL= 4 tabs/day |
| GALAFOLD CAP | QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| galantamine ER cap | QL= 1 cap/day |
| galantamine tab | QL= 60 tabs/30 days |
| 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= 120 caps/30 days |
| gefitinib tab | QL= 1 tab/day |
| GEMTESA TAB | QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| GENOTROPIN INJ 0.2MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.4MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.6MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.8MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.2MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.4MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.6MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.8MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 12MG | QL= 4 cartridges/28 days |
| GENOTROPIN INJ 1MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 2MG | QL= 21 syringes/28 days |
| GENOTROPIN INJ 5MG | QL= 9 cartridges/28 days |
| GENVOYA TAB | QL= 1 tab/day |
| GEODON CAP | QL= 2 caps/day |
| GILENYA CAP | QL= 30 caps/30 days |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GIMOTI NASAL SPRAY | QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab |
| glatiramer inj 20mg/ml | QL= 30 syringes/30 days |
| glatiramer inj 40mg/ml | QL= 12 syringes/28 days |
| GLEEVEC TAB | QL= 2 tabs/day |
| GLEEVEC TAB 100 MG | QL= 3 tabs/day |
| GLIMEPIRIDE TAB | QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab |
| GLIPIZIDE TAB | QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER glimepiride, glyburide |
| GLOPERBA SOLN | QL= 300ml/30 days; Step Therapy requires trial of colchicine |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill, 2 fills/month |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLUCAGON KIT | QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT |
| GLYCATE TAB, GLYCOPYRROLATE TAB | QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolat tab 2mg |
| glycopyrrolate oral soln | QL= 9ml/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| GLYXAMBI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab |
| GRALISE TAB | QL= 2 tabs/day |
| granisetron tab | QL= 8 tabs/30 days |
| GRANISOL SOLN | QL= 60ml/30 days |
| GRANIX INJ | QL= 15 vials/30 days |
| GRASTEK SL TAB | QL= 30 tabs/30 days |
| guaifenesin/codeine syrup | QL= 240ml/fill, 2 fills/month |
| guanfacine ER tab | QL= 1 tab/day |
| guanfacine ER tab 1mg | QL= 2 tabs/day |
| guanfacine ER tab 2mg | QL= 2 tabs/day |
| GUARDIAN 4 MIS SENSOR | QL= 5 sensors/30 days |
| GUARDIAN 4 TRANSMITTER | QL= 1 transmitter/year |
| GVOKE INJ | QL= 2 inj/fill, 2 fills/month |
| GVOKE INJ KIT | QL= 2 vials/fill, 2 fills/30 days |
| GVOKE PFS INJ | QL= 2 inj/fill, 2 fills/month |
| HADLIMA INJ 40MG/0.4ML | QL= 2 inj/28 days |
| HADLIMA INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.4ML | QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HAEGARDA INJ 2000U | QL= 30 vials/30 days; Only available through Accredo 800-803-2523 |
| HAEGARDA INJ 3000U | QL= 20 vials/30 days; Only available through Accredo 800-803-2523 |
| halobetasol propionate foam | QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint) |
| HARVONI PELLETT PAK | QL= 28 tabs/28 days |
| HARVONI TAB | QL= 28 tabs/28 days |
| HEPSERA TAB | QL= 1 tab/day |
| HETLIOZ SUSP | QL= 158ml/30 days |
| HORIZANT TAB | QL= 30 tabs/30 days |
| HORIZANT TAB 600MG ER | QL= 60 tabs/30 days |
| HULIO INJ 40MG/0.8ML | QL= 2 pens/28 days |
| HULIO KIT 20MG/0.4ML | QL= 2 pens/28 days |
| HUMALOG INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| HUMALOG KWIKPEN INJ | QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| HUMALOG MIX INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| HUMALOG PEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| HUMALOG TEMPO PEN INJ 100UNIT/ML | QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| HUMIRA 10MG/0.1ML (CORDAVIS) | QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767 |
| HUMIRA 20MG/0.2ML (CORDAVIS) | QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767 |
| HUMIRA 40MG/0.4ML (CORDAVIS) | QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767 |
| HUMIRA 80MG/0.8ML (CORDAVIS) | QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767 |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ 80MG | QL = 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| HUMULIN MIX INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN MIX PEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN N INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN N PEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN R INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN |
| HUMULIN R INJ U-500 | QL= 40ml/30 days |
| HUMULIN R U-500 KWIKPEN INJ | QL= 24ml/30 days |
| HYD POL/CPM SUSP | QL= 10ml/day |
| hydrocodone bitartrate ER cap | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| hydrocodone bitartrate er tab | QL= 1 tab/day |
| hydrocodone/acetaminophen soln | QL= 180ml/day |
| HYDROCODONE/ACETAMINOPHEN SOL 10-325 MG/15ML | QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older |
| hydrocodone/acetaminophen tab 10-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 10mg-300mg | QL= 13 tabs/day |
| hydrocodone/acetaminophen tab 2.5-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 5-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 5mg-300mg | QL= 13 tabs/day |
| hydrocodone/acetaminophen tab 7.5mg-300mg | QL= 13 tabs/day |
| hydrocodone/acetaminophen tab 7.5mg-325mg | QL= 12 tabs/day |
| HYDROCODONE/IBUPROFEN TAB | QL= 5 tabs/day |
| hydromorphone ER tab 12mg | QL= 1 tab/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| hydromorphone ER tab 16mg | QL= 1 tab/day |
| hydromorphone ER tab 32mg | QL= 2 tabs/day |
| hydromorphone ER tab 8mg | QL= 1 tab/day |
| HYDROXYPROGESTERONE CAPROATE INJ | QL= 1 vial/35 days |
| HYFTOR GEL | QL= 20 grams/30 days; Only available through Walgreens 888-347-3416 |
| HYRIMOZ INJ 40MG/0.4ML | QL= 2 inj/28 days |
| HYRIMOZ INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HYRIMOZ INJ 80MG/0.8ML | QL= 2 inj/28 days |
| HYRIMOZ INJ CROHNS | QL= 1 pack/fill, 1 fill/year |
| HYRIMOZ INJ PLAQUE PSORIASIS | QL= 1 pack/fill, 1 fill/year |
| HYRIMOZ PFS INJ 10MG/0.1ML | QL= 2 inj/28 days |
| HYRIMOZ PFS INJ 20MG/0.2ML | QL= 2 inj/28 days |
| HYRIMOZ-PED INJ CROHNS | QL= 1 pack/fill, 1 fill/year |
| HYRIMOZ-PED INJ CROHNS 80MG/0.8ML | QL= 1 pack/fill, 1 fill/year |
| HYSINGLA ER TAB | QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER |
| IBRANCE CAP | QL= 21 caps/28 days; Only available through Walgreens 888-347-3416 |
| IBRANCE TAB | QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416 |
| IBSRELA TAB | QL= 60 tabs/30 days |
| ibuprofen tab cold/sinus | QL= 240 tabs/30 days |
| icatibant inj | QL= 36ml/30 days; Only available through Accredo 888-773-7376 |
| icosapent ethyl cap 0.5gm | QL= 2 caps/day |
| icosapent ethyl cap 1gm | QL= 4 caps/day |
| IDACIO INJ 40MG/0.8ML | QL= 2 pens/28 days |
| IDHIFA TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| imatinib tab 100mg | QL= 3 tabs/day |
| imatinib tab 400mg | QL= 2 tabs/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day; Only available through Optum 877-445-6874 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Optum 877-445-6874 |
| IMBRUVICA SUSP | QL= 2 bottles/30 days; Only available through Optum 877-445-6874 |
| IMBRUVICA TAB | QL= 1 tab/day; Only available through Optum 877-445-6874 |
| IMIQUIMOD CREAM 3.75% | QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution |
| imiquimod cream 5% | QL= 24gm/30 days |
| IMITREX INJ | QL= 8 inj/30 days |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY | QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| IMITREX TAB | QL= 9 tabs/30 days |
| IMITREX VIAL INJ | QL= 1 inj/7 days |
| IMPAVIDO CAP | QL= 3 caps/day |
| INBRIJA INH POWDER | QL= 4 units/day; Only available through Walgreens 888-347-3416 |
| INCRUSE ELLIPTA INHALER | QL= 30 units/30 days |
| INDOCIN SUSP | QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, ibuprofen susp |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| indomethacin suppository | QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc) |
| indomethacin susp | QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp |
| INGREZZA CAP | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| INGREZZA PACK 40-80MG | QL= 1 pack/fill, 1 fill/plan year |
| INGREZZA SPRINKLE CAP | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| INLYTA TAB | QL= 8 tabs/day; Only available through Walgreens 888-347-3416 |
| INPEFA TAB | QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga |
| INQOVI TAB | QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416 |
| INREBIC CAP | QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| INSULIN ASPART FLEXPEN INJ | QL= 60 units/30 days |
| INSULIN ASPART INJ | QL= 60 units/30 days |
| INSULIN ASPART MIX FLEXPEN INJ | QL= 60 units/30 days |
| INSULIN ASPART MIX INJ | QL= 60 units/30 days |
| INSULIN ASPART PENFILL INJ | QL= 60 units/30 days |
| INSULIN GLARGINE INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) | QL= 18ml/30 days |
| INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) | QL= 18ml/30 days |
| INSULIN GLARGINE-YFGN (SINGLE PEN | QL= 60ml/30 days |
| INSULIN LISP INJ 100/ML | QL= 60 units/30 days |
| INTELENCE TAB | QL= 4 tabs/day |
| INTELENCE TAB 100MG | QL= 4 tabs/day |
| INTELENCE TAB 200MG | QL= 2 tabs/day |
| INTELENCE TAB 25MG | QL= 4 tabs/day |
| INTERMEZZO SL TAB | QL= 1 tab/day |
| INTUNIV TAB | QL= 1 tab/day |
| INTUNIV TAB 1MG | QL= 2 tabs/day |
| INTUNIV TAB 2MG | QL= 2 tabs/day |
| INVEGA TAB | QL= 1 tab/day |
| INVIRASE CAP | QL= 10 caps/day |
| INVIRASE TAB | QL= 4 tabs/day |
