



Northwest Prescription Drug Consortium
Integrating Solutions for Best Value

NW Prescription Drug Consortium

Prescription drug list

An evidence-based pharmacy program that works for you

For medications not listed, Moda Health provides an online drug price check tool for members. You can access this resource by logging in to your myModa account at modahealth.com and choosing the Pharmacy tab.

What is the Moda Health Preferred Drug Program?

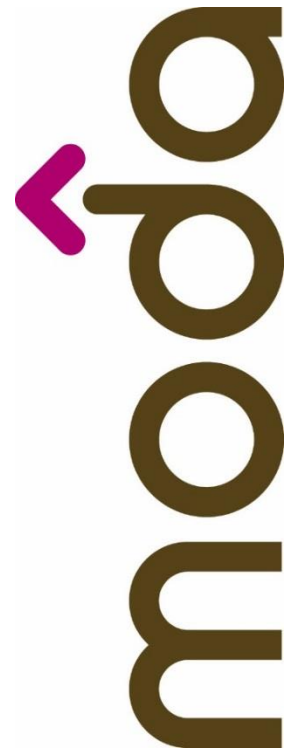
The Moda Health Preferred Drug Program is a pharmacy program that offers a choice of medications that are safe and effective treatments. The program provides value to Moda Health members by saving them money on prescription medications.

How does the program work?

This program uses a tiered copay/coinsurance system. Members and their doctors can choose between the value tier, select tier, and preferred tier. Each tier has a different copay/coinsurance amount and what you pay depends on your plan. Refer to your Member Handbook or call Moda Health for plan details or specific medication tier information.

Who makes decisions about medications on the prescription drug list?

The list is developed and maintained by a group of doctors and pharmacists called the Pharmacy and Therapeutics Committee. These doctors and pharmacists are not employed by Moda, but may see patients who have Moda coverage. The Committee makes decisions based on information about a medication's safety, effectiveness and associated clinical outcomes.



How to read your prescription drug list

Refer to the chart below for a list of prescription medications covered by Moda Health. Medications that are new to the market are subject to a review period. Please contact us if you are taking a medication that is new to the market.

Some medications have special requirements that could affect your prescription. More information about the restrictions can be found after the prescription drug list is below.

Drug Tier Key	
<i>Bold Italic Font</i>	Brand name medications
Regular Font	Generic medications
V	Value tier – Value medications include commonly prescribed medications used to treat chronic medical conditions and preserve health. If your benefit does not include a preferred tier, medications under this tier will be paid at the select or brand tier copay/coinsurance level.
S	Select tier – Generic medications are considered by physicians and pharmacists to be therapeutically the same as brand name alternatives and more cost-effective. Generic medications must contain the same active ingredient as their brand name counterparts and be identical in strength, dosage and formulation.
P	Preferred tier – The preferred tier includes brand and specialty brand name medications that have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same category. This tier may also include generic medications that have been found to have the same clinical outcomes as their more cost-effective generic counterparts in the same category. If your benefit does not include a preferred tier, medications under this tier will be paid at the select or brand tier copay/coinsurance level.
NP	Non-preferred tier – This tier includes brand and specialty brand name medications that have been reviewed by Moda Health and found not to have a significant therapeutic advantage over their preferred tier counterparts.
Restrictions Key	
ACA	Preventative care – These medications are covered under the Affordable Care Act and considered preventative medications. They may be covered at no cost to you. Certain restrictions may apply.
CH	Chemotherapy medications – Medications indicated as cancer chemotherapy medications may be covered at a lower cost. Refer to your Member Handbook or call Moda Health for plan details or specific medication coverage information.
SP	Specialty medications – Certain prescription medications are defined as specialty products. Specialty medications are often used to treat complex chronic health conditions. Specialty treatments often require special handling techniques, careful administration and a unique ordering process. You must access specialty medications through the exclusive specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Ardon Health Specialty Pharmacy, call toll-free at 855-425-4085.
PA	Prior authorization required – Your healthcare provider must work directly with Moda Health to obtain approval before we can process payment for a specific medication.
QL	Quantity limits – Some medications have limits to how much you can get per prescription or refill.
ST	Step therapy required – You must try one or more “first line” medications before you can get this step therapy medication.
A	Age limits – Some medications are limited to certain ages based on FDA recommendation or plan benefit limitations.

This list of medication authorizations changes periodically. To learn about a medication's prior effective date, request authorization or see if your medication needs it, please contact our Pharmacy Customer Service team.

