

Search tip: This is a large document, but you can quickly find a specific drug by using the search feature on your toolbar or using the [CTRL+F] search function from your keyboard. A search box will appear where you can type in the drug name. If you are unsure of the spelling, try entering just the first few letters of the name to narrow your search.

ZoomCare Enhanced Chronic Condition Medication List
Alphabetical Index
Updated Quarterly

The ZoomCare Enhanced Chronic Condition (ECC) program is available to eligible Zoomers/dependents with one or more of the following conditions: asthma, high blood pressure, heart failure, heart disease, diabetes, depression, and/or chronic lung disease (COPD). When enrolled in the ECC program, a \$0 cost share is applied for the medications and diabetes supplies listed below only when the prescription is filled at following eligible pharmacies:*

- PeaceHealth RiverBend Outpatient Pharmacy
- PeaceHealth Southwest Medical Center Outpatient Pharmacy
- PeaceHealth St. John Medical Center Outpatient Pharmacy

For questions about the ECC program, please contact the Moda Health Navigator team at 833-599-8602.

Note: This list is not reflective of medication availability at the eligible pharmacies.

<p>generic: small letters BRANDS: CAPITAL LETTERS OTC: Over-the-Counter</p>	<p>PA: Prior Authorization QL: Quantity Limit ROX: Restricted to Diagnosis ST: Step Therapy</p>	<p>*If you do not have access to fill at a PeaceHealth pharmacy, please contact the Moda Health Navigator team at 833-599-8602.</p> <p>**Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products not listed may not be all inclusive and are subject to change.</p>
---	--	---

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
ABILIFY TAB	QL	QL= 1 tab/day
acarbose tab	-	-
ACCOLATE TAB	-	-
ACCUPRIL TAB	-	-
ACCURETIC TAB	-	-
acebutolol cap	-	-
acetazolamide ER cap	-	-
acetazolamide tab	-	-
ACTOPLUS MET TAB	-	-
ACTOPLUS MET XR TAB	ST	Step Therapy requires trial of metformin or metformin ER
ACTOS TAB	-	-
ADALAT CC TAB	-	-
ADLYXIN INJ	QL RDX ST	QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, and RYBELSUS; Diagnosis Restricted? Type 2 Diabetes

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
ADMELOG INJ, HUMALOG INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
ADVAIR DISKUS INHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
ADVAIR HFA INHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela
ADVICOR TAB 1000-20MG	QL	QL= 2 tabs/day
ADVICOR TAB 500-20MG, 1000-40MG	QL	QL= 1 tab/day
ADVICOR TAB 750-20MG	QL	QL= 2 tabs/day
AFREZZA INH POWDER	QL ST	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AFREZZA INH POWDER	QL ST	QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AFREZZA INH POWDER	QL ST	QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AGRYLIN CAP	-	-
AIRDUO POWDER INHALER W/SENSOR	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
AIRDUO RESPICLICK	QL ST	QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
AIRSUPRA AER 90-80MCG	QL ST	QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar
albuterol HFA inhaler	QL	QL= 2 inhalers/30 days
albuterol neb soln	-	-
ALBUTEROL NEBULIZER SOLN	-	-
albuterol sulfate syrup	-	-
albuterol sulfate tab	-	-
albuterol/ipratropium neb soln	-	-
ALDACTAZIDE TAB	-	-
ALDACTAZIDE TAB 50-50MG	-	-
ALDACTONE TAB	-	-
aliskiren tab	ST	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
ALLERGY TRAY	-	-
ALOGLIPTIN TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN TAB, NESINA TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/METFORMIN TAB	QL ST	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALTACE CAP	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
ALTOPREV TAB	QL	QL= 1 tab/day
ALVESCO INHALER	QL ST	QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
AMARYL TAB	-	-
amiloride tab	-	-
AMILORIDE/HCTZ TAB	-	-
amiloride/hydrochlorothiazide tab	-	-
amitriptyline tab	-	-
amlodipine tab	-	-
amlodipine/atorvastatin tab	QL ST	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
amlodipine/benazepril cap	-	-
amlodipine/olmesartan tab	-	-
amlodipine/valsartan tab	-	-
amlodipine/valsartan/hydrochlorothiazide tab	QL ST	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxapine tab	QL	QL= 4 tabs/day
ANAFRANIL CAP	-	-
anagrelide cap	-	-
ANORO ELLIPTA INHALER	QL	QL= 60gm/30 days
ANTARA CAP	QL ST	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	-	-
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL ST	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 ST	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
APIDRA INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
APIDRA SOLOSTAR INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
APLENZIN TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
ARCAPTA NEOHALER	ST	Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER
arformoterol tartrate neb soln	QL ST	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
aripiprazole ODT	QL	QL= 2 tabs/day
aripiprazole soln	QL	QL= 30 ml/day
aripiprazole tab	-	-
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ARMONAIR DIGITAL INHALER 55MCG/ACT	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ARNUIITY ELLIPTA INHALER	QL	QL= 1 inhaler/30 days