| INVOKAMET TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCI SYNJARDY, or SYNJARDY XR |
| INVOKAMET XR TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCI SYNJARDY, or SYNJARDY XR |
| INVOKANA TAB | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCI SYNJARDY, or SYNJARDY XR |
| IRESSA TAB | QL= 1 tab/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ISENTRESS (HD) TAB | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| ISENTRESS CHEW TAB | QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| ISENTRESS POWDER PACK | QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| isosorbide dinitrate-hydralazine hcl tab | QL= 6 tabs/day |
| ISOXSUPRINE TAB | QL= 120 tabs/30 days |
| ISTURISA TAB 1MG | QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ivabradine hcl tab | QL= 60 tabs/30 days |
| IVERMECTIN CREAM | QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole |
| IWILFIN TAB | QL= 240 tablets/30 days; Only available through BioMatrix Specialty Pharmacy 855-359-9679 |
| IYUZEH OPHTH DROPS | QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln |
| JAKAFI TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JANUMET TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue |
| JANUMET XR TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue |
| JANUVIA TAB | QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet |
| JARDIANCE TAB | QL= 1 tab/day |
| JATENZO CAP 158MG | QL= 4 caps/day |
| JATENZO CAP 198MG | QL= 4 caps/day |
| JATENZO CAP 237MG | QL= 2 caps/day |
| JAYPIRCA TAB 100MG | QL= 60 tabs/30 days; Only available through Optum 877-445-6874 |
| JAYPIRCA TAB 50MG | QL= 30 tabs/30 days; Only available through Optum 877-445-6874 |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JOENJA TAB | QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479 |
| JULUCA TAB | QL= 1 tab/day |
| JYLAMVO SOLN, XATMEP SOLN | QL= 60ml/30 days |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 15MG | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 30MG | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| KADIAN CAP 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 10MG | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 200MG | QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 20mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 40mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 50mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 60mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| KADIAN CAP 80mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| KALETRA SOLN | QL= 480ml/30 days |
| KALETRA TAB 100-25MG | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| KALETRA TAB 200-50MG | QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| 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 |
| KAPVAY TAB | QL= 4 tabs/day |
| KARBINAL ER SUSP | QL= 960ml/30 days |
| KERENDIA TAB | QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance) |
| KESIMPTA INJ | QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| KEYEYIS TAB | QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| 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 |
| KLISYRI OINT | QL= 5 grams/5 days |
| KOMBIGLYZE XR TAB | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto |
| KORLYM TAB | QL= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596) |
| KOSELUGO CAP | QL= 120 caps/30 days; Only available through Onco360 877-662-6633 |
| KOSELUGO CAP 10MG | QL= 8 caps/day; Only available through Onco360 877-662-6633 |
| K-PHOS TAB | QL= 8 tabs/day |
| KRAZATI TAB | QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 |
| KRINTAFEL TAB | QL= 2 tabs/365 days |
| KYNMOBI FILM | QL= 150 films/30 days |
| KYTRIL TAB | QL= 8 tabs/30 days |
| KYZATREX CAP | QL= 4 tabs/day |
| KYZATREX CAP, TLANDO CAP | QL= 4 tabs/day |
| lacosamide oral solution | QL= 1200ml/30 days |
| lacosamide tab | QL= 2 tabs/day |
| LAGEVRIO CAP 200MG | QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older |
| LAMICTAL ODT | QL= 2 tabs/day |
| LAMICTAL XR TAB 100MG | QL= 3 tabs/day |
| LAMICTAL XR TAB 200MG | QL= 2 tabs/day |
| LAMICTAL XR TAB 250MG | QL= 2 tabs/day |
| LAMICTAL XR TAB 25MG | QL= 6 tabs/day |
| LAMICTAL XR TAB 300MG | QL= 2 tabs/day |
| LAMICTAL XR TAB 50MG | QL= 6 tabs/day |
| lamivudine soln | QL= 960ml/30 days |
| lamivudine tab 100mg | QL= 1 tab/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| lamivudine tab 150mg | QL= 2 tabs/day |
| lamivudine tab 300mg | QL= 1 tab/day |
| lamivudine/zidovudine tab | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| lamotrigine ER tab 100mg | QL= 3 tabs/day |
| lamotrigine ER tab 200mg | QL= 2 tabs/day |
| lamotrigine ER tab 250mg | QL= 2 tabs/day |
| lamotrigine ER tab 25mg | QL= 6 tabs/day |
| lamotrigine ER tab 300mg | QL= 2 tabs/day |
| lamotrigine ER tab 50mg | QL= 6 tabs/day |
| lamotrigine odt | QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew |
| LAMPIT TAB 120MG | QL= 225 tabs/30 days |
| LAMPIT TAB 30MG | QL= 360 tabs/30 days |
| LANOXIN TAB 62.5MCG | QL= 1 tab/day |
| lanthanum carbonate chew tab | QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| lanthanum carbonate chew tab 500mg | QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| LANTUS INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| LANTUS SOLOSTAR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| LATUDA TAB | QL= 1 tab/day |
| LAZANDA NASAL SPRAY | QL= 15 sprays/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/day |
| lenalidomide cap | QL= 1 cap/day; Only available through Onco360 877-662-6633 |
| LENVIMA CAP | QL= 3 caps/day; Only available through Optum 877-445-6874 |
| LESCOL XL TAB | QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab. |
| LEUPROLIDE INJ | QL= 1 kit/90 days |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| LEVEMIR FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| LEVEMIR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| LEVOFLOXACIN OPHTH SOLN 0.5% | QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth |
| levorphanol tab | QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone) |
| LEXIVA SUSP | QL= 1800ml/30 days |
| LEXIVA TAB | QL= 4 tabs/day |
| l-glutamine powder packet | QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps |
| LIALDA TAB | QL= 4 tabs/day |
| LIBERVANT FILM | QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|--|
| lidocaine oint | QL= 8gm/day |
| LIKMEZ SUSP | QL= 210ml/14 days |
| LINZESS CAP | QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone |
| LIPITOR TAB | QL= 1 tab/day |
| LIQREV SUSP | QL= 6ml/day; Only available through Optum 877-445-6874 |
| LIRAGLUTIDE SOLN PEN-INJECTOR | QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, and Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11) |
| lisdexamphetamine dimesylate cap | QL= 1 cap/day |
| lisdexamphetamine dimesylate chew tab | QL= 1 tab/day |
| LIVALO TAB | QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Pra OR Simvastatin tabs |
| LIVTENCITY TAB | QL= 112 tabs/28 days; Only available through Biologics 800-850-4306 |
| LODOCO TAB | QL= 30 tabs/30 days |
| lofexidine hcl tab | QL= 224 tabs/fill, 1 fill/month |
| LOKELMA PAK | QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone |
| lopinavir/ritonavir soln | QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| lopinavir-ritonavir tab 100-25mg | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| lopinavir-ritonavir tab 200-50mg | QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| LORBRENA TAB 100MG | QL= 1 tabs/day; Only available through Walgreens 888-347-3416 |
| LORBRENA TAB 25MG | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| LOREEV XR CAP | QL= 1 cap/day; Step therapy requires trial of lorazepam tab |
| LOREEV XR CAP 3MG | QL= 3 cap/day; Step therapy requires trial of lorazepam tab |
| LORTUSS EX LIQUID | QL= 1200ml/30 days |
| LORTUSS LIQUID | QL= 1200ml/30 days |
| LOTEMAX GEL | QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| loteprednol etabonate ophth gel | QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| loteprednol etabonate ophth susp 0.2% | QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| lovastatin tab | QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| LOVAZA CAP | QL= 4 caps/day |
| lubiprostone cap | QL= 60 caps/30 days |
| LUCEMYRA TAB | QL= 224 tabs/fill, 1 fill/month |
| LULICONAZOLE CREAM, LUZU CREAM | QL= 60gm/28 days |
| LUMAKRAS TAB | QL= 2 caps/day; Only available through Biologics 800-850-4306 |
| LUMAKRAS TAB 320MG | QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|---|
| LUMIGAN OPTH SOLN | QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost bimatoprost 0.03%, or tafluprost |
| LUMRYZ PACK 4.5GM | QL= 1 pack/day; Only available through Accredo 888-773-7376 |
| LUMRYZ PACK 6GM | QL= 1 pack/day; Only available through Accredo 888-773-7376 |
| LUMRYZ PACK 7.5GM | QL= 1 pack/day; Only available through Accredo 888-773-7376 |
| LUMRYZ PACK 9GM | QL= 1 pack/day; Only available through Accredo 888-773-7376 |
| LUMRYZ STARTER PACK | QL= 28 packets/28 days; Only available through Accredo 888-773-7376 |
| LUNESTA TAB | QL= 1 tab/day |
| LUPKYNIS CAP | QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479 |
| LUPRON DEPOT INJ PED | QL= 1 syringe kit/180 days |
| LUPRON DEPOT-PED INJ (1-MONTH) | QL= 1 syringe kit/30 days |
| LUPRON DEPOT-PED INJ (3-MONTH) | QL= 1 syringe kit/90 days |
| lurasidone hcl tab | QL= 1 tab/day |
| LYBALVI TAB | QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone |
| LYNPARZA CAP | QL= 16 caps/day; Only available through Biologics 800-850-4306 |
| LYNPARZA TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| LYRICA CR TAB | QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln |
| LYRICA SOLN | QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin |
| LYSTEDA TAB | QL= 180 tabs/30 days |
| LYTGOBI TAB (12MG DAILY DOSE) | QL= 84 tabs/28 days; Only available through Onco360 877-662-6633 |
| LYTGOBI TAB (16MG DAILY DOSE) | QL= 112 tabs/28 days; Only available through Onco360 877-662-6633 |
| LYTGOBI TAB (20MG DAILY DOSE) | QL= 140 tabs/28 days; Only available through Onco360 877-662-6633 |
| LYUMJEV INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| LYUMJEV KWIKPEN | QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| LYUMJEV KWIKPEN INJ | QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP |
| LYUMJEV TEMPO PEN INJ 100UNIT/ML | QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP |
| LYVISPAH GRANULE PACKET 10MG | QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap |
| LYVISPAH GRANULE PACKET 20MG | QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap |
| LYVISPAH GRANULE PACKET 5MG | QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap |
| MAKENA INJ | QL= 4.4 ml/28 days |
| maraviroc tab 150mg | QL= 2 tabs/day |
| maraviroc tab 300mg | QL= 4 tabs/day |
| MAR-COF CG LIQUID | QL= 473ml/month |
| MARINOL CAP | QL= 2 caps/day |
| MAVENCLAD PAK | QL= 10 tabs/fill, 2 fills/year |
| MAVYRET PAK | QL= 5 packets/day |

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**PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| MAVYRET TAB | QL= 3 tabs/day |
| MAXALT MLT TAB | QL= 12 tabs/30 days |
| MAXALT TAB | QL= 12 tabs/30 days |
| MAYZENT TAB | QL= 1 tab/day |
| MAYZENT TAB STARTER PACK | QL= 12 tabs/fill, 2 fills/year |
| medroxyprogesterone inj | QL= 1 inj/84 days |
| MEKINIST SOLN | QL= 40ml/day |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416 |
| meloxicam | QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin |
| MELOXICAM SUSP | QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp |
| memantine ER cap | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| memantine soln | QL= 300 ml/30 days |
| memantine titrapak | QL= 49 tabs/28 days |
| M-END DMX LIQUID | QL= 1800ml/30 days |
| meperidine tab | QL= 6 tabs/day |
| mesalamine DR cap | QL= 6 caps/day |
| mesalamine DR tab | QL= 4 tabs/day |
| mesalamine enema | QL= 60mL/day |
| mesalamine ER cap | QL= 8 caps/day |
| mesalamine supp | QL= 1 supp/day |
| mesalamine tab | QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA |
| METFORMIN TAB | QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER |
| methadone sol 10mg/5ml | QL= 20ml/day |
| methadone soln | QL= 4 ml/day |
| methadone soln 5mg/5ml | QL= 40ml/day |
| methadone tab 10mg | QL= 4 tabs/day |
| methadone tab 5mg | QL= 8 tabs/day |
| METHADOSE CONC | QL= 4 ml/day |
| methadose tab | QL= 1 tab/day |
| methamphetamine tab | QL= 5 tabs/day |
| METHITEST TAB | QL= 150 tablets/30 days |
| METHOCARBAMOL TAB 1000MG | QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine |
| methsuximide cap | QL= 4 caps/day; ST requires trial of ethosuximide tab/soln |
| methylphenidate CD cap | QL= 1 cap/day |
| methylphenidate chew tab | QL= 3 tabs/day |
| methylphenidate ER cap | QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylphen ER, methylphen ER 27/36/54 (non-OSM) |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| methylphenidate er cap 10mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 15mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 20mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 30mg | QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 40mg | QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 50mg | QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| methylphenidate er cap 60mg | QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| METHYLPHENIDATE ER TAB | QL= 1 tab/day |
| methylphenidate ER tab 10mg | QL= 3 tabs/day |
| methylphenidate ER tab 20mg | QL= 3 tabs/day |
| METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG | QL= 1 tab/day |
| METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG | QL= 1 tab/day |
| methylphenidate tab 10mg | QL= 180 tabs/30 days |
| methylphenidate tab 20mg | QL= 90 tabs/30 days |
| methylphenidate tab 5mg | QL= 360 tabs/30 days |
| methylphenidate td patch | QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM) |
| methyltestosterone cap | QL= 150 tablets/30 days |
| metyrosine cap | QL= 448 caps/28 days |
| MIEBO OPTH SOLN | QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% opth emulsion |
| mifepristone tab | QL= 4 tabs/day |
| MIGERGOT SUPP | QL= 20 supp/28 days |
| MIGRANAL SPRAY | QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan |
| MINOCYCLINE ER CAP | QL= 1 cap/day; Step Therapy requires trial of minocycline |
| minocycline ER tab | QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab |
| MINOLIRA TAB | QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab |
| MIRAPEX ER TAB | QL= 1 tab/day |
| MITIGARE CAP | QL= 2 caps/day |
| modafinil tab | QL= 2 tabs/day |
| MOLNUPIRAVIR CAP | QL= 40 caps/fill |
| MONODOX CAP | QL= 2 caps/day |
| MORGIDOX KIT | QL= 1 kit/30 days |
| MORPHABOND TAB | QL= 2 tabs/day |

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Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| MORPHINE SULFATE ER BEAD CAP | QL= 2 caps/day |
| MORPHINE SULFATE ER CAP | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 10mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 20mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 50mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 60mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 80mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER tab | QL= 3 tabs/day |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML | QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days |
| MORPHINE SULFATE ORAL SOLN 10MG/5ML | QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days |
| MOTEGRITY TAB | QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubeprstone |
| MOTPOLY XR CAP 100MG | QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap |
| MOTPOLY XR CAP 150MG | QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap |
| MOTPOLY XR CAP 200MG | QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap |
| MOUNJARO INJ | QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Rybelsus, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11) |
| MOVANTIK TAB | QL= 30 tabs/30 days |
| MOXIFLOXACIN SOLN | QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops |
| MRESVIA INJ | QL= 0.5 mL/fill; Covered for ages 60 years and older |
| MS CONTIN TAB | QL= 3 tabs/day |
| MULPLETA TAB | QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553 |
| MYALEPT INJ | QL= 1 inj/30 days; Only available through Accredo 888-773-7376 |
| MYDAYIS CAP 12.5MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| MYDAYIS CAP 25MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| MYDAYIS CAP 37.5MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| MYDAYIS CAP 50MG | QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER |
| MYFEMBREE TAB | QL= 28 tabs/28 days |
| MYRBETRIQ SUSP | QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrur, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap |

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**PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---|
| NAFLON CAP | QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen |
| naftifine cream | QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products |
| naftifine hcl gel 2% | QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream |
| NAFTIN GEL | QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream |
| NAFTIN GEL 2% | QL= 60 grams/30 days |
| NALOXONE HCL SOLN 0.4MG/ML | QL= 2ml/fill, 2 fills/30 days |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill, 2 fills/month |
| NAMENDA TITRAPAK | QL= 49 tabs/28 days |
| NAMENDA XR CAP | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| NAMENDA XR TITRATION PACK | QL= 28 caps/28 days; Step Therapy requires trial of memantine tab |
| NAMZARIC CAP | QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er |
| NAMZARIC STARTER PACK | QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er |
| naratriptan tab | QL= 9 tabs/30 days |
| NARDIL TAB 15MG | QL= 4 tabs/day |
| NATACYN OPHTH SUSP | QL= 45ml/30 days |
| NATESTO GEL | QL= 3 bottles/30 days |
| NATESTO NASAL GEL | QL= 3 bottles/30 days |
| NATROBA SUSP | QL= 1 bottle/fill, 1 fill/month |
| NAYZILAM SPRAY | QL= 4 units/fill, 5 fills/month |
| nebivolol hcl tab | QL= 1 tab/day |
| NEFFY SPRAY | QL= 2 doses/fill; Step therapy requires trial of epinephrine injection |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Optum 877-445-6874 |
| NEULASTA INJ | QL= 1.2 units/28 days |
| NEUPOGEN INJ | QL= 15 syringes/30 days |
| NEUPRO PATCH | QL= 1 patch/day |
| nevirapine ER tab | QL= 1 tab/day |
| NEVIRAPINE SUSP | QL= 1200ml/30 days |
| nevirapine tab | QL= 2 tabs/day |
| NEXAFED SINUS TAB + PAIN | QL= 240 tabs/30 days |
| NEXICLON XR TAB | QL= 3 tabs/day |
| NEXLETOL TAB | QL= 1 tab/day |
| NEXLIZET TAB | QL= 1 tab/day |
| NEXTSTELLIS TAB | QL= 28 tabs/24 days |
| NGENLA INJ | QL= 1.2ml/28 days |
| niacin ER tab | QL= 2 tabs/day |
| NICODERM PATCH | Limited to 180 days/plan year |
| NICORETTE GUM | Limited to 180 days/plan year |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------|--|
| NICORETTE LOZENGE | Limited to 180 days/plan year |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | Limited to 180 days/plan year |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| NILANDRON TAB | QL= 150mg/day after the first 30 days |
| nilutamide tab | QL= 150mg/day after the first 30 days |
| nitazoxanide tab | QL= 6 tabs/fill, 2 fills/month |
| NIVESTYM INJ | QL= 15 syringes/30 days |
| NOCTIVA EMULSION SPRAY | QL= 3.8gm/30 days |
| NORCO 10-325mg | QL= 12 tabs/day |
| NORCO 5-325mg | QL= 12 tabs/day |
| NORCO TAB 7.5MG-325MG | QL= 12 tabs/day |