Prescription Drug List

Drug Name	Dosage	Drug Tier	Restrictions
12 Hour Decongestant	Tablet Er	S	QL
12 Hour Nasal Decongestant	Tablet Er	S	QL
1st Tier Unifine Pentips	Dis Needle	P	
1st Tier Unifine Pentips Plus	Dis Needle	P	
1st Tier Unilet Comfortouch	Each	NP	
2tek	Each	P	
2tek	Kit	NP	
Abacavir	Solution	S	
Abacavir	Tablet	S	
Abacavir-Lamivudine	Tablet	S	
Abacavir-Lamivudine-Zidovudine	Tablet	S	
Abilify	Tablet	NP	
Abilify Maintena	Suser Syr	P	SP
Abilify Maintena	Suser Vial	P	SP
Abilify Mycite	Tab Senspt	NP	SP
Abilify Mycite	Tabsensstr	NP	SP, QL, ST
Abilify Mycite	Tabsenstpd	NP	SP, QL, ST
Abiraterone Acetate	Tablet		CH, SP, PA
Abiraterone Acetate (500 Mg)	Tablet		CH, SP, PA, QL
Absorica	Capsule	NP	QL, ST
Absorica LD	Capsule	NP	QL, ST
Abstral	Tab Subl	NP	PA, QL
Abstral (200mcg)	Tab Subl	NP	PA
Acam2000	Vial		ACA
Acamprosate Calcium	Tablet Dr	S	
Acanya	Gel W/Pump	NP	ST
Acarbose	Tablet	S	QL
Accolate	Tablet	NP	
Accu-Chek	Each	NP	
Accu-Chek	Kit	NP	
Accu-Chek (Lancets)	Each	NP	
Accu-Chek (Meter)	Kit	NP	PA
Accu-Chek Aviva Connect	Each	NP	PA
Accu-Chek Aviva Plus	Each	NP	PA
Accu-Chek Aviva Plus	Strip	NP	PA, QL
Accu-Chek Compact Plus Control	Each	NP	
Accu-Chek Compact Plus Strips	Strip	NP	PA, QL
Accu-Chek Fastclix Lancet Drum	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Accu-Chek Fastclix Lancing Dev	Kit	NP	
Accu-Chek Guide Control Soln	Each	NP	
Accu-Chek Guide Monitor System	Each	NP	PA
Accu-Chek Guide Test Strip	Strip	NP	PA, QL
Accu-Chek Nano Smartview	Each	NP	PA
Accu-Chek Safe-T-Pro	Each	NP	
Accu-Chek Safe-T-Pro Plus	Each	NP	
Accu-Chek Smartview	Each	NP	
Accu-Chek Smartview	Strip	NP	PA, QL
Accu-Chek Softclix	Each	NP	
Accu-Chek Softclix	Kit	NP	
Accu-Chek Spirit	Each	NP	
Accupril	Tablet	NP	
Accuretic	Tablet	NP	
Accutrend Glucose	Each	NP	
Accutrend Glucose	Strip	NP	PA, QL
Acd-A	Solution	NP	
Ace Aerosol Cloud Enhancer	Spacer	P	
Acebutolol Hcl	Capsule	S	
Acetamin-Caff-Dihydrocodeine	Capsule	P	QL
Acetamin-Caff-Dihydrocodeine	Tablet	S	
Acetaminophen-Codeine	Solution	S	QL
Acetaminophen-Codeine	Tablet	S	QL
Acetazolamide	Capsule	S	
Acetazolamide	Capsule Er	P	
Acetazolamide	Tablet	S	
Acetic Acid	Irrig Soln	S	
Acetic Acid	Solution	S	
Acetic Acid-Aluminum	Drops	S	
Acetylcysteine	Vial	S	
Aciphex	Tablet Dr	NP	QL, A
Acitretin	Capsule	P	
Acitretin (17.5 Mg)	Capsule	P	ST
Aclaro	Emulsn(G)	NP	
Actemra	Pen Injctr	NP	SP, PA, QL
Actemra	Syringe	NP	SP, PA, QL
Acthib	Vial		ACA
Acticlate	Tablet	NP	
Acticoat	Bandage	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Acticoat 7	Bandage	NP	
Acticoat Flex 3	Bandage	NP	
Acticoat Flex 7	Bandage	NP	
Acticoat Surgical	Bandage	NP	
Actigall	Capsule	NP	
Acti-Lance	Each	NP	
Actimmune	Vial	P	SP, PA
Actinel	Solution	S	QL
Actinel Pediatric	Liquid	S	QL
Actiq	Lozenge Hd	NP	PA, QL
Actiq (1200mcg)	Lozenge Hd	NP	PA
Activella	Tablet	NP	
Actonel	Tablet	NP	
Actonel (150 Mg)	Tablet	NP	ST
Actoplus Met	Tablet	NP	QL
Actoplus Met Xr	Tbmp 24hr	NP	QL, ST
Actos	Tablet	NP	QL
Acular	Drops	NP	
Acular Ls	Drops	NP	
Acuvail	Droperette	NP	
Acyclovir	Capsule	S	
Acyclovir	Cream (G)	P	
Acyclovir	Oint. (G)	P	
Acyclovir	Oral Susp	S	
Acyclovir	Tablet	S	
Aczone	Gel (Gram)	NP	
Aczone	Gel W/Pump	NP	ST
Adacel Tdap	Syringe		ACA
Adacel Tdap	Vial		ACA
Adalat Cc	Tablet Er	NP	
Adapalene	Cream (G)	S	
Adapalene	Gel (Gram)	S	
Adapalene	Gel W/Pump	S	
Adapalene	Lotion	P	
Adapalene	Med. Swab	P	ST
Adapalene	Solution	NP	ST, A
Adapalene-Benzoyl Peroxide	Gel W/Pump	S	