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
asenapine maleate SL tab	QL ST	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASMANEX HFA INHALER	QL	QL= 1 inhaler/30 days
ASMANEX INHALER	QL	QL= 1 inhaler/30 days
aspirin/dipyridamole cap	-	-
ASPRUZYO SPRINKLE GRANULES	QL ST	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
ATACAND HCT TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATACAND TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
atenolol tab	-	-
atenolol/chlorthalidone tab	-	-
ATORVALIQ SUSP	QL ST	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab
atorvastatin tab	QL	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 10mg	QL	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 20mg	QL	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 40mg	QL	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay
ATROVENT HFA INHALER	QL	QL= 25.8gm/30 days
AUVELITY TAB	QL ST	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
AVALIDE TAB	-	-
AVANDIA TAB	ST	Step Therapy requires trial of metformin or metformin ER
AVAPRO TAB	-	-
AZOR TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
BASAGLAR INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
BASAGLAR KWIKPEN	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
B-D INSULIN SYRINGE	OTC	-
B-D INSULIN SYRINGE	-	-
BD NEEDLES	OTC	-
B-D PEN NEEDLE	OTC	-
benazepril tab	-	-
benazepril/hydrochlorothiazide tab	-	-
BENICAR HCT TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan
BENICAR TAB	-	-
BETAPACE AF TAB	-	-
BETAPACE TAB	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
betaxolol tab	-	-
BEVESPI AEROSPHERE INHALER	QL ST	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEVYXXA CAP	PA QL	QL= 43 caps/42 days
BEXAGLIFLOZN TAB	QL ST	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
BIDIL TAB	QL	QL= 6 tabs/day
bisoprolol tab	-	-
bisoprolol/hydrochlorothiazide tab	-	-
BREO ELLIPTA INHALER	QL	QL= 1 inhaler/30 days
BREZTRI AEROSPHERE INHALER	QL	QL= 1 inhaler/30 days
BRILINTA TAB	QL	QL= 2 tabs/day
BROVANA NEB SOLN	QL ST	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
budesonide inh susp	QL	QL= 120 units/30 days
budesonide/formoterol inhaler	QL ST	QL= 10.2gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
budesonide/formoterol inhaler	QL ST	QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
bumetanide tab	-	-
BUMEX TAB	-	-
bupropion ER tab	-	-
bupropion tab	-	-
bupropion XL tab	-	-
BYDUREON BCISE AUTO INJ	QL RDX ST	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 RDX ST	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 RDX ST	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 RDX ST	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 ST	QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol
BYSTOLIC TAB 20MG	QL ST	QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap
BYVALSON TAB	-	-
CADUET TAB	QL ST	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
CALAN SR TAB	-	-
CALIBRATION LIQUID	OTC	-
candesartan tab	ST	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
candesartan/hydrochlorothiazide tab	ST	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
CAPLYTA CAP	QL ST	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
captopril tab	ST	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
captopril/hydrochlorothiazide tab	-	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	ST	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
CARDIZEM CD CAP	-	-
CARDIZEM LA TAB	-	-
CARDIZEM TAB	-	-
CARDURA TAB	-	-
CAROSPIR SUSP	QL ST	QL= 600ml/30 days; ST req trial of furosemide oral soln
carvedilol phosphate ER cap	-	-
carvedilol tab	-	-
CATAPRES-TTS PATCH	-	-
CELEXA TAB	-	-
CEQR SIMPLICITY 2U	QL	QL= 10 patches/30 days
CEQR SIMPLICITY INSERTER	QL	QL= 1 inserter/lifetime
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	-
chlorothiazide tab	-	-
chlorthalidone tab	-	-
cholestyramine lite powder	-	-
cholestyramine lite powder pack	-	-
cholestyramine powder	-	-
cholestyramine powder pack	-	-
cilostazol tab	-	-
CITALOPRAM CAP	QL ST	QL= 1 cap/day; Step therapy requires trial of citalopram tab
citalopram soln	-	-
citalopram tab	-	-
clomipramine cap	-	-
clonidine patch	-	-
clonidine tab	-	-
clopidogrel tab 300mg	QL	QL= 4 tabs/30 days
clopidogrel tab 75mg	-	-
CLOZAPINE ODT	QL	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL	QL= 3 tabs/day
CLOZAPINE ODT, FAZACLO ODT	QL	QL= 3 tabs/day
clozapine tab	QL	QL= 3 tabs/day
CLOZARIL TAB	QL	QL= 3 tabs/day
colesevelam pack	ST	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
colesevelam tab	-	-
COLESTID GRANULE	-	-
COLESTID POWDER PACK	-	-
COLESTID TAB	-	-
colestipol granule	-	-
colestipol powder packet	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
colestipol tab	-	-
COMBIVENT RESPIMAT INHALER	QL	QL= 2 inhalers/30 days
CONJUPRI TAB, LEVAMLODIPINE TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine
CONTOUR BLOOD GLUCOSE TEST STRIP	QL	QL= 300 strips/30 days
CONTOUR TEST STRIP	OTC QL	QL= 300 test strips/30 days
COREG CR CAP	-	-
COREG TAB	-	-
CORGARD TAB	-	-
CORLANOR SOLN	PA	-
CORLANOR TAB	PA QL	QL= 60 tabs/30 days
COUMADIN TAB	-	-
COZAAR TAB	-	-
CRESTOR TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
cromolyn neb soln	-	-
CUE HEALTH MIS MONITOR	QL	QL= 1 kit/year
CYCLOSET TAB	ST	Step Therapy requires trial of metformin or metformin ER
CYMBALTA CAP 20MG	QL	QL= 6 caps/day
CYMBALTA CAP 30MG	QL	QL= 4 caps/day
CYMBALTA CAP 60MG	QL	QL= 2 caps/day
dabigatran etexilate mesylate cap	QL	QL= 2 caps/day
DALIRESP TAB	PA QL	QL= 1 tab/day
DAPAGLIF PRO TAB 10MG	QL ST	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
DAPAGLIF PRO TAB 5MG	QL ST	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
DAPAGLIF-MET TAB 10-1000	QL ST	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
DAPAGLIF-MET TAB 5-1000MG	QL ST	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfqn and Toujeo
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfqn and Toujeo
DEGLUDEC INJ 100 UNIT	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfqn and Toujeo
desipramine tab	-	-
desvenlafaxine ER tab	QL	QL= 1 tab/day
DESVENLAFAXINE ER TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
DEXCOM G6 RECEIVER	QL ST	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL ST	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL ST	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL ST	QL= 1 receiver/year; Step therapy requires trial of one insulin product