| NORLIQVA ORAL SOLN | QL= 300ml/30 days |
| NORTHERA CAP | QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416 |
| NORTHERA CAP 100MG | QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416 |
| NORVIR CAP | QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| NORVIR POWDER PACK | QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| NORVIR SOLN | QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| NORVIR TAB | QL= 12 tabs/day |
| NOURIANZ TAB | QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-) |
| NOVOLIN 70/30 FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLIN 70/30 INJ | QL= 60 units/30 days |
| NOVOLIN N FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLIN N INJ | QL= 60 units/30 days |
| NOVOLIN N RELION INJ | QL= 60 units/30 days |
| NOVOLIN R FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLIN R INJ | QL= 60 units/30 days |
| NOVOLIN RELION INJ 70/30 | QL= 60 units/30 days |
| NOVOLIN VIAL | QL= 60 units/30 days |
| NOVOLOG FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLOG INJ | QL= 60 units/30 days |
| NOVOLOG MIX FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLOG MIX INJ | QL= 60 units/30 days |
| NOVOLOG PENFILL INJ | QL= 60 units/30 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|--|
| NOXAFIL PAK | QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab |
| NOXAFIL TAB | QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCALA INJ | QL= 1 inj/28 days |
| NUCYNTA ER TAB | QL= 2 tabs/day |
| NUCYNTA TAB | QL= 6 tabs/day |
| NUDEXTA CAP | QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA |
| NUPLAZID CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416 |
| NUPLAZID TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| NURTEC ODT | QL= 8 tabs/30 days |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL | QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln |
| NUVIGIL TAB 150MG | QL= 1 tab/day |
| NUVIGIL TAB 200G | QL= 1 tab/day |
| NUVIGIL TAB 250MG | QL= 1 tab/day |
| NUVIGIL TAB 50MG | QL= 3 tabs/day |
| NUZYRA TAB | QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416 |
| NYSTATIN SUSP | QL= 720ml/30 days |
| NYVEPRIA INJ | QL= 2 inj/28 days |
| OBREDON SOLN | QL= 1800ml/30 days |
| OCALIVA TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| OCREVUS INJ | QL= 60ml/365 days |
| OCREVUS ZUNOVO INJ | QL= 23ml/180 days; Only available through Emerging Health 971-290-2010 |
| ODACTRA SL TAB | QL= 30 tabs/30 days |
| ODEFSEY TAB | QL= 1 tab/day |
| OFEV CAP | QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| OGSIVEO TAB | QL= 168 tabs/28 days; Only available through Onco360 877-662-6633 |
| OGSIVEO TAB 100MG | QL= 2 tabs/day; Only available through Onco360 877-662-6633 |
| OGSIVEO TAB 150MG | QL= 2 tabs/day; Only available through Onco360 877-662-6633 |
| OHTUVAYRE SUSP | QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695 |
| OJEMDA SUSP | QL= 96 mL/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| OJEMDA TAB | QL= 24 tabs/28 days; 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 |
| olanzapine ODT | QL= 1 tab/day |
| olanzapine/fluoxetine cap | QL= 1 cap/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| olmesartan/amlodipine/hydrochlorothiazide tab | QL= 30 tabs/30 days |
| olopatadine nasal spray | QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray |
| OLPRUVA PACK | QL= 3 packets/day; Only available through CVS Specialty 800-237-2767 |
| OLUMIANT TAB | QL= 1 tab/day |
| omega-3-acid ethyl esters cap | QL= 4 caps/day |
| OMNIPOD 5 G6 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 MIS PODS | QL= 15 pods/30 days |
| OMNIPOD 5 G6 PODS MISC | QL= 15 pods/30 days |
| OMNIPOD 5 G7 KIT INTRO | QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS | QL= 15 pods/30 days |
| OMNIPOD 5 PACK PODS | QL= 15 pods/30 days |
| OMNIPOD DASH KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 15 pods/30 days |
| OMNIPOD GO KIT 10 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 15 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 20 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 25 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 30 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 35 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 40 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| OMNITROPE INJ | QL= 9 cartridges/28 days |
| OMVOH INJ | QL= 2ml/28 days |
| ondansetron soln | QL= 50ml/fill, 1 fill/15 days |
| ONDANSETRON TAB ODT 16MG | QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln |
| ONFI SUSP | QL= 480ml/30 days |
| ONFI TAB | QL= 2 tabs/day |
| ONGLYZA TAB | QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto |
| ONUREG TAB | QL= 14 tabs/28 days |
| ONYDA XR SUSP | QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap |
| OPFOLDA CAP | QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575 |
| OPSUMIT TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| OPSYNVI TAB | QL= 1 tab/day; Only available through Accredo 888-773-7376 |
| OPZELURA CREAM | QL= 120 grams/28 days |
| ORACEA CAP | QL= 1 cap/day |
| ORALAIR SL TAB | QL= 30 tabs/30 days |
| 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 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORGOVYX TAB | QL= 30 tabs/30 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 |
| ORLADEYO CAP | QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017 |
| orphenadrine/aspirin/caffeine tab | QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab |
| ORSERDU TAB 345MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ORSERDU TAB 86MG | QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| oseltamivir cap 30mg | QL= 40 caps/183 days |
| oseltamivir cap 45mg | QL= 40 caps/183 days |
| oseltamivir cap 75mg | QL= 20 caps/183 days |
| oseltamivir susp | QL= 360ml/183 days |
| OSMOLEX ER TAB | QL= 1 tab/day; Step Therapy requires trial of amantadine |
| OSPHENA TAB | QL= 1 tab/day |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic |
| OTREXUP INJ 10MG | QL= 1.6ml/28 days |
| OTREXUP INJ 12.5MG/0.4ML | QL= 1.6ml/28 days |
| OTREXUP INJ 15MG | QL= 1.6ml/28 days |
| OTREXUP INJ 17.5MG/0.4ML | QL= 1.6ml/28 days |
| OTREXUP INJ 22.5MG/0.4ML | QL= 1.6ml/28 days |
| OTREXUP INJ, RASUVO INJ 20MG | QL= 1.6ml/28 days |
| OTREXUP INJ, RASUVO INJ 25MG | QL= 1.6ml/28 days |
| OXBRYTA TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| OXBRYTA TAB 300MG | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| oxcarbazepine er tab 150mg | QL= 1 tab/day |
| oxcarbazepine er tab 300mg | QL= 1 tab/day |
| oxcarbazepine er tab 600mg | QL= 4 tabs/day |
| OXERVATE OPHTH SOLN | QL= 28ml/28 days; Only available through Accredo 800-803-2523 |
| OXTELLAR XR TAB 150MG | QL= 1 tab/day |
| OXTELLAR XR TAB 300MG | QL= 1 tab/day |
| OXTELLAR XR TAB 600MG | QL= 4 tabs/day |
| OXYBUTYNIN TAB 2.5MG | QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|---|
| OXYCODONE ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 80MG | QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| oxycodone/acetaminophen tab 10-325mg | QL= 12 tabs/day |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | QL=12 tabs/day |
| oxycodone/acetaminophen tab 2.5-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 5-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 7.5-325mg | QL= 12 tabs/day |
| OXYCONTIN CR TAB | QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCONTIN TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYMORPHONE ER TAB 10MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 15MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 20MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 30MG | QL= 4 tabs/day |
| oxymorphone ER tab 40mg | QL= 4 tabs/day |
| OXYMORPHONE ER TAB 5MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 7.5MG | QL= 2 tabs/day |
| OZEMPIC INJ | QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| OZOBAX SOLN | QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab |
| paliperidone ER tab | QL= 1 tab/day |
| PALYNZIQ INJ | QL= 1 inj/day; Only available through Accredo 800-803-2523 |
| paroxetine cap | QL= 1 cap/day |
| paroxetine oral susp | QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs |
| PATANASE NASAL SPRAY | QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray |
| PAXIL ORAL SUSP | QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs |
| PAXLOVID TAB 150-100 | QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older |
| PAXLOVID TAB 300-100 | QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older |
| pazopanib hcl tab | QL= 120 tabs/30 days |
| pb-belladonna elixir | QL= 1200ml/30 days |
| 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= 14 tabs/21 days; Only available through Biologics 800-850-4306 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------------|---|
| penciclovir cream | QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB |
| penicillamine tab | QL= 480 tabs/30 days |
| PENTASA CAP | QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA |
| PENTASA CR CAP | QL= 8 caps/day; Diagnosis Restricted- Crohn's Disease (K50.9), Ulcerative colitis (K51.9); For ulcerative colitis, ST req trial of generic APRISO or generic LIALDA |
| PERCOCET TAB 10-325MG | QL= 12 tabs/day |
| PERCOCET TAB 2.5-325mg | QL= 12 tabs/day |
| PERCOCET TAB 5-325MG | QL= 12 tabs/day |
| PERCOCET TAB 7.5-325MG | QL= 12 tabs/day |
| PERFOROMIST NEB SOLN | QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| PEXEVA TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| PHENELZINE SULFATE TAB | QL= 4 tabs/day |
| PHEXXI GEL | QL= 180gm/30 days |
| PICATO GEL | QL= 3 tubes/60 days |