Adcirca	Tablet	NP	QL
Adderall	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Adderall Xr	Cap Er 24h	NP	QL
Addyi	Tablet	P	PA, QL
Adefovir Dipivoxil	Tablet	P	SP
Adempas	Tablet	NP	SP, PA
Adhansia XR	CPBP 20-80	NP	QL, ST
Adjustable Lancing Device	Each	NP	
Adlyxin	Pen Injctr	NP	QL, ST
Admelog	Vial	NP	PA, QL
Admelog Solostar	Insulin Pen	NP	PA, QL
Adrenalin Chloride	Solution	NP	
Adriamycin	Vial		CH
Adult Aspirin	Tablet Dr	S	ACA, A
Adult Aspirin Regimen	Tablet Dr	S	ACA, A
Adult Low Dose Aspirin Ec	Tablet Dr	S	ACA, A
Adult Nasal Decongestant	Liquid	S	QL
Advair Diskus	Blst W/Dev	NP	QL
Advair Hfa	Hfa Aer Ad	P	QL
Advance Plus Intermittent	Combo. Pkg	NP	
Advance Plus Intermittent	Each	NP	
Advanced Glucose Meter	Each	NP	PA
Advanced Glucose Test Strip	Strip	NP	PA, QL
Advanced Glucose Test Strips	Strip	NP	PA, QL
Advanced Lancing Device	Kit	NP	
Advanced Travel Lancets	Each	NP	
Advate	Vial	P	SP, PA
Advil Cold & Sinus	Capsule	P	QL
Advil Cold & Sinus	Tablet	S	QL
Advocate Blood Glucose Monitor	Each	NP	PA
Advocate Control Solution	Each	NP	
Advocate Duo	Each	NP	
Advocate Duo	Kit	NP	
Advocate Lancet	Each	NP	
Advocate Lancets	Each	NP	
Advocate Lancing Device	Each	NP	
Advocate Pen Needle	Dis Needle	P	
Advocate Pen Needles	Dis Needle	P	
Advocate Rapid-Safe	Each	P	
Advocate Redi-Code	Each	NP	PA
Advocate Redi-Code	Kit	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
<i>Advocate Redi-Code</i>	<i>Strip</i>	NP	PA, QL
<i>Advocate Redi-Code Duo</i>	<i>Each</i>	P	
<i>Advocate Redi-Code Plus</i>	<i>Each</i>	NP	PA
<i>Advocate Redi-Code+</i>	<i>Strip</i>	NP	PA, QL
<i>Advocate Redi-Code+ Ctrl Soln</i>	<i>Each</i>	P	
<i>Advocate Syringes</i>	<i>Disp Syrin</i>	P	
<i>Advocate Test Strip</i>	<i>Strip</i>	NP	PA, QL
<i>Adynovate</i>	<i>Vial</i>	P	SP, PA
<i>Adzenys Er</i>	<i>Sus Bp 24h</i>	NP	QL, ST
<i>Adzenys Xr-Odt</i>	<i>Tab Rap Bp</i>	NP	A
<i>Aerobika</i>	<i>Each</i>	P	
<i>Aerochamber Mini</i>	<i>Spacer</i>	P	
<i>Aerochamber Mv</i>	<i>Spacer</i>	P	
<i>Aerochamber Plus Flow-Vu</i>	<i>Spacer</i>	P	
<i>Aerochamber Plus Z Stat</i>	<i>Spacer</i>	P	
<i>Aerochamber With Flowsignal</i>	<i>Spacer</i>	P	
<i>Aerochamber Z-Stat Plus</i>	<i>Spacer</i>	P	
<i>Aeroclipse</i>	<i>Each</i>	NP	
<i>Aerogear Asthma Action Kit</i>	<i>Kit</i>	NP	
<i>Aeroneb Go</i>	<i>Each</i>	NP	
<i>Aeroneb Go Nebulizer</i>	<i>Each</i>	NP	
<i>Aerospan</i>	<i>Hfa Aer Ad</i>	NP	QL
<i>Aerotrach Plus</i>	<i>Spacer</i>	P	
<i>Aerovent Plus</i>	<i>Spacer</i>	P	
Afeditab Cr	Tablet Er	S	
<i>Afinitor</i>	<i>Tablet</i>		CH, SP, PA
<i>Afinitor Disperz</i>	<i>Tab Susp</i>		CH, SP, PA
<i>Afluria Quad 2020-2021</i>	<i>Vial</i>		ACA
<i>Afluria Quad 2020-21 (3yr Up)</i>	<i>Syringe</i>		ACA
<i>Afluria Quad 2020-21 (6-35mo)</i>	<i>Syringe</i>		ACA
<i>Afrezza</i>	<i>Cart Inhal</i>	NP	PA, QL
<i>Afstyla</i>	<i>Vial</i>	P	SP, PA
Aftera	Tablet		ACA
<i>Agamatrix Amp</i>	<i>Each</i>	NP	PA
<i>Agamatrix Amp</i>	<i>Strip</i>	NP	PA, QL
<i>Agamatrix Control</i>	<i>Each</i>	NP	
<i>Agamatrix Presto</i>	<i>Strip</i>	NP	PA, QL
<i>Aggrenox</i>	<i>Cmp 12hr</i>	NP	
<i>Agoneaze</i>	<i>Kit</i>	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Agrylin	Capsule	NP	
Aimovig Autoinjector	Auto Injct	NP	SP, PA, QL
Air Filter	Each	NP	
Airduo Digihaler	Aer Pw Bas	NP	QL
Airduo Respiclick	Aer Pow Ba	NP	QL, ST
Airs Disposable Nebulizer	Each	NP	
Ajovy Autoinjector	Auto Injct	P	SP, PA, QL
Ajovy Syringe	Syringe	P	SP, PA, QL