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
DEXCOM G7 SENSOR	QL ST	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DIABETIC PUMP	-	-
digoxin soln	-	-
digoxin tab	-	-
digoxin tab 62.5mcg	QL	QL= 1 tab/day
DILACOR XR CAP	-	-
diltiazem ER cap	-	-
diltiazem ER tab	-	-
diltiazem tab	-	-
DIOVAN HCT TAB	-	-
DIOVAN TAB	-	-
dipyridamole tab	-	-
DIURIL SUSP	-	-
doxazosin tab	-	-
doxepin cap	QL	QL= 2 tabs/day
doxepin conc	-	-
DRIZALMA DR CAP	-	-
DUAKLIR INHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
DUETACT TAB	ST	Step Therapy requires trial of metformin or metformin ER
DULERA INHALER	QL	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL	QL= 2 caps/day
duloxetine EC cap 20mg	QL	QL= 6 caps/day
duloxetine EC cap 30mg	QL	QL= 4 caps/day
duloxetine EC cap 60mg	QL	QL= 2 caps/day
DURLAZA CAP	-	-
DUTOPROL TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DYRENIUM CAP	ST	Step Therapy requires trial of amiloride or spironolactone
EDARBI TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDARBYCLOR TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDECIN TAB	-	-
EFFEXOR XR CAP	-	-
EFFIENT TAB	QL	QL= 1 tab/day
ELIQUIS STARTER PACK 5MG	QL	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL	QL= 74 tabs/30 days
ELIXOPHYLLIN ELIXIR	-	-
EMSAM PATCH	-	-
enalapril maleate oral soln	QL ST	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
enalapril tab	-	-
enalapril/hydrochlorothiazide tab	-	-
ENTRESTO CAP	QL	QL= 8 caps/day
ENTRESTO TAB	QL	QL= 2 tabs/day
EPANED SOLN	QL ST	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
eplerenone tab	-	-
EQUAPAX PAK	-	-
EQUETRO CAP	-	-
escitalopram soln	-	-
escitalopram tab	-	-
ethacrynic tab	-	-
EXFORGE HCT TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab
EXFORGE TAB	-	-
EZALLOR SPRINKLE CAP	QL ST	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
ezetimibe tab	QL	QL= 1 tab/day
EZETIMIBE/ATORVASTATIN TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
ezetimibe/simvastatin tab	QL	QL= 1 tab/day
FARXIGA TAB	QL	QL= 1 tab/day
FAZACLO ODT 12.5MG, 25MG, 100MG	QL	QL= 3 tabs/day
felodipine ER tab	-	-
FENOFIBRATE CAP	QL ST	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 cap 43mg, 130mg	-	-
fenofibrate cap 67mg, 134mg, 200mg	-	-
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	-
FENOFIBRATE MICRO CAP 90MG	QL ST	QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)
fenofibrate tab 40mg, 120mg	-	-
fenofibrate tab 48mg, 54mg, 145mg, 160mg	-	-
fenofibric acid DR cap	-	-
FENOFIBRIC TAB, FIBRICOR TAB	-	-
FENOGLIDE TAB	-	-
FETZIMA CAP	QL ST	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL ST	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FIASP FLEXTOUCH INJ	QL	QL= 60 units/30 days
FIASP INJ	QL	QL= 60 units/30 days
FIASP PENFILL INJ	QL	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL	QL= 60 units/30 days
FLOLIPID SUSP	QL ST	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
fluoxetine cap	-	-
fluoxetine cap 90mg	QL	QL= 4 caps/28 days
fluoxetine soln	-	-
FLUOXETINE TAB	-	-
fluoxetine tab 10mg, 20mg	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
FLUOXETINE TAB 60MG	ST	Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap
FLUTICASONE DISKUS INHALER	QL	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 110MCG	QL	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 220MCG	QL	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 44MCG	QL	QL= 2 inhalers/30 days
FLUTICASONE/SALMETEROL INHALER	QL	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhaler	QL	QL= 1 inhaler/30 days
FLUTICASONE/VILANTEROL INHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
FLUTICASONE-SALMETEROL INHALER	QL	QL= 1 inhaler/30 days
fluvastatin cap	QL ST	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 ST	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	QL= 2 caps/day
fluvoxamine tab	-	-
FORFIVO XL TAB	ST	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
formoterol fumarate neb soln	QL ST	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
FORTAMET TAB	-	-
fosinopril tab	-	-
fosinopril/hydrochlorothiazide tab	-	-
FREE LIBRE 3-PLUS SENSOR	QL ST	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE INSULINX TEST STRIP	OTC QL	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL ST	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL ST	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2-PLUS SENSOR	QL ST	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL ST	QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL ST	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL ST	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL ST	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LITE TEST STRIP	OTC QL	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	OTC QL	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	OTC QL	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL	QL= 300 strips/30 days
furosemide soln	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
furosemide tab	-	-
gemfibrozil tab	-	-
GEODON CAP	QL	QL= 2 caps/day
glimepiride tab	-	-
GLIMEPIRIDE TAB	QL ST	QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab
glipizide ER tab	-	-
glipizide tab	-	-
GLIPIZIDE TAB	QL ST	QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide
glipizide/metformin tab	-	-
GLUCAGEN INJ	-	-
GLUCAGON DIAGNOSTIC INJ	-	-
GLUCOPHAGE TAB	-	-
GLUCOPHAGE XR TAB	-	-
GLUCOTROL TAB	-	-
GLUCOTROL XL TAB	-	-
GLUCOVANCE TAB	-	-
GLUMETZA TAB 1000MG	ST	Step Therapy requires trial of metformin or metformin ER
GLUMETZA TAB 500MG	ST	Step Therapy requires trial of metformin or metformin ER
GLYBURID MCR TAB	-	-
glyburide tab	-	-
glyburide/metformin tab	-	-
GLYNASE TAB	-	-
GLYXAMBI TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
guanfacine IR tab	-	-
GUARDIAN 4 MIS SENSOR	PA QL	QL= 5 sensors/30 days
GUARDIAN 4 TRANSMITTER	PA QL	QL= 1 transmitter/year
HEMANGEOL SOLN	-	-
HUMALOG INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG KWIKPEN INJ	QL ST	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG KWIKPEN INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG PEN INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL ST	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMULIN MIX INJ	OTC QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	OTC QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	OTC QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	OTC QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	OTC QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL	QL= 40ml/30 days
HUMULIN R U-500 KWIKPEN INJ	QL	QL= 24ml/30 days