| pirfenidone cap | QL= 3 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| PIRFENIDONE TAB 534MG | QL= 4 tabs/day; Only available through Lumicera 855-847-3553 |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| pitavastatin calcium tab | QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Pra OR Simvastatin tabs |
| PLAVIX TAB 300MG | QL= 4 tabs/30 days |
| PLEGRIDY INJ | QL= 1 kit/28 days |
| PLEGRIDY PEN INJ | QL= 1 kit/28 days |
| podofilox gel | QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream |
| PODOFILOX SOLN | QL= 0.5ml/day |
| POKONZA POWDER | QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln KCL 20MEQ packet |
| POMALYST CAP | QL= 21 caps/28 days |
| PONVORY TAB | QL= 30 tabs/30 days |
| PONVORY TAB STARTER PACK | QL= 14 tabs/14 days |
| posaconazole DR tab | QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| potassium iodide oral soln | QL= 90ml/30 days |
| potassium phosphate monobasic tab | QL= 8 tabs/day |
| PRADAXA CAP 75MG, 150MG | QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto |
| PRADAXA PELLET PACK | QL= 2 packets/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| pramipexole ER tab | QL= 1 tab/day |
| prasugrel tab | QL= 1 tab/day |
| pravastatin tab | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| PRECISION XTRA TEST STRIP | QL= 300 test strips/30 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| pregabalin ER tab | QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln |
| pregabalin soln | QL= 30ml/day |
| PRETOMANID TAB | QL= 1 tab/day |
| PREZCOBIX TAB | QL= 1 tab/day |
| PREZISTA SUSP | QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| PREZISTA TAB | QL= 1 tab/day |
| PREZISTA TAB 150MG | QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| PREZISTA TAB 600MG | QL= 2 tabs/day |
| PREZISTA TAB 75MG | QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| PREZISTA TAB 800MG | QL= 1 tab/day |
| PRIMIDONE TAB | QL= 4 tabs/day |
| PRIMLEV TAB 10-300MG | QL= 13 tabs/day |
| PRIMLEV TAB 5-300MG | QL= 13 tabs/day |
| PRISTIQ TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| PROAIR HFA INHALER | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| PROLATE TAB | QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab |
| PROLENSA OPHTH SOLN 0.07% | QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| PROMACTA POWDER | QL= 6 packets/day |
| PROMACTA TAB | QL= 2 tabs/day |
| PROVENTIL AERO HFA | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler |
| PROVENTIL HFA INHALER | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| PROVIGIL TAB | QL= 2 tabs/day |
| pseudoephedrine ER tab 120mg | QL= 2 tabs/day |
| pseudoephedrine liquid 15mg/5ml | QL= 2400ml/30 days |
| pseudoephedrine tab 30mg | QL= 8 tabs/day |
| pseudoephedrine tab 60mg | QL= 4 tabs/day |
| PULMICORT FLEXHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI |
| PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML | QL= 120 units/30 days |
| PULMICORT INH SUSP 1MG/2ML | QL= 60 units/30 days |
| PULMOZYME INH SOLN | QL= 30 ampules/30 days |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| PYRUKYND TAB | QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306 |
| PYRUKYND THERAPY PACK | QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306 |
| QBREXZA PAD | QL= 1 pad/day |
| QDOLO SOLN | QL= 80ml/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|---|
| QELBREE ER CAP 100MG | QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine |
| QELBREE ER CAP 150MG | QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine |
| QELBREE ER CAP 200MG | QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine |
| QINLOCK TAB | QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 |
| QUAZEPAM TAB | QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam |
| QUDEXY XR CAP 100MG | QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 150MG | QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 200MG | QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 25MG | QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR |
| QUDEXY XR CAP 50MG | QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR |
| quetiapine tab | QL= 3 tabs/day |
| QUETIAPINE TAB 150MG | QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs |
| quetiapine XR tab | QL= 1 tab/day |
| QUILLICHEW ER TAB | QL= 1 tab/day |
| QUILLIVANT XR SUSP | QL= 360ml/30 days |
| quinidine sulfate tab | QL= 8 tabs/day |
| QUINIDINE SULFATE TAB 200MG | QL= 8 tabs/day |
| QUINIDINE SULFATE TAB 300MG | QL= 5 tabs/day |
| QULIPTA TAB | QL= 30 tabs/30 days |
| QUVIVIQ TAB | QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate |
| QVAR REDIHALER | QL= 21.2gm/30 days |
| RADICAVA ORS SUSP | QL= 70ml/28 days; Only available through Accredo 800-803-2523 |
| RAGWITEK SL TAB | QL= 30 tabs/30 days |
| raloxifene tab | QL= 1 tab/day |
| ramelteon tab | QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| RANEXA TAB | QL= 120 tabs/30 days |
| ranolazine tab | QL= 120 tabs/30 days |
| rasagiline tab | QL= 1 tab/day |
| RASUVO INJ 10MG | QL= 0.8ml/28 days |
| RASUVO INJ 12.5MG | QL= 1ml/28 days |
| RASUVO INJ 15MG | QL= 1.2ml/28 days |
| RASUVO INJ 17.5MG | QL= 1.4ml/28 days |
| RASUVO INJ 22.5MG | QL= 1.8ml/28 days |
| RASUVO INJ 25MG | QL= 2ml/28 days |
| RASUVO INJ 27.5MG | QL= 2.2ml/28 days |
| RASUVO INJ 30MG | QL= 2.4ml/28 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|--|
| RASUVO INJ 7.5MG | QL= 0.6ml/28 days |
| RAYALDEE CAP | QL= 2 caps/day |
| RAZADYNE ER CAP | QL= 1 cap/day |
| RAZADYNE TAB | QL= 60 tabs/30 days |
| REBIF INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| RECORLEV TAB | QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| REGRANEX GEL | QL= 30gm/30 days |
| RELAFEN DS TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, bupropfen, or nabumetone |
| RELENZA DISKHALER | QL= 1 inhaler/fill, 1 fill/month |
| RELEUKO INJ | QL= 15 syringes/30 days |
| RELEXXII ER TAB 18MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylpt ER, methylphen ER 27/36/54 (non-OSM) |
| RELEXXII ER TAB 27MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylpt ER, methylphen ER 27/36/54 (non-OSM) |
| RELEXXII ER TAB 36MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylpt ER, methylphen ER 27/36/54 (non-OSM) |
| RELEXXII ER TAB 54MG | QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylpt ER, methylphen ER 27/36/54 (non-OSM) |
| RELISTOR INJ | QL= 0.6ml/day |
| RELISTOR INJ KIT | QL= 0.6ml/day |
| RELISTOR TAB | QL= 3 tabs/day |
| RELPAK TAB | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| RELYVRIO PAK | QL= 56 packs/28 days; Only available through Accredo 888-773-7376 |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| REQUIP XL TAB | QL= 1 tab/day; Step Therapy requires trial of ropinirole |
| RESTASIS MULTI-DOSE | QL= 5.5ml/30 days |
| RESTASIS OPHTH EMULSION 0.05% | QL= 60 vials/30 days |
| RETACRIT INJ | QL= 4 vials/30 days |
| RETEVMO CAP 40MG | QL= 180 caps/30 days; Only available through Lumicera 855-847-3553 |
| RETEVMO CAP 80MG | QL= 120 caps/30 days; Only available through Lumicera 855-847-3553 |
| RETEVMO TAB | QL= 60 tabs/30 days |
| RETEVMO TAB 40MG | QL= 90 tabs/30 days |
| RETIN-A CREAM | QL= 360g/30 days |
| RETIN-A MICRO GEL 0.04%, 0.1% | QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| RETIN-A MICRO GEL 0.08%, 0.06% | QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| RETROVIR CAP | QL= 6 caps/day |
| RETROVIR SYRUP | QL= 1920ml/30 days |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------|--|
| RETROVIR TAB | QL= 2 tabs/day |
| REVATIO SUSP | QL= 224ml/30 days |
| REVATIO TAB | QL= 3 tabs/day |
| REVLIMID CAP | QL= 1 cap/day; Only available through Onco360 877-662-6633 |
| REXULTI TAB | QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone |
| REYATAZ CAP 150 MG | QL= 2 caps/day |
| REYATAZ CAP 200MG | QL= 2 caps/day |
| REYATAZ CAP 300MG | QL= 1 cap/day |
| REYATAZ POWDER PACK | QL= 5 packets/day |
| REYVOW TAB 100mg | QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| REYVOW TAB 50mg | QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| REZDIFFRA TAB | QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| REZLIDHIA CAP | QL= 60 caps/30 days; Only available through Biologics 800-850-4306 |
| REZUROCK TAB | QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 |
| REZVOGLAR INJ | QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn at Toujeo |
| RHOPRESSA OPTH SOLN | QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol |
| RINVOQ ER TAB | QL= 1 tab/day |
| RINVOQ ER TAB 45MG | QL= 1 tab/day, 3 fills/year |
| RINVOQ ORAL SOLN | QL= 360ml/30 days |
| risedronate DR tab | QL= 4 tabs/28 days; Step Therapy requires trial of alendronate |
| risedronate tab 150mg | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| risedronate tab 30mg | QL= 1 tab/day |
| risedronate tab 35mg | QL= 4 tabs/28 days |
| risedronate tab 5mg | QL= 1 tab/day |
| RITALIN LA CAP | QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM) |
| RITALIN TAB | QL= 3 tabs/day |
| ritonavir tab | QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| rivastigmine patch | QL= 1 patch/day |
| RIVFLOZA INJ | QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767 |
| rizatriptan ODT | QL= 12 tabs/30 days |
| rizatriptan tab | QL= 12 tabs/30 days |
| roflumilast tab | QL= 1 tab/day |
| ropinirole ER tab | QL= 1 tab/day; Step Therapy requires trial of ropinirole |
| rosuvastatin tab | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| ROSZET TAB | QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe |
| ROZEREM TAB | QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL |
| ROZLYTREK CAP | QL= 1 cap/day |
| ROZLYTREK CAP 200MG | QL= 3 caps/day |
| ROZLYTREK PAK | QL= 360 packets/30 days |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Optum 877-445-6874 |
| RUCONEST INJ | QL= 16 vials/30 days; Only available through Accredo 800-803-2523 |