Aklief	Cream (G)	NP	QL, ST
Ak-Poly-Bac	Oint. (G)	S	
Akten	Gel (Ml)	NP	
Aktipak	Gel (Ea)	NP	
Akynzeo	Capsule	NP	ST
Ala-Cort	Cream (G)	S	
Ala-Scalp	Lotion	P	ST
Alavert	Tab Er 12h	S	QL
Albendazole	Tablet	S	QL
Albenza	Tablet	NP	QL
Albuterol Sulfate	Solution	S	
Albuterol Sulfate	Syrup	S	
Albuterol Sulfate	Tab Er 12h	S	
Albuterol Sulfate	Tablet	S	
Albuterol Sulfate	Vial-Neb	S	
Albuterol Sulfate Hfa	Hfa Aer Ad	S	QL
Alclometasone Dipropionate	Cream (G)	P	ST
Alclometasone Dipropionate	Oint. (G)	P	ST
Alcortin A	Gel (Gram)	NP	
Aldactazide	Tablet	NP	
Aldactone	Tablet	NP	
Aldara	Cream Pack	NP	
Alecensa	Capsule	P	SP, PA, QL
Alendronate Sodium	Solution	S	
Alendronate Sodium	Tablet	V	
Alfuzosin Hcl Er	Tab Er 24h	S	
Alinia	Susp Recon	NP	
Alinia	Tablet	NP	
Aliskiren	Tablet	P	ST
Alkaline Batteries	Each	P	
Alkeran	Tablet		CH, SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
All Day Allergy-D	Tab Er 12h	S	QL
All Flow 1000	Each	NP	
All Flow 3000 Kit	Each	NP	
All Flow 3000 Pft	Each	NP	
All Flow 4000	Each	NP	
All Flow 5000	Each	NP	
All Flow 6000	Each	NP	
Allegra-D 12 Hour	Tab Er 12h	P	QL
Allegra-D 24 Hour	Tab Er 24h	P	QL
Allerclear D-12hr	Tab Er 12h	S	QL
Allerclear D-24hr	Tab Er 24h	S	QL
Allergist Syringe	Disp Syrin	NP	
Allergist Syringe Tray	Tray	NP	
Allergist Syringe With Needle	Disp Syrin	NP	
Allergist Tray	Disp Syrin	NP	
Allergist Tray	Tray	NP	
Allergist Tray Syr-Detach Ndl	Tray	NP	
Allergist Tray Syr-Perm Needle	Tray	NP	
Allergy Complete-D	Tab Er 12h	S	QL
Allergy D-12	Tab Er 12h	S	QL
Allergy Relief D	Tab Er 12h	S	QL
Allergy Relief D-24hr	Tab Er 24h	S	QL
Allergy Relief-D	Tab Er 12h	S	QL
Allergy Relief-D12	Tab Er 12h	S	QL
Allergy Relief-Nasal Decongest	Tab Er 24h	S	QL
Allergy Syringe	Disp Syrin	NP	
Allergy+Congestion Relief-D	Tab Er 12h	S	QL
Allergy-Congestion 12hr	Tab Er 12h	S	QL
Allergy-Congestion Relief	Tab Er 24h	S	QL
Allergy-Congestion Relief 12hr	Tab Er 12h	S	QL
Allergy-Congestion Relief-D	Tab Er 12h	S	QL
Allergy-Congestion Relief-D	Tab Er 24h	S	QL
Aller-Tec D	Tab Er 12h	S	QL
Allevyn	Bandage	NP	
Allevyn Adhesive	Bandage	NP	
Allevyn Ag	Bandage	NP	
Allevyn Ag Adhesive	Bandage	NP	
Allevyn Ag Gentle	Bandage	NP	
Allevyn Heel	Bandage	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Allevyn Life	Bandage	NP	
Allopurinol	Tablet	S	
Allzital	Tablet	NP	QL
Almotriptan Malate (12.5 Mg)	Tablet	P	QL, ST
Almotriptan Malate (6.25 Mg)	Tablet	P	QL
Alocril	Drops	P	
Alogliptin	Tablet	S	QL, ST
Alogliptin-Metformin	Tablet	S	QL, ST
Alogliptin-Pioglitazone	Tablet	S	QL, ST
Alomide	Drops	NP	
Aloquin	Gel (Gram)	NP	
Alora	Patch Tdsw	P	
Alosetron Hcl	Tablet	S	
Alphagan P (0.10%)	Drops	P	
Alphagan P (0.15%)	Drops	NP	
Alphanate	Vial	P	SP, PA
Alphanine Sd	Vial	P	SP, PA
Alphaquin Hp	Cream (G)	S	
Alprazolam	Tablet	S	
Alprazolam Er	Tab Er 24h	S	
Alprazolam Intensol	Oral Conc	NP	
Alprazolam Odt	Tab Rapdis	P	
Alprazolam Xr	Tab Er 24h	S	
Alprolix	Vial	P	SP, PA
Alrex	Drops Susp	P	
Altabax	Oint. (G)	NP	
Altacaine	Drops	S	
Altace	Capsule	NP	
Altavera	Tablet		ACA
Altera Nebulizer	Each	NP	
Alternate Site Lancets	Each	NP	
Alternate Site Lancing Device	Each	NP	
Altoprev	Tab Er 24h	NP	
Altreno	Lotion	NP	ST
Alunbrig	Tab Ds Pk		CH, SP, PA, QL
Alunbrig	Tablet		CH, SP, PA, QL
Alunbrig (30 Mg)	Tablet	NP	SP, PA, QL
Alvesco	Hfa Aer Ad	NP	QL
Alyacen	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Alyq	Tablet	S	PA, QL
Amabelz	Tablet	S	
Amantadine	Capsule	S	
Amantadine	Solution	S	