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
hydralazine tab	-	-
hydrochlorothiazide cap	-	-
hydrochlorothiazide tab	-	-
HYPODERMIC NEEDLES	OTC	-
HYPODERMIC NEEDLES	OTC	-
HYZAAR TAB	-	-
icosapent ethyl cap 0.5gm	QL	QL= 2 caps/day
icosapent ethyl cap 1gm	QL	QL= 4 caps/day
imipramine pamoate cap	-	-
imipramine tab	-	-
INCRUSE ELLIPTA INHALER	QL	QL= 30 units/30 days
indapamide tab	-	-
INDERAL LA CAP	-	-
INDERAL XL CAP, INNOPRAN XL CAP	-	-
INSPRA TAB	-	-
INSULIN ASPART FLEXPEN INJ	QL	QL= 60 units/30 days
INSULIN ASPART INJ	QL	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL	QL= 60 units/30 days
INSULIN GLARGINE INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL)	QL	QL= 18ml/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL)	QL	QL= 18ml/30 days
INSULIN GLARGINE-YFGN (SINGLE PEN)	QL	QL= 60ml/30 days
INSULIN LISP INJ 100/ML	QL	QL= 60 units/30 days
INVOKAMET TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
ipratropium neb soln	-	-
irbesartan tab	-	-
irbesartan/hydrochlorothiazide tab	-	-
isosorbide dinitrate-hydralazine hcl tab	QL	QL= 6 tabs/day
isradipine cap	-	-
ivabradine hcl tab	PA QL	QL= 60 tabs/30 days
JANUMET TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUMET XR TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUVIA TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JARDIANCE TAB	QL	QL= 1 tab/day
JENTADUETO TAB	QL	QL= 2 tabs/day