| rufinamide susp | QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| rufinamide tab | QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam |
| RUKOBIA ER TAB | QL= 60 tabs/30 days |
| RUZURGI TAB | QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| RYBELSUS TAB | QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |
| RYTARY CAP 23.75-95MG | QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYTARY CAP 36.25-145MG | QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYTARY CAP 48.75-195MG | QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYTARY CAP 61.25-245MG | QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB | QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab |
| SABRIL POWDER PACK | QL= 6 packs/day; Only available through Walgreens 888-347-3416 |
| SABRIL TAB | QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| SAMSCA TAB 30MG | QL= 1 tab/day |
| SAMSCA TAB, TOLVAPTAN TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| SANCUSO PATCH | QL= 4 patches/28 days; Step Therapy requires trial of granisetron |
| SANTYL OINT | QL= 90gm/30 days |
| SAPHRIS SL TAB | QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT |
| SAVAYSA TAB | QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO |
| SAVELLA TAB | QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin |
| saxagliptin hcl tab | QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto |
| saxagliptin-metformin hcl tab er 24hr | QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto |
| SCSEMBLIX TAB 100MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| SCSEMBLIX TAB 20MG | QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| SCSEMBLIX TAB 40MG | QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| scopolamine patch | QL= 10 patches/30 days |
| SEASONIQUE TAB | QL= 91 tabs/84 days |
| SECUADO PATCH | QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT |
| SEGLENTIS TAB | QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol |
| SEGLUROMET TAB | QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR |
| selegiline tab | QL= 2 tabs/day |
| SELZENTRY SOLN | QL= 31ml/day |
| SELZENTRY TAB 150MG | QL= 2 tabs/day |
| SELZENTRY TAB 25MG | QL= 4 tabs/day |
| SELZENTRY TAB 300MG | QL= 4 tabs/day |
| SELZENTRY TAB 75MG | QL= 2 tabs/day |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) | QL= 60ml/30 days |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) | QL= 60ml/30 days |
| SENSIPAR TAB 30MG | QL= 2 tabs/day |
| SENSIPAR TAB 60MG | QL= 2 tabs/day |
| SENSIPAR TAB 90MG | QL= 4 tabs/day |
| SEREVENT DISKUS INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi |
| SEROQUEL TAB | QL= 3 tabs/day |
| SEROQUEL XR TAB | QL= 1 tab/day |
| SERTRALINE CAP | QL= 30 caps/30 days; Step therapy requires trial of sertraline tab |
| SFROWASA ENEMA | QL= 60mL/day |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| sildenafil susp | QL= 224ml/30 days |
| sildenafil tab 20mg | QL= 3 tabs/day |
| SILENOR TAB | QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem zolpidem ER tab, or zolpidem SL |
| SILIQ INJ | QL= 4 inj/28 days |
| SIMCOR TAB | QL= 1 tab/day |
| SIMLANDI INJ | QL= 2 inj/28 days |
| SIMPONI SC INJ | QL= 1 inj/28 days |
| SIMVASTATIN SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| simvastatin tab 5mg, 10mg, 20mg, 40mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| simvastatin tab 80mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|--|
| SITAGLIPTIN/METFORMIN TAB | QL= 2 tabs/day |
| SITAVIG TAB | QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir |
| SIVEXTRO TAB | QL= 6 tabs/fill |
| SKYCLARYS CAP 50MG | QL= 90 caps/30 days; Only available through Biologics 800-850-4306 |
| SKYRIZI INJ | QL= 1 cartridge/56 days |
| SKYRIZI INJ 150MG/ML | QL= 1 syringe/84 days |
| SKYRIZI PEN 150MG/ML | QL= 1 pen/84 days |
| SKYTROFA INJ | QL= 4 inj/28 days |
| SOAANZ TAB | QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab |
| SOAANZ TAB 60MG | QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab |
| SODIUM OXYBATE SOLN, XYREM SOLN | QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688 |
| sodium/potassium/magnesium soln | QL= 2 fills/year |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/day |
| SOGROYA INJ | QL= 6ml/28 days |
| SOHONOS CAP | QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767 |
| solifenacin tab | QL= 1 tab/day |
| SOLQUA INJ | QL= 18ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS |
| SOLODYN TAB | QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab |
| SOLOSEC GRANULES PACKET | QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole |
| SOMA TAB | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| SONATA CAP | QL= 1 cap/day |
| SONATA CAP 10MG | QL= 2 caps/day |
| SOOLANTRA CREAM | QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole |
| SOTYKTU TAB | QL= 1 tab/day |
| SOVALDI TAB | QL= 28 tabs/28 days |
| SPIKEVAX INJ | QL= 1 dose/24 days |
| SPINOSAD SUSP | QL= 1 bottle/fill, 1 fill/month |
| SPIRIVA HANDIHALER | QL= 1 cap/day; For use with Handihaler device |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | QL= 1 inhaler/30 days |
| spironolactone susp | QL= 600ml/30 days; ST req trial of furosemide oral soln |
| SPRAVATO NASAL SOLN | QL= 4 kits/28 days; Only available through Walgreens 888-347-3416 |
| SPRIX NASAL SPRAY | QL= 5 units/30 days |
| SSKI ORAL SOLN | QL= 90ml/30 days |
| STAHIST AD TAB 25-60MG | QL= 4 tabs/day |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|---|
| STALEVO TAB 12.5-50-200MG | QL= 8 tabs/day |
| STALEVO TAB 18.75-75-200MG | QL= 8 tabs/day |
| STALEVO TAB 25-100-200MG | QL= 8 tabs/day |
| STALEVO TAB 31.25-125-200MG | QL= 8 tabs/day |
| STALEVO TAB 37.5-150-200MG | QL= 8 tabs/day |
| STALEVO TAB 50-200-200MG | QL= 6 tabs/day |
| stavudine cap | QL= 2 caps/day |
| STEGLATRO TAB | QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB |
| STELARA INJ | QL= 1 inj/84 days |
| STIMUFEND INJ | QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416 |
| STIOLTO INHALER | QL= 1 inhaler/30 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRATTERA CAP 10MG | QL= 2 caps/day |
| STRATTERA CAP 18MG | QL= 2 caps/day |
| STRATTERA CAP 25MG | QL= 2 caps/day |
| STRATTERA CAP 40MG | QL= 2 caps/day |
| STRATTERA CAP 60MG | QL= 1 cap/day |
| STRIANT FILM | QL= 60 films/30 days |
| STRIBILD TAB | QL= 1 tab/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| SUBOXONE SL FILM 12-3MG | QL= 2 films/day |
| SUBOXONE SL FILM 2-0.5MG | QL= 4 films/day |
| SUBOXONE SL FILM 4-1MG | QL= 4 films/day |
| SUBOXONE SL FILM 8-2MG | QL= 3 films/day |
| SUBSYS SPRAY | QL= 180 sprays/30 days |
| SUDAFD SINUS TAB 30MG | QL= 8 tabs/day |
| SUDAFED CHILDRENS LIQUID 15MG/5M | QL= 2400ml/30 days |
| SUFLAVE SOLN | QL= 2 fills/year |
| sulfadiazine tab | QL= 8 tabs/day |
| sumatriptan inj | QL= 8 inj/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 8 inj/30 days |
| sumatriptan nasal spray | QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab |
| sumatriptan tab | QL= 9 tabs/30 days |
| sumatriptan vial inj | QL= 1 inj/7 days |
| sumatriptan/naproxen tab | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| sunitinib malate cap | QL= 1 cap/day |
| SUNOSI TAB 150MG | QL= 1 tab/day |
| SUNOSI TAB 75 MG | QL= 2 tabs/day |
| SUPREP BOWEL PREP PACK | QL= 2 fills/year |
| SUTENT CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| SYMBICORT INHALER | QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela |
| SYMBYAX CAP | QL= 1 cap/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYMLINPEN INJ 120 | QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart |
| SYMLINPEN INJ 60 | QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart |
| SYMPROIC TAB | QL= 30 tabs/30 days |
| SYNAGIS INJ | QL= 2 inj/28 days |
| SYNDROS SOLN | QL= 60ml/30 days |
| 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 |
| TABLOID TAB | QL= 4 tabs/day |
| TABRECTA TAB | QL= 112 tabs/28 days |
| tadalafil tab | QL= 1 tab/day |
| tadalafil tab (PAH) | QL= 2 tabs/day |
| TADLIQ SUSP | QL= 10ml/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAFINLAR TAB | QL= 12 tabs/day |
| tafluprost preservative free (pf) ophth soln | QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln |
| TAGRISSE TAB | QL= 1 tab/day |
| TAKHZYRO INJ | QL= 2 inj/28 days |
| TAKHZYRO INJ 150MG/ML | QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523 |
| TALICIA CAP | QL= 168 caps/14 days |
| TALTZ INJ | QL= 1 inj/28 days |
| TALTZ INJ 20MG/0.25ML | QL= 1 inj/28 days |
| TALTZ INJ 40MG/0.5ML | QL= 1 inj/28 days |
| TALZENNA CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416 |
| TAMIFLU CAP 30MG | QL= 40 caps/183 days |
| TAMIFLU CAP 45MG | QL= 40 caps/183 days |
| TAMIFLU CAP 75MG | QL= 20 caps/183 days |
| TAMIFLU SUSP | QL= 360ml/183 days |
| TANLOR TAB | QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine |
| TARCEVA TAB 100MG | QL= 3 tabs/day |
| TARCEVA TAB 150MG | QL= 3 tabs/day |
| TARCEVA TAB 25MG | QL= 2 tabs/day |
| TARPEYO CAP | QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479 |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| TASCENSO ODT TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| TASMAR TAB | QL= 3 tabs/day |
| TAVALISSE TAB | QL= 2 tab/day; Only available through Biologics 800-850-4306 |
| TAVNEOS CAP | QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479 |
| tazarotene cream 0.05% | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| tazarotene cream 0.1% | QL= 360g/30 days |
| tazarotene gel | QL= 360g/30 days |
| tazarotene gel 0.1% | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| TAZORAC CREAM | QL= 360g/30 days |
| TAZORAC CREAM 0.05% | QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| TAZORAC GEL 0.1% | QL= 100g/30 days; Step Therapy requires trial of tazarotene cream |
| TAZVERIK TAB | QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TECFIDERA CAP | QL= 60 caps/30 days |