Amantadine	Tablet	S	
Amaryl	Tablet	NP	
Ambien	Tablet	NP	QL
Ambien Cr	Tab Mphase	NP	QL
Ambrisentan	Tablet	P	SP, PA
Amcinonide	Cream (G)	P	ST
Amerge	Tablet	NP	QL
Amethia	Tbdspk 3mo		ACA, QL
Amethia Lo	Tbdspk 3mo		ACA, QL
Amethyst	Tablet		ACA
Amicar	Solution	NP	
Amicar	Tablet	NP	
Amielle Vaginal Trainer	Kit	NP	
Amiloride Hcl	Tablet	S	
Amiloride-Hydrochlorothiazide	Tablet	S	
Aminoacetic Acid	Irrig Soln	NP	
Aminocaproic Acid	Solution	S	
Aminocaproic Acid	Tablet	S	
Amiodarone Hcl	Tablet	S	
Amitiza	Capsule	NP	QL, ST
Amitriptyline Hcl	Tablet	S	
Amlodipine Besylate	Tablet	V	
Amlodipine Besylate-Benazepril	Capsule	S	
Amlodipine-Atorvastatin	Tablet	P	QL
Amlodipine-Olmesartan	Tablet	S	
Amlodipine-Valsartan	Tablet	S	
Amlodipine-Valsartan-Hctz	Tablet	S	
Ammonium Lactate	Cream (G)	S	
Ammonium Lactate	Lotion	S	
Amnesteem	Capsule	S	QL
Amoxapine	Tablet	S	
Amoxicillin	Capsule	S	
Amoxicillin	Susp Recon	S	
Amoxicillin	Tab Chew	S	
Amoxicillin	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Amoxicillin-Clavulanate Pot Er	Tab Er 12h	S	
Amoxicillin-Clavulanate Potass	Susp Recon	S	
Amoxicillin-Clavulanate Potass	Tab Chew	S	
Amoxicillin-Clavulanate Potass	Tablet	S	
Amphetamine	Sus Bp 24h	P	QL, ST
Amphetamine Sulfate (10 Mg)	Tablet	P	PA
Amphetamine Sulfate (5 Mg)	Tablet	P	
Ampicillin Trihydrate	Capsule	S	
Ampicillin Trihydrate	Susp Recon	S	
Ampyra	Tab Er 12h	NP	SP, PA
Amrix	Cap Er 24h	NP	QL, ST
Amvisc	Syringe	NP	SP, PA
Amvisc Plus	Syringe	NP	SP, PA
Amyl Nitrite	Ampul	S	
Amzeeq	Foam	NP	QL, ST
Anacaine	Oint. (G)	NP	
Anadrol-50	Tablet	NP	PA
Anafranil	Capsule	NP	
Anagrelide Hcl	Capsule	S	
Ana-Lex	Kit	S	
Analpram E	Kt Crm Twl	NP	
Anaprox Ds	Tablet	NP	
Anaspaz	Tab Rapdis	NP	
Anastrozole	Tablet		ACA
Ancobon	Capsule	NP	
Androderm	Patch Td24	NP	PA, QL
Androgel	Gel Md Pmp	NP	QL
Androgel	Gel Packet	NP	QL
Androgel (50 Mg (1%))	Gel Packet	NP	
Android	Capsule	NP	PA
Androxy	Tablet	S	
Angeliq	Tablet	NP	
Animas Vibe	Each	P	
Annovera	Vag Ring		ACA, QL
Anodyne Lpt	Kit	S	
Anoro Ellipta	Blst W/Dev	P	QL
Antabuse	Tablet	NP	
Antara	Capsule	NP	
Anticoagulant Sodium Citrate	Solution	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Anucort-Hc	Supp.Rect	S	
Anusol-Hc	Crn/Pe App	NP	ST
Anusol-Hc	Supp.Rect	NP	
Anzemet	Tablet	P	QL, ST
Apadaz	Tablet	NP	QL
Apexicon E	Cream (G)	NP	
Apidra	Vial	P	PA, QL
Apidra Solostar	Insuln Pen	P	PA, QL
Aplenzin	Tab Er 24h	NP	ST
Apligraf	Disk	NP	
Apogee Hc Intermittent	Each	NP	
Apogee Ic Intermittent Cathetr	Each	NP	
Apokyn	Cartridge	P	SP, PA
Apraclonidine Hcl	Drops	P	
Aprepitant	Cap Ds Pk	S	ST
Aprepitant	Capsule	S	ST
Aprepitant (Ndc 00781-2322-46)	Capsule	P	ST
Aprepitant (Ndc 00781-4063-36)	Cap Ds Pk	P	ST
Apri	Tablet		ACA
Apriso	Cap Er 24h	NP	
Aprodine	Tablet	S	QL
Aptensio Xr	Csbp 40-60	NP	QL
Aptiom	Tablet	P	QL
Aptivus	Capsule	P	
Aptivus	Solution	P	
Aqua Care Sodium Chloride	Irrig Soln	S	
Aqua Care Sterile Water Irrig	Irrig Soln	S	
Aqua Glycolic Hc	Combo. Pkg	NP	
Aqua Lance Lancing Device	Each	NP	
Aranelle	Tablet		ACA
Aranesp	Syringe	P	SP, PA
Aranesp	Vial	P	SP, PA
Arava	Tablet	NP	
Arazlo	Lotion	NP	QL, ST
Arbinoxa	Tablet	S	A
Arcalyst	Vial	NP	SP, PA, QL
Arcapta Neohaler	Cap W/Dev	NP	ST
Arestin	Cartridge	NP	
Argyle	Each	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Aricept	Tablet	NP	
Arikayce	Vial-Neb	NP	SP, PA, QL
Arimidex	Tablet		CH
Aripiprazole	Solution	S	
Aripiprazole	Tablet	S	
Aripiprazole Odt	Tab Rapdis	S	
Aristada (441 Mg/1.6, 662 Mg/2.4, And 882 Mg/3.2)	Suser Syr	P	SP, QL