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
JENTADUETO XR TAB	QL	QL= 2 tabs/day
KAPSPARGO CAP	-	-
KATERZIA SUSP	ST	Step Therapy requires trial of amlodipine
KERLONE TAB	-	-
KOMBIGLYZE XR TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
labetalol tab	-	-
LABETALOL TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR
LANCET DEVICE	OTC	-
LANCET KIT	OTC	-
LANCET MISC	OTC	-
LANCETS	OTC	-
LANOXIN INJ 0.1MG/ML	-	-
LANOXIN TAB	-	-
LANOXIN TAB 62.5MCG	QL	QL= 1 tab/day
LANTUS INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LANTUS SOLOSTAR INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LASIX TAB	-	-
LATUDA TAB	QL	QL= 1 tab/day
LESCOL XL TAB	QL ST	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 HFA INHALER	QL ST	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
levalbuterol neb soln	-	-
LEVEMIR FLEXTOUCH INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LEVEMIR INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LEXAPRO TAB	-	-
LIPITOR TAB	QL	QL= 1 tab/day
liraglutide soln pen-injector	QL RDX	QL= 9ml/30 days; Diagnosis Restricted ? Type 2 Diabetes (E11)
lisinopril tab	-	-
lisinopril/hydrochlorothiazide tab	-	-
LIVALO TAB	QL ST	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
LOPID TAB	-	-
LOPRESSOR TAB	-	-
losartan tab	-	-
losartan/hydrochlorothiazide tab	-	-
LOTENSIN HCT TAB	-	-
LOTENSIN TAB	-	-
LOTREL CAP	-	-
lovastatin tab	QL	QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
LOVAZA CAP	QL	QL= 4 caps/day