| TECFIDERA STARTER PACK | QL= 60 caps/30 days |
| TECHNIVIE TAB | QL= 1 pack/28 days; Only available through Walgreens 888-347-3416 |
| TEGSEDI INJ | QL= 4 inj/28 days; Only available through Accredo 800-803-2523 |
| TELMISARTAN/AMLODIPINE TAB | QL= 1 tab/day; Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan |
| TENCON TAB | QL= 6 tabs/day |
| tenofovir disoproxil fumarate tab | QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| TEPMETKO TAB | QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 |
| teriflunomide tab | QL= 30 tabs/30 days |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml | QL= 2.4 units/28 days |
| TERIPARATIDE INJ 620MCG/2.48ML | QL= 2.48 units/28 days |
| testosterone cypionate inj | QL= 4 vials/28 days |
| testosterone cypionate inj 200mg/ml | QL= 4 vials/28 days |
| TESTOSTERONE ENANTHATE INJ | QL= 5 mL/28 days |
| testosterone gel 1% 25mg | QL= 150gm/30 days |
| testosterone gel 1% 50mg | QL= 300gm/30 days |
| testosterone gel 1% pump | QL= 300gm/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL 10MG/ACT | QL= 2 bottles/30 days |
| testosterone gel 2% | QL= 2 bottles/30 days |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 150gm/30 days |
| TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP | QL= 300g/30 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| TESTOSTERONE GEL, VOGELXO GEL | QL= 2 packets/day |
| TESTOSTERONE INJ | QL= 1 vial/28 days |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ | QL= 1 vial/28 days |
| testosterone soln | QL= 2 bottles/30 days |
| TETRACYCLINE TAB | QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate |
| TEZSPIRE INJ | QL= 1 pen/30 days |
| TEZSPIRE SOLN | QL= 1 syringe/30 days |
| THALITONE TAB | QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg |
| THALOMID CAP | QL= 2 caps/day |
| THEOPHYLLINE TAB ER | QL= 1 tab/day |
| THIOLA EC TAB | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| THIOLA TAB | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| tiagabine tab 12mg | QL= 4 tabs/day |
| tiagabine tab 16mg | QL= 3 tabs/day |
| tiagabine tab 2mg | QL= 4 tabs/day |
| tiagabine tab 4mg | QL= 4 tabs/day |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| timolol maleate (pf) ophth soln 0.5% | QL= 2ml/day |
| timolol maleate preservative free ophth soln | QL= 2ml/day |
| TIMOPTIC OCUDOSE OPHTH SOLN | QL= 2ml/day |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | QL= 2ml/day |
| tiopronin tab | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| tiopronin tab delayed release | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| tiotropium bromide cap inhaler | QL= 1 cap/day; For use with Handihaler device |
| TIVICAY PD TAB | QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| TIVICAY TAB | QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| tolcapone tab | QL= 3 caps/day |
| TOLSURA CAP | QL= 4 caps/day; Step Therapy requires trial of itraconazole |
| tolvaptan tab | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| tolvaptan tab 15mg | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| topiramate cap er 200mg | QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR) |
| topiramate ER cap | QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR |
| TOSYMRA SOLN | QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| TOUJEO MAX SOLOSTAR INJ | QL= 18ml/30 days |
| TOUJEO SOLOSTAR INJ | QL= 18ml/30 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| TOVIAZ TAB | QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap |
| TRACLEER TAB 32MG | QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| TRADJENTA TAB | QL= 1 tab/day |
| TRAMADOL ER CAP | QL= 1 cap/day; Step Therapy requires trial of tramadol tab |
| TRAMADOL HCL ER TAB 100MG | QL= 1 tab/day; Step therapy requires trial of tramadol ERT |
| TRAMADOL HCL ER TAB 200MG | QL= 1 tab/day; Step therapy requires trial of tramadol ERT |
| TRAMADOL HCL ER TAB 300MG | QL= 1 tab/day; Step therapy requires trial of tramadol ERT |
| TRAMADOL HCL TAB | QL= 30 tabs/30 days |
| tramadol hcl tab 100mg | QL= 4 tabs/day |
| tranexamic acid tab | QL= 180 tabs/30 days |
| TRANSDERM-SCOP PATCH | QL= 10 patches/30 days |
| TRAVATAN Z DROPS | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| travoprost ophth soln | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln |
| TRELEGY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| TREMFYA INJ | QL= 2ml/28 days |
| TRESIBA FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| TRESIBA INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| tretinoin cream | QL= 360g/30 days |
| tretinoin gel | QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel |
| TRETIN-X CREAM | QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream |
| TREXIMET TAB | QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODONE CAP | QL= 10 caps/day |
| TRIHENXYPHENIDYL SOLN | QL= 946ml/28 days |
| TRIJARDY XR TAB 10-5-1000MG | QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab |
| TRIJARDY XR TAB 12.5-2.5-1000MG | QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab |
| TRIJARDY XR TAB 25-5-1000MG | QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab |
| TRIJARDY XR TAB 5-2.5-1000MG | QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab |
| TRIKAFTA TAB | QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416 |
| TRIKAFTA THERAPY PACK | QL= 56 packets/28 days; Only available through Walgreens 888-347-3416 |
| trilyte soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| TRINTELLIX TAB | QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| triprolidine/pseudoephedrine tab 2.5-60 mg | QL= 4 tabs/day |
| trispes pse liquid | QL= 1200ml/30 days |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|---|
| TRIUMEQ PD TAB | QL= 6 tabs/day |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRIZIVIR TAB | QL= 2 tabs/day |
| TROKENDI XR CAP | QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR) |
| TROKENDI XR CAP 200MG | QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR) |
| TRUDHESA NASAL SPRAY | QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan |
| TRULANCE TAB | QL= 30 tabs/30 days |
| TRULICITY INJ | QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| TRUQAP TAB | QL= 64 tabs/28 days |
| TRUQAP THERAPY PACK | QL= 64 tabs/28 days |
| TRUSELTIQ PACK 100MG | QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246 |
| TRUSELTIQ PACK 175MG | QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246 |
| TRUSELTIQ PACK 50MG, 125MG | QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246 |
| TRUVADA TAB | QL= 30 tabs/30 days |
| TRYVIO TAB | QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416 |
| TUDORZA PRESSAIR INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER or SPIRIVA RESPIMAT or tiotropium bromide cap inhaler |
| TUKYSA TAB | QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 |
| TURALIO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| TUSSICAPS | QL= 20 caps/fill, 2 fills/30 days |
| tussin cf liquid | QL= 1200ml/30 days |
| TUXARIN ER TAB | QL= 20 tabs/fill, 2 fills/30 days |
| TUZISTRA XR SUSP | QL= 120ml/fill, 2 fills/30 days |
| TYENNE INJ | QL= 1.8ml/28 days |
| TYMLOS INJ | QL= 1.56 units/30 days |
| TYRVAYA SOLN | QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis) |
| TYVASO DPI POWDER 16-32-48MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER 16-32MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER 32-48MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| UBRELVY TAB | QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab |
| UCERIS RECTAL FOAM | QL= 100.2g/30 days |
| UDENYCA INJ | QL = 2 injectors/28 days |
| ULORIC TAB | QL= 1 tab/day |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|--|
| UPNEEQ SOLN | QL= 30 droppers/30 days |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Optum 877-445-6874 |
| VALSARTAN SOLN | QL= 2400ml/30 days |
| VALTOCO NASAL SPRAY | QL= 4 doses/fill, 5 fills/month |
| VANCOGIN CAP 125MG | QL= 56 caps/30 days |
| VANCOGIN CAP 250MG | QL= 112 caps/30 days |
| vancomycin cap 125mg | QL= 56 caps/30 days |
| vancomycin cap 250mg | QL= 112 caps/30 days |
| vancomycin hcl for oral soln 25mg/ml | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution |
| vancomycin hcl for oral soln 50mg/ml | QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution |
| VANFLYTA TAB | QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| varenicline tartrate tab | Limited to 180 days/plan year |
| varenicline tartrate tab start pack | Limited to 180 days/plan year |
| VARUBI TAB | QL= 2 tabs/day; Step Therapy requires trial of ondansetron |
| VASCEPA CAP 0.5GM | QL= 2 caps/day |
| VASCEPA CAP 1GM | QL= 4 caps/day |
| VELPHORO CHEW TAB | QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum |
| VELSIPITY TAB | QL= 30 tabs/30 days |
| VELTASSA POWDER | QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma |
| VELTASSA POWDER 1GM | QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma |
| VEMLIDY TAB | QL= 1 tab/day |
| VENLAFAXINE TAB | QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler |
| VEOZAH TAB | QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial 1: gabapen, pregab, clonidine |
| VERKAZIA EMULSION 0.1% OPHTH | QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth |
| VERQUVO TAB | QL= 30 tabs/30 days |
| VERZENIO TAB | QL= 2 tabs/day |
| VESICARE TAB | QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER |
| VEVYE DROP 0.1% | QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion |
| V-GO INJ KIT | QL= 1 kit/day |
| VIBRAMYCIN CAP | QL= 2 caps/day |
| VICTOZA INJ | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| VIDEX SOLN | QL= 600ml/30 days |

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PeaceHealth Formulary Cont.