Aristada (675 Mg/2.4 And 1064 Mg/3.9)	Suser Syr	P	SP
Aristada Initio	Suser Syr	P	SP
Arixtra	Syringe	NP	
Armodafinil	Tablet	S	QL
Armodafinil (200 Mg)	Tablet	S	
Armonair Digihaler	Aer Pw Bas	NP	QL, ST
Armonair Respiclick	Aer Pow Ba	NP	QL
Arnuity Ellipta	Blst W/Dev	V	QL
Aromasin	Tablet		CH, QL
Arranon	Vial		CH
Arthrotec 50	Tab Ir Dr	NP	
Arthrotec 75	Tab Ir Dr	NP	
Artiss	Syringe	NP	
Arymo Er	Tab Po Er	NP	
Asacol Hd	Tablet Dr	NP	QL
Ascomp With Codeine	Capsule	S	QL
Asenapine Maleate	Tab Subl	S	QL
Ashlyna	Tbdspk 3mo		ACA, QL
Asmanex	Aer Pow Ba	NP	
Asmanex Hfa	Hfa Aer Ad	NP	QL
Aspir 81	Tablet Dr	S	ACA, A
Aspirin	Tab Chew	S	ACA, A
Aspirin	Tablet	S	ACA, A
Aspirin Ec	Tablet Dr	S	ACA, A
Aspirin-Caffeine-Dihydrocodein	Capsule	S	QL
Aspirin-Dipyridamole Er	Cmp 12hr	P	
Aspir-Low	Tablet Dr	S	ACA, A
Aspir-Trin	Tablet Dr	S	ACA, A
Assure 4	Combo. Pkg	P	
Assure 4	Strip	NP	PA, QL
Assure Dose	Each	P	
Assure Haemolance Plus	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Assure Id Insulin Safety	Disp Syrin	P	
Assure Id Pen Needle	Dis Needle	P	
Assure Lance	Each	NP	
Assure Lance Plus	Each	NP	
Assure Platinum	Each	NP	PA
Assure Platinum	Strip	NP	PA, QL
Assure Platinum Test Strip	Strip	NP	PA, QL
Assure Platinum Test Strip	Strip	NP	PA, QL
Assure Prism	Each	P	
Assure Prism Multi	Each	NP	PA
Assure Prism Multi	Strip	NP	PA, QL
Astagraf XI	Cap Er 24h	NP	
Astepro	Spray/Pump	NP	QL
Astero	Gel W/Pump	NP	
Asthmapack Children's	Kit	NP	
Astrazeneca Covid19 Vac(Unapp)	Vial		ACA
Astringyn	Soln(Gram)	NP	
At Home A1c	Each	P	
Atabex Ec	Tablet Dr	NP	
Atacand	Tablet	NP	ST
Atacand Hct	Tablet	NP	ST
Atazanavir Sulfate	Capsule	S	
Atelvia	Tablet Dr	NP	QL, ST
Atenolol	Tablet	V	
Atenolol-Chlorthalidone	Tablet	S	
Ativan	Tablet	NP	
Atomoxetine Hcl	Capsule	S	QL
Atopaderm	Cream (G)	NP	
Atopiclair	Cream (G)	NP	
Atorvastatin Calcium	Tablet	V	ACA, A
Atovaquone	Oral Susp	S	
Atovaquone-Proguanil Hcl	Tablet	S	
Atralin	Gel (Gram)	NP	ST
Atripla	Tablet	NP	
Atropine Sulfate	Drops	S	
Atropine Sulfate	Oint. (G)	S	
Atrovent Hfa	Hfa Aer Ad	P	
Aubagio	Tablet	NP	SP, PA, QL
Aubra	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Aubra Eq	Tablet		ACA
Augmentin	Susp Recon	NP	
Augmentin	Tablet	NP	
Augmentin (125-31.25/)	Susp Recon	P	
Augmentin Es-600	Susp Recon	NP	
Augmentin Xr	Tab Er 12h	NP	
Aurumheel	Drops	NP	
Auryxia	Tablet	NP	
Austedo	Tablet	NP	SP, PA, QL
Auto Injector	Each	P	
Autoject 2	Insuln Pen	P	
Auto-Lancet Mini	Each	NP	
Autolet Impression	Kit	NP	
Autolet Lancing Device	Each	NP	
Autolet Plus	Each	NP	
Autopen	Insuln Pen	P	
Autoshield Duo Pen Needle	Dis Needle	P	
Autoshield Pen Needle	Dis Needle	P	
Autosoft 30	Infus.Set	P	
Autosoft 90	Infus.Set	P	
Autosoft Xc	Infus.Set	P	
Auvi-Q	Auto Injct	NP	QL
Avage	Cream (G)	NP	ST
Avalide	Tablet	NP	
Avandia	Tablet	NP	PA
Avapro	Tablet	NP	
Avc	Cream/Appl	P	
Avelox	Tablet	NP	
Aviane	Tablet		ACA
Avidoxy	Tablet	NP	
Avidoxy Dk	Kit	NP	
Avita	Cream (G)	S	
Avita	Gel (Gram)	S	
Avitene	Powd Pack	NP	
Avitene	Powder	NP	
Avitene	Sheet	NP	
Avo Cream	Emulsn(G)	S	
Avodart	Capsule	NP	
Avonex	Kit	P	SP, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Avonex	Syringe	P	SP, QL
Avonex	Syringekit	P	SP, QL
Avonex Pen	Pen Ij Kit	P	SP, QL
Avonex Pen	Pen Injctr	P	SP, QL
Axert	Tablet	NP	QL, ST
Axiron	Sol Md Pmp	NP	PA
Aygestin	Tablet	NP	
Ayvakit	Tablet		CH, SP, PA, QL
Azasan	Tablet	NP	
Azasite	Drops	NP	
Azathioprine	Tablet	S	
Azelaic Acid	Gel (Gram)	P	