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
loxapine cap	-	-
lurasidone hcl tab	QL	QL= 1 tab/day
LYBALVI TAB	QL ST	QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone
LYUMJEV INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN	QL ST	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN INJ	QL ST	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL ST	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
MAPROTILINE TAB	-	-
MARPLAN TAB	ST	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
MAVIK TAB	-	-
MAXZIDE TAB	-	-
metformin ER tab	-	-
metformin soln	-	-
metformin tab	-	-
METFORMIN TAB	QL ST	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER
methazolamide tab	ST	Step Therapy requires trial of acetazolamide
METHYCLOTHIAZIDE TAB	-	-
methyldopa tab	-	-
methyldopa/hydrochlorothiazide tab	-	-
metolazone tab	-	-
metoprolol ER tab	-	-
metoprolol tab	-	-
metoprolol/hydrochlorothiazide tab	-	-
MICARDIS HCT TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
MICARDIS TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
miglitol tab	-	-
MINIPRESS CAP	-	-
minoxidil tab	-	-
mirtazapine ODT	-	-
mirtazapine tab	-	-
moexipril tab	-	-
montelukast chew tab	-	-
montelukast granule pack	-	-
montelukast tab	-	-
MOUNJARO INJ	QL RDX ST	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)
nadolol tab	-	-
NARDIL TAB 15MG	QL	QL= 4 tabs/day
nateglinide tab	-	-
nebivolol hcl tab	QL	QL= 1 tab/day
NEFAZODONE TAB	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
nefazodone tab 50mg, 250mg	-	-
NEPTAZANE TAB	-	-
NEXICLON XR TAB	QL	QL= 3 tabs/day
NEXLETOL TAB	PA QL	QL= 1 tab/day
NEXLIZET TAB	PA QL	QL= 1 tab/day
niacin ER tab	QL	QL= 2 tabs/day
NIACOR TAB	-	-
NIASPAN ER TAB	-	-
nicardipine cap	-	-
nifedipine cap	-	-
nifedipine ER tab	-	-
nimodipine cap	-	-
nisoldipine ER tab	-	-
NISOLDIPINE ER TAB 25.5MG	-	-
NON-PREFERRED CGM MONITOR SUPPLIES	PA	-
NON-PREFERRED CGM MONITOR SUPPLIES KIT	PA	-
NON-PREFERRED CGM RECEIVER	PA	-
NON-PREFERRED CGM SENSOR	PA	-
NON-PREFERRED CGM TRANSMITTER	PA	-
NORLIQVA ORAL SOLN	QL	QL= 300ml/30 days
NORPRAMIN TAB	-	-
nortriptyline cap	-	-
nortriptyline oral soln	-	-
NORVASC TAB	-	-
NOVOFINE PEN NEEDLE	OTC	-
NOVOLIN 70/30 FLEXPEN INJ	QL	QL= 60 units/30 days
NOVOLIN 70/30 FLEXPEN INJ	OTC QL	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL	QL= 60 units/30 days
NOVOLIN N INJ	QL	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL	QL= 60 units/30 days
NOVOLIN R INJ	QL	QL= 60 units/30 days
NOVOLIN RELION INJ 70/30	QL	QL= 60 units/30 days
NOVOLIN VIAL	QL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL	QL= 60 units/30 days
NOVOLOG INJ	QL	QL= 60 units/30 days
NOVOLOG MIX FLEXPEN INJ	QL	QL= 60 units/30 days
NOVOLOG MIX INJ	QL	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL	QL= 60 units/30 days
NOVOTWIST PEN NEEDLE	OTC	-
NYMALIZE SOLN	-	-
olanzapine ODT	QL	QL= 1 tab/day
olanzapine tab	-	-
olanzapine/fluoxetine cap	QL	QL= 1 cap/day
olmesartan tab	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
olmesartan/amlodipine/hydrochlorothiazide tab	QL	QL= 30 tabs/30 days
olmesartan/hydrochlorothiazide tab	-	-
omega-3-acid ethyl esters cap	QL	QL= 4 caps/day
OMNIPOD 5 G6 INTRO KIT	QL	QL= 1 kit/year
OMNIPOD 5 G6 KIT	QL	QL= 1 kit/year
OMNIPOD 5 G6 MIS PODS	QL	QL= 15 pods/30 days
OMNIPOD 5 G6 PODS MISC	QL	QL= 15 pods/30 days
OMNIPOD 5 G7 KIT INTRO	QL	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL	QL= 15 pods/30 days
OMNIPOD 5 PACK PODS	QL	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL	QL= 1 kit/year
OMNIPOD DASH PODS	QL	QL= 15 pods/30 days
OMNIPOD GO KIT 10 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD GO KIT 15 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD GO KIT 20 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD GO KIT 25 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD GO KIT 30 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD GO KIT 35 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD GO KIT 40 UNITS/DAY	QL	QL= 10 pods/30 days
OMNIPOD STARTER KIT	QL	QL= 1 kit/year
ONGLYZA TAB	QL ST	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentaduetto
OPIPZA FILM	QL ST	QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPIPZA FILM 10MG	QL ST	QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OZEMPIC INJ	QL RDX	QL= 3ml/28 days; Diagnosis Restricted ? Type 2 Diabetes (E11)
OZEMPIC INJ	QL RDX	QL= 3ml/28 days; Diagnosis Restricted ? Type 2 Diabetes (E11)
PAMELOR CAP	-	-
PARNATE TAB	-	-
paroxetine ER tab	-	-
paroxetine oral susp	QL ST	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
paroxetine tab	-	-
PAXIL CR TAB	-	-
PAXIL ORAL SUSP	QL ST	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PAXIL TAB	-	-
pentoxifylline ER tab	-	-
PERFOROMIST NEB SOLN	QL ST	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
perindopril tab	-	-
PERPHENAZINE/ AMITRIPTYLINE TAB	-	-
PEXEVA TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PHENELZINE SULFATE TAB	QL	QL= 4 tabs/day
phenelzine tab	-	-
pindolol tab	-	-
pioglitazone tab	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
pioglitazone/glimepiride tab	ST	Step Therapy requires trial of metformin or metformin ER
pioglitazone/metformin tab	-	-
pitavastatin calcium tab	QL ST	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
PLAVIX TAB 300MG	QL	QL= 4 tabs/30 days
PLAVIX TAB 75MG	-	-
PRADAXA CAP 75MG, 150MG	QL ST	QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto
PRADAXA PELLET PACK	QL	QL= 2 packets/day
PRALUENT INJ	PA QL	QL= 2 inj/28 days
PRANDIMET TAB	-	-
prasugrel tab	QL	QL= 1 tab/day
pravastatin tab	QL	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
prazosin cap	-	-
PRECISION XTRA TEST STRIP	OTC QL	QL= 300 test strips/30 days
PRECOSE TAB	-	-
PRESTALIA TAB	ST	Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor
PRINIVIL TAB, ZESTRIL TAB	-	-
PRISTIQ TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL ST	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROAIR RESPICLICK INHALER	ST	Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler
propranolol ER cap	-	-
propranolol oral soln	-	-
PROPRANOLOL SOLN	-	-
propranolol tab	-	-
protriptyline tab	-	-
PROVENTIL AERO HFA	QL ST	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL ST	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROZAC CAP	-	-
PROZAC WEEKLY CAP	-	-
PULMICORT FLEXHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML	QL	QL= 120 units/30 days
PULMICORT INH SUSP 1MG/2ML	QL	QL= 60 units/30 days
PUMP SUPPLIES	-	-
QBRELIS SOLN	-	-
QTERN TAB	-	-
QUESTRAN LITE POWDER	-	-
QUESTRAN POWDER	-	-
QUESTRAN POWDER PACK	-	-
quetiapine tab	QL	QL= 3 tabs/day
QUETIAPINE TAB 150MG	QL ST	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
quetiapine XR tab	QL	QL= 1 tab/day
quinapril tab	-	-
QUINAPRIL/HCTZ TAB	-	-
quinapril/hydrochlorothiazide tab	-	-
QVAR REDHALER	QL	QL= 21.2gm/30 days
ramipril cap	-	-
RANEXA TAB	QL	QL= 120 tabs/30 days
ranolazine tab	QL	QL= 120 tabs/30 days
REMERON SOLUTAB	-	-
REMERON TAB	-	-
repaglinide tab	-	-
REPAGLINIDE TAB	-	-
REPATHA INJ	PA QL	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	PA QL	QL= 1 inj/28 days
REXULTI TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
REZVOGLAR INJ	QL ST	QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
RIOMET SOLN	-	-
roflumilast tab	PA QL	QL= 1 tab/day
rosuvastatin tab	QL	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
ROSZET TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe
ROSZET TAB	QL ST	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
RYBELSUS TAB	QL RDX	QL= 1 tab/day; Diagnosis Restricted ? Type 2 Diabetes (E11)
SAFETY SYRINGE	-	-
SAPHRIS SL TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
saxagliptin hcl tab	QL ST	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL ST	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
SECUADO PATCH	QL ST	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEGLUROMET TAB	QL ST	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv)	QL	QL= 60ml/30 days
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv)	QL	QL= 60ml/30 days
SEREVENT DISKUS INHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi
SEROQUEL TAB	QL	QL= 3 tabs/day
SEROQUEL XR TAB	QL	QL= 1 tab/day
SERTRALINE CAP	QL ST	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
sertraline conc	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
sertraline tab	-	-
SIMCOR TAB	QL	QL= 1 tab/day
SIMVASTATIN SUSP	QL ST	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
simvastatin tab 80mg	PA QL	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
SINGULAIR CHEW TAB	-	-
SINGULAIR GRANULE PACK	-	-
SINGULAIR TAB	-	-
SITAGLIPTIN/METFORMIN TAB	QL	QL= 2 tabs/day
SOAANZ TAB	QL ST	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL ST	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOLIQUA INJ	QL ST	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS
sotalol AF tab	-	-
sotalol tab	-	-
SOTYLIZE SOLN	-	-
SPIRIVA HANDIHALER	QL	QL= 1 cap/day; For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL ST	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	QL= 1 inhaler/30 days
spironolactone susp	QL ST	QL= 600ml/30 days; ST req trial of furosemide oral soln
spironolactone tab	-	-
spironolactone/hydrochlorothiazide tab	-	-
STEGLATRO TAB	QL ST	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	ST	Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
STIOLTO INHALER	QL	QL= 1 inhaler/30 days
STRIVERDI RESPIMAT INHALER	QL	QL= 1 inhaler/30 days
SULAR TAB	-	-
SURMONTIL CAP	ST	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
SYMBICORT INHALER	QL ST	QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
SYMBYAX CAP	QL	QL= 1 cap/day
SYMLINPEN INJ 120	QL ST	QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL ST	QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYNJARDY TAB	QL	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL	QL= 1 tab/day