Last Updated* 11/15/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|--|
| VIEKIRA PAK TAB | QL= 4 tabs/day |
| VIEKIRA XR TAB | QL= 3 tabs/day; Only available through Lumicera 855-847-3553 |
| vigabatrin powder pack | QL= 6 packs/day; Only available through PantheRx 855-726-8479 |
| vigabatrin tab | QL= 6 tabs/day; Only available through Lumicera 855-847-3553 |
| VIGAFYDE SOLN | QL= 750ml/30 days; Only available through AnovoRx 844-288-5007 |
| VIIBRYD TAB | QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox |
| VIJOICE GRANULES PACKET | QL= 1 packet/day |
| VIJOICE TAB | QL= 1 tab/day |
| vilazodone hcl tab | QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox |
| VIMPAT SOLN | QL= 1200ml/30 days |
| VIMPAT TAB | QL= 2 tabs/day |
| VIRAMUNE SUSP | QL= 1200ml/30 days |
| VIRAMUNE TAB | QL= 2 tabs/day |
| VIRAMUNE XR TAB | QL= 1 tab/day |
| VIREAD TAB | QL= 1 tab/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day; Only available through Accredo 888-773-7376 |
| VITRAKVI CAP 25MG | QL= 8 caps/day; Only available through Accredo 888-773-7376 |
| VITRAKVI SOLN | QL= 10ml/day; Only available through Accredo 888-773-7376 |
| VIVELLE-DOT PATCH | QL= 8 patches/28 days |
| VIVJOA CAP | QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416 |
| VIVLODEX CAP | QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin |
| VIZIMPRO TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| VONJO CAP | QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| VOQUEZNA DUAL PAK | QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit |
| VOQUEZNA TRIP PAK | QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit |
| VOSEVI TAB | QL= 1 tab/day |
| VOTRIENT TAB | QL= 120 tabs/30 days |
| VOWST CAP | QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575 |
| VOXZOGO INJ | QL= 30 vials/30 days; Only available through Accredo 800-803-2523 |
| VOYDEYA TAB | QL= 180 tabs/30 days; Only available through Onco360 877-662-6633 |
| VOYDEYA TAB THERAPY PACK | QL= 180 tabs/30 days; Only available through Onco360 877-662-6633 |
| VRAYLAR CAP | QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone |
| VRAYLAR PACK | QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone |
| VTAMA CREAM | QL= 60 grams/30 days |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|---|
| VUMERITY CAP | QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| VYLEESI INJ | QL= 2.4 ml/28 days |
| VYNDAMAX CAP | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| VYNDAQEL CAP | QL= 4 caps/day |
| VYTORIN TAB | QL= 1 tab/day |
| VYVANSE CAP | QL= 1 cap/day |
| VYVANSE CHEW TAB | QL= 1 tab/day |
| VYZULTA SOLN | QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost bimatoprost 0.03%, or tafluprost |
| WAINUA INJ | QL= 0.8ml/28 days; Only available through Orsini Pharmacy 800-410-8575 |
| WAKIX TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| WEGOVY INJ | QL= 2 mL/28 days; Excluded for weight loss |
| WEGOVY INJ 1.7MG | QL= 3 ml/28 days; Excluded for weight loss |
| WEGOVY INJ 2.4MG | QL= 3 ml/28 days; Excluded for weight loss |
| WELIREG TAB | QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| WINLEVI CREAM | QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin |
| WINREVAIR INJ | QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695 |
| XACIATO GEL | QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap |
| XADAGO TAB | QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa |
| XALKORI CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| XALKORI SPRINKLE CAP | QL= 6 caps/day; Only available through Walgreens 888-347-3416 |
| XARELTO STARTER PACK 15MG/20MG | QL= 1 pack/30 days |
| XARELTO SUSP | QL= 10ml/day |
| XARELTO TAB 10MG | QL= 30 tabs/30 days |
| XARELTO TAB 15MG | QL= 60 tabs/30 days |
| XARELTO TAB 2.5MG | QL= 60 tabs/30 days |
| XARELTO TAB 20MG | QL= 30 tabs/30 days |
| XARTEMIS XR TAB | QL= 12 tabs/day |
| XCOPRI PAK 100-150MG | QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI TAB 100MG | QL= 1 tab/day |
| XCOPRI TAB 150MG | QL= 2 tabs/day |
| XCOPRI TAB 200MG | QL= 2 tabs/day |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| XCOPRI TAB 25MG | QL= 1 tab/day |
| XCOPRI TAB 50MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category |
| XDEMVY DROP | QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis) |
| XELJANZ SOLN | QL= 10ml/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XELSTRYM PAD | QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM) |
| XENLETA TAB | QL= 10 tabs/fill, 1 fill/month |
| XEPI CREAM | QL= 30gm/30 days |
| XERMELO TAB | QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306 |
| XIFAXAN TAB 200MG | QL= 9 tabs/fill, 2 fills/month |
| XIFAXAN TAB 550MG | QL= 2 tabs/day |
| XIGDUO XR TAB | QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XIIDRA OPTH SOLN | QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% opth emulsion (generic Restasis) |
| XODOL TAB 10MG-300MG | QL= 13 tabs/day |
| XODOL TAB 5MG-300MG | QL= 13 tabs/day |
| XODOL TAB 7.5MG-300MG | QL= 13 tabs/day |
| XOFLUZA TAB | QL= 2 tabs/120 days |
| XOFLUZA TAB THERAPY PACK 40MG | QL= 2 tabs/120 days |
| XOFLUZA TAB THERAPY PACK 80MG | QL= 2 tabs/120 days |
| XOLAIR INJ | QL= 1 vial/28 days |
| XOLAIR INJ 150MG/ML | QL= 1ml/28 days |
| XOLAIR INJ 300MG/2ML | QL= 2ml/28 days |
| XOLAIR INJ 75MG/0.5ML | QL= 0.5ml/28 days |
| XOLREMDI CAP | QL= 60 caps/20 days; Only available through PantheRx 855-726-8479 |
| XOSPATA TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XPHOZAH TAB | QL= 60 tablets/30 days |

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PeaceHealth Formulary Cont.
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Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| XPOVIO TAB | QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| XTAMPZA ER CAP 13.5MG | QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 18MG | QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 27MG | QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 36MG | QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTAMPZA ER CAP 9MG | QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab |
| XTANDI CAP | QL= 4 caps/day |
| XTANDI TAB 40MG | QL= 4 tabs/day |
| XTANDI TAB 80MG | QL= 2 tabs/day |
| XULTOPHY INJ | QL= 15ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS |
| XYOSTED INJ | QL= 4ml/28 days |
| YONSA TAB | QL= 4 tabs/day |
| YUFLYMA 2SYR KIT 40MG/0.4ML | QL= 2 inj/28 days |
| YUFLYMA KIT 40MG/0.4ML | QL= 2 inj/28 days |
| YUFLYMA KIT 80MG/0.8ML | QL= 2 syringes/28 days |
| YUPELRI SOLN | QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler |
| YUSIMRY INJ 40MG/0.8ML | QL= 2 inj/28 days |
| zaleplon cap | QL= 1 cap/day |
| zaleplon cap 10mg | QL= 2 caps/day |
| ZARXIO INJ | QL= 15 syringes/30 days |
| ZARXIO INJ 480/0.8 | QL= 15 syringes/30 days |
| ZAVZPRET SPRAY | QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal |
| ZECUITY PAD | QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan |
| ZEJULA CAP | QL= 30 caps/30 days; Only available through Optum 877-445-6874 |
| ZEJULA TAB | QL= 1 tab/day; Only available through Optum 877-445-6874 |
| ZELBORAF TAB | QL= 8 tabs/day |
| zenzedi tab 10mg | QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ZENZEDI TAB 2.5MG | QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| zenzedi tab 5mg | QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |
| ZENZEDI TAB 7.5MG | QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|--|
| ZEPATIER TAB | QL= 1 tab/day |
| zephrex-d tab 30mg | QL= 240 tabs/30 days |
| ZEPOSIA CAP | QL=30 caps/30 days |
| ZEPOSIA STARTER PACK | QL= 37 caps/37 days |
| ZERIT CAP | QL= 2 caps/day |
| ZERVIATE OPHTH SOLN | QL= 30 single use containers/30 days |
| ZETIA TAB | QL= 1 tab/day |
| ZIAGEN SOLN | QL= 960ml/30 days |
| ZIAGEN TAB | QL= 2 tabs/day |
| ZIANA GEL | QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin |
| zidovudine cap | QL= 6 caps/day |
| zidovudine syrup | QL= 1920ml/30 days |
| zidovudine tab | QL= 2 tabs/day |
| ZIEXTENZO INJ | QL= 1.2 units/28 days |
| ZILBRYSQ INJ 16.6MG/0.416ML | QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479 |
| ZILBRYSQ INJ 23MG/0.574ML | QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479 |
| ZILBRYSQ INJ 32.4MG/0.81ML | QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479 |
| zileuton ER tab | QL= 2 tabs/day |
| ZILXI FOAM | QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln |
| ZIMHI SOLN | QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj |
| ZIOPTAN OPHTH SOLN | QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost |
| ziprasidone cap | QL= 2 caps/day |
| ZIPSOR CAP | QL= 4 caps/day |
| ZITUVIMET XR TAB | QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto |
| ZITUVIO TAB | QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto |
| ZOCOR TAB 5MG, 10MG, 20MG, 40MG | QL= 1 tab/day |
| ZOCOR TAB 80MG | QL= 1 tab/day |
| ZOFRAN SOLN | QL= 50ml/fill, 1 fill/15 days |
| ZOHYDRO ER CAP | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT |
| zolmitriptan ODT | QL= 9 tabs/30 days |
| ZOLMITRIPTAN SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/30 days |
| ZOLPIDEM CAP | QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon zolpidem ER or zolpidem SL |
| zolpidem ER tab | QL= 1 tab/day |
| zolpidem er tab 6.25mg | QL= 2 tabs/day |

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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|--|
| zolpidem tab | QL= 1 tab/day |
| zolpidem tab 5mg | QL= 2 tabs/day |
| zolpidem tartrate SL tab | QL= 1 tab/day |
| ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| ZOMIG TAB | QL= 9 tabs/30 days |
| ZOMIG ZMT | QL= 9 tabs/30 days |
| ZONISADE SUSP | QL= 900ml/30 days |
| ZORTRESS TAB | QL= 2 tabs/day |
| ZORVOLEX CAP | QL= 3 caps/day |
| ZORYVE CREAM | QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AN topical tacrolimus oint |
| ZORYVE FOAM 0.3% | QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and topical calcineurin inhibitor (e.g. tacro) |
| ZTALMY SUSP | QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575 |
| ZURAMPIC TAB | QL= 1 tab/day |
| ZURZUVAE CAP 20MG | QL= 28 caps/14 days, 1 fill/365 days |
| ZURZUVAE CAP 25MG | QL= 28 caps/14 days, 1 fill/365 days |
| ZURZUVAE CAP 30MG | QL= 14 caps/14 days, 1 fill/365 days |
| ZYBAN TAB | Limited to 180 days/plan year |
| ZYCLARA CREAM 2.5% | QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream |
| ZYFLO CR TAB | QL= 2 tabs/day |
| ZYFLO TAB | QL= 4 tabs/day |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYMFENTRA INJ | QL= 2 pens/28 days |
| ZYPITAMAG TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| ZYPREXA ZYDIS TAB | QL= 1 tab/day |
| ZYTIGA TAB 250MG | QL= 3 tabs/day |
| ZYTIGA TAB 500MG | QL= 2 tabs/day |

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