Azelastine Hcl	Spray/Pump	P	QL, ST
Azelex	Cream (G)	NP	
Azilect	Tablet	NP	
Azithromycin	Packet	S	
Azithromycin	Susp Recon	S	
Azithromycin	Tablet	S	
Azopt	Drops Susp	NP	
Azor	Tablet	NP	ST
Azulfidine	Tablet	NP	
Azulfidine	Tablet Dr	NP	
Azurette	Tablet		ACA
Baby Conversion Kit	Kit	NP	
Baby Conversion Pack 1	Each	NP	
Baby Conversion Pack 2	Each	NP	
Baby Nebulizer	Each	NP	
Bacitracin	Oint. (G)	S	
Bacitracin-Polymyxin	Oint. (G)	S	
Baclofen	Tablet	S	
Bactrim	Tablet	NP	
Bactrim Ds	Tablet	NP	
Bactroban	Cream (G)	NP	
Bactroban Nasal	Oint. (G)	NP	
Bafiertam	Capsule Dr	NP	SP, PA, QL
Balcoltra	Tablet	NP	QL
Balsalazide Disodium	Capsule	S	
Balversa	Tablet		CH, SP, PA, QL
Balziva	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Banzel	Tablet	NP	QL, ST
Baqsimi	Spray	P	
Baraclude	Solution	P	SP
Baraclude	Tablet	NP	SP
Basaglar Kwikpen U-100	Insulin Pen	P	QL, ST
Baxdela	Tablet	NP	QL
Bd Microtainer Lancets	Each	NP	
Bd Ultra-Fine	Each	NP	
Bd Ultra-Fine li	Each	NP	
Bd Veritor System Sars-Cov-2	Kit		ACA
Bebulin	Vial	P	SP, PA
Bekyree	Tablet		ACA
Belbuca	Film	NP	
Belladonna-Opium	Supp.Rect	S	
Belladonna-Phenobarbital	Elixir	P	
Belladonna-Phenobarbital	Tablet	S	
Belsomra	Tablet	NP	PA, QL
Benazepril Hcl	Tablet	S	
Benazepril-Hydrochlorothiazide	Tablet	S	
Benefix	Kit	P	SP, PA
Benefix	Vial	P	SP, PA
Benicar	Tablet	NP	
Benicar Hct	Tablet	NP	ST
Benlysta	Auto Injct	NP	SP, PA, QL
Benlysta	Syringe	NP	SP, PA, QL
Bentyl	Capsule	NP	
Benzaclin	Gel (Gram)	NP	
Benzaclin	Gel W/Pump	NP	
Benzamycin	Gel (Gram)	NP	
Benzepro	Foam	S	
Benzhydrocodone-Acetaminophen	Tablet	S	QL
Benznidazole	Tablet	S	QL
Benzodox 30	Kit Cl-Tab	NP	
Benzodox 60	Kit Cl-Tab	NP	
Benzonatate	Capsule	S	
Benzoyl Peroxide	Foam	S	
Benztropine Mesylate	Tablet	S	
Berinert	Kit	P	SP, PA
Berinert	Vial	P	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Beser	Lotion	NP	ST
Besivance	Drops Susp	NP	
Betadine	Solution	NP	
Betagan	Drops	NP	
Betamethasone Diprop Augmented	Cream (G)	S	
Betamethasone Diprop Augmented	Gel (Gram)	P	
Betamethasone Diprop Augmented	Lotion	S	
Betamethasone Diprop Augmented	Oint. (G)	S	
Betamethasone Dipropionate	Cream (G)	S	
Betamethasone Dipropionate	Lotion	S	
Betamethasone Dipropionate	Oint. (G)	S	
Betamethasone Valerate	Cream (G)	S	
Betamethasone Valerate	Foam	P	
Betamethasone Valerate	Lotion	S	
Betamethasone Valerate	Oint. (G)	S	
Betapace	Tablet	NP	
Betapace Af	Tablet	NP	
Betaseron	Kit	NP	SP, PA, QL
Betaseron	Vial	NP	SP, PA, QL
Betaxolol Hcl	Drops	S	
Betaxolol Hcl	Tablet	S	
Bethanechol Chloride	Tablet	S	
Bethkis	Ampul-Neb	NP	SP, PA, QL
Betimol	Drops	NP	
Betoptic S	Drops Susp	NP	
Bevespi Aerosphere	Hfa Aer Ad	NP	QL
Bevyxxa	Capsule	NP	PA
Bexarotene	Capsule		CH, SP, PA
Bexsero	Syringe		ACA
Beyaz	Tablet	NP	
Biafine	Emulsn(G)	NP	
Biaxin	Tablet	NP	
Bicalutamide	Tablet		CH
Bicnu	Vial		CH
Bidil	Tablet	NP	
Bijuva	Capsule	NP	
Biktarvy	Tablet	P	
Biltricide	Tablet	NP	
Bimatoprost	Drops	P	ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Binaxnow Covid-19 Ag Card	Kit		ACA
Binosto	Tablet Eff	NP	QL, ST
Bionel	Solution	S	QL
Bionel Pediatric	Liquid	S	QL
Biostep	Bandage	NP	
Biostep Ag	Bandage	NP	
Bisoprolol Fumarate	Tablet	S	
Bisoprolol-Hydrochlorothiazide	Tablet	V	
Blanche	Cream (G)	NP	
Bleo 15k	Vial		CH
Bleph-10	Drops	S	
Blephamide	Drops Susp	P	
Blephamide S.O.P.	Oint. (G)	P	
Blisovi 24 Fe	Tablet		ACA
Blisovi Fe	Tablet		ACA
Blood Glucose Control	Each	NP	
Blood Glucose Meter	Each	NP	PA
Blood Glucose Monitor	Each	NP	PA
Blood Glucose Monitor	Kit	NP	PA
Blood Glucose Monitoring	Each	NP	PA
Blood Glucose Monitoring	Kit	NP	PA
Blood Glucose Test Strip	Strip	NP	PA, QL
Blood Lancets	Each	NP	
Blood-Glucose Control	Each	NP	
Blood-Glucose Meter	Kit	NP	PA
Blunt Needle	Dis Needle	P	
Bocasal	Powd Pack	NP	
Boniva	Tablet	NP	QL
Boostrix Tdap	Syringe		ACA
Boostrix Tdap	Vial		ACA
Bosentan	Tablet	P	SP, PA
Bosulif	Tablet		CH, SP, PA, QL
Bosulif (400 Mg)	Tablet		CH, SP, QL
Bp Foam	Foam	S	
Bp-50% Urea	Emulsn(G)	S	
Braftovi	Capsule		CH, SP, QL
Breatherite	Spacer	P	
Breatherite Spacer-Adult Mask	Spacer	P	
Breatherite Spacer-Infant Mask	Spacer	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Breatherite Spacer-Large Mask	Spacer	P	
Breatherite Spacer-Lg Chld Msk	Spacer	P	
Breatherite Spacer-Medium Mask	Spacer	P	
Breatherite Spacer-Neonate Msk	Spacer	P	
Breatherite Spacer-Sm Chld Msk	Spacer	P	
Breatherite Spacer-Small Mask	Spacer	P	
Breathrite	Spacer	P	
Breeze 2	Each	NP	
Breeze 2	Strip	NP	PA, QL
Breo Ellipta	Blst W/Dev	P	QL
Brevibloc	Iv Soln	NP	SP, PA
Brevicon	Tablet		ACA
Breztri Aerosphere	Hfa Aer Ad	P	QL
Briellyn	Tablet		ACA
Brij L4	Liquid	NP	
Brilinta	Tablet	P	QL
Brimonidine Tartrate	Drops	P	ST
Brinzolamide	Drops Susp	P	QL, ST
Brisdelle	Capsule	NP	
Briviact	Solution	NP	QL
Briviact	Tablet	NP	QL
Bromfed Dm	Syrup	S	
Bromfenac Sodium	Drops	P	
Bromocriptine Mesylate	Capsule	S	
Bromocriptine Mesylate	Tablet	S	
Brompheniramine-Pseudoephed-Dm	Syrup	S	
Bromsite	Drops	NP	
Bronchitol	Cap W/Dev	NP	SP, PA, QL
Brotapp	Liquid	S	QL
Brovana	Vial-Neb	NP	QL, ST
Brukinsa	Capsule		CH, SP, PA, QL
Bryhali	Lotion	NP	ST
Bucalsep	Solution	NP	
Bucalsep	Spray	NP	
Budesonide	Ampul-Neb	S	
Budesonide Ec	Capdr - Er	S	
Budesonide Er	Tabdr - Er	P	
Budesonide-Formoterol Fumarate	Hfa Aer Ad	P	QL, ST
Buffered Lidocaine	Syringe	NP	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Bulk Syringe	Disp Syrin	NP	
Bullseye Mini Safety Lancets	Each	NP	
Bumetanide	Tablet	S	
Bunavail	Film	NP	
Bupap	Tablet	NP	QL
Buphenyl	Powder	NP	SP, PA
Buphenyl	Tablet	NP	SP, PA
Bupivacaine Hcl	Els Pmp Fr	P	SP, PA
Bupivacaine Hcl	Els Pmp Hr	P	SP, PA
Bupivacaine Hcl-0.9% Nacl	Els Pmp Fr	P	SP, PA
Bupivacaine Hcl-0.9% Nacl	Plast. Bag	P	SP, PA
Bupivacaine Hcl-0.9% Nacl	Pump Resvr	P	SP, PA
Bupivacaine Hcl-0.9% Nacl	Syringe	P	SP, PA
Buprenorphine	Patch Tdwk	S	
Buprenorphine Hcl	Tab Subl	S	
Buprenorphine-Naloxone	Film	S	
Buprenorphine-Naloxone	Tab Subl	S	
Bupropion Hcl	Tablet	S	
Bupropion Hcl Sr	Tab Er 12h	S	
Bupropion Hcl Sr (Zyban)	Tab Er 12h		ACA
Bupropion XI	Tab Er 24h	S	QL
Bupropion XI (450 Mg)	Tab Er 24h	P	QL, ST
Buspirone Hcl	Tablet	S	
Busulfex	Vial		CH
Butalb-Acetaminoph-Caff-Codein	Capsule	S	QL
Butalb-Caff-Acetaminoph-Codein	Capsule	S	QL
Butalbital Compound-Codeine	Capsule	S	QL
Butalbital-Acetaminophen	Capsule	P	QL
Butalbital-Acetaminophen	Tablet	S	QL
Butalbital-Acetaminophen (25mg-325mg)	Tablet	P	QL, ST
Butalbital-Acetaminophen (50 Mg-300 Mg)	Tablet	P	QL
Butalbital-Acetaminophen-Caffe	Capsule	S	QL
Butalbital-Acetaminophen-Caffe	Tablet	S	QL
Butalbital-Aspirin-Caffeine	Capsule	S	QL
Butalbital-Aspirin-Caffeine	Tablet	S	QL
Butisol Sodium	Tablet	NP	
Butorphanol Tartrate	Spray	S	QL
Butrans	Patch Tdwk	NP	
Butylated Hydroxytoluene(Bht)	Powder	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Bydureon	Vial	NP	QL, ST
Bydureon Bcise	Auto Injct	NP	QL, ST
Bydureon Pen	Pen Injctr	NP	QL, ST