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL	QL= 2 tabs/day
SYRINGE LUER-LOK	OTC	-
TARKA TAB	-	-
TB SYRINGE	OTC	-
TEKTURNA HCT TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TEKTURNA TAB	ST	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
telmisartan tab	-	-
TELMISARTAN/AMLODIPINE TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan
telmisartan/amlodipine tab	ST	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab	ST	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 40-12.5MG	ST	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 80-25MG	ST	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
TENORETIC TAB	-	-
TENORMIN TAB	-	-
terazosin cap	-	-
terbutaline sulfate tab	-	-
THALITONE TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THEO-24 CAP	-	-
theophylline CR tab	-	-
theophylline ER tab	-	-
theophylline soln	-	-
THEOPHYLLINE TAB ER	QL	QL= 1 tab/day
TIAZAC CAP	-	-
timolol maleate tab	-	-
tiotropium bromide cap inhaler	QL	QL= 1 cap/day; For use with Handihaler device
TOFRANIL TAB	-	-
tolazamide tab	-	-
TOLBUTAMIDE TAB	-	-
TOPROL XL TAB	-	-
toremide tab	-	-
TOUJEO MAX SOLOSTAR INJ	QL	QL= 18ml/30 days
TOUJEO SOLOSTAR INJ	QL	QL= 18ml/30 days
TRADJENTA TAB	QL	QL= 1 tab/day
trandolapril tab	-	-
trandolapril/verapamil ER tab	-	-
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	-
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	-
tranylcypromine tab	-	-
trazodone tab 50mg, 100mg, 150mg	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
TRELEGY ELLIPTA INHALER	QL	QL= 1 inhaler/30 days
TRESIBA FLEXTOUCH INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
TRESIBA INJ	QL ST	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
triamterene cap	ST	Step Therapy requires trial of amiloride or spironolactone
triamterene/hydrochlorothiazide cap	-	-
triamterene/hydrochlorothiazide tab	-	-
TRIBENZOR TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TRICOR TAB	-	-
TRIGLIDE TAB	-	-
TRIJARDY XR TAB 10-5-1000MG	QL ST	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 ST	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 25-5-1000MG	QL ST	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 5-2.5-1000MG	QL ST	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRILIPIX CAP	-	-
trimipramine cap	ST	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRINTELLIX TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRULICITY INJ	QL RDX	QL= 2ml/28 days; Diagnosis Restricted ? Type 2 Diabetes (E11)
TUDORZA PRESSAIR INHALER	QL ST	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler
TWYNSTA TAB	ST	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
VALSARTAN SOLN	QL	QL= 2400ml/30 days
valsartan tab	-	-
valsartan/hydrochlorothiazide tab	-	-
VASCEPA CAP 0.5GM	QL	QL= 2 caps/day
VASCEPA CAP 1GM	QL	QL= 4 caps/day
VASERETIC TAB	-	-
VASOTEC TAB	-	-
venlafaxine ER cap	-	-
venlafaxine ER tab	-	-
venlafaxine tab	-	-
VENLAFAXINE TAB	QL ST	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VENTOLIN HFA INHALER	QL ST	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
VERAPAMIL CAP ER	-	-
verapamil SR cap	ST	Step Therapy requires trial of verapamil ER tab (generic Calan)
verapamil SR tab	-	-
verapamil tab	-	-
VERELAN CAP	-	-
VERSACLOZ SUSP	-	-

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
V-GO INJ KIT	QL	QL= 1 kit/day
VICTOZA INJ	QL RDX	QL= 9ml/30 days; Diagnosis Restricted ? Type 2 Diabetes (E11)
VIIBRYD STARTER KIT	ST	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
VIIBRYD TAB	QL ST	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 ST	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VRAYLAR CAP	QL ST	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VRAYLAR PACK	QL ST	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VYTORIN TAB	QL	QL= 1 tab/day
warfarin tab	-	-
WELCHOL PACK	-	-
WELCHOL TAB	-	-
WELLBUTRIN SR TAB	-	-
WELLBUTRIN TAB	-	-
WELLBUTRIN XL TAB	-	-
XARELTO STARTER PACK 15MG/20MG	QL	QL= 1 pack/30 days
XARELTO SUSP	QL	QL= 10ml/day
XARELTO TAB 10MG	QL	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL	QL= 60 tabs/30 days
XARELTO TAB 2.5MG	QL	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL	QL= 30 tabs/30 days
XIGDUO XR TAB	QL	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG	QL	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL	QL= 1 tab/day
XOPENEX NEB SOLN	-	-
XULTOPHY INJ	QL ST	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, OZEMPIC INJ, or RYBELSUS
YOSPRALA TAB	OTC	-
YOSPRALA TAB	-	-
YUPELRI SOLN	QL ST	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler
zafirlukast tab	-	-
ZESTORETIC TAB	-	-
ZETIA TAB	QL	QL= 1 tab/day
ZIAC TAB	-	-
zileuton ER tab	QL	QL= 2 tabs/day
ziprasidone cap	QL	QL= 2 caps/day
ZITUVIMET XR TAB	QL ST	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto
ZITUVIO TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ZOCOR TAB 5MG, 10MG, 20MG, 40MG	QL	QL= 1 tab/day

Drug Name	Special Drug Code	Quantity Limits / Step Therapy**
ZOCOR TAB 80MG	PA QL	QL= 1 tab/day
ZOLOFT CONC	-	-
ZOLOFT TAB	-	-
ZONTIVITY TAB	ST	Step Therapy requires trial of clopidogrel
ZURZUVAE CAP 20MG	PA QL	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 25MG	PA QL	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 30MG	PA QL	QL= 14 caps/14 days, 1 fill/365 days
ZYFLO CR TAB	QL	QL= 2 tabs/day
ZYFLO TAB	QL	QL= 4 tabs/day
ZYPITAMAG TAB	QL ST	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ZYPREXA TAB	-	-
ZYPREXA ZYDIS TAB	QL	QL= 1 tab/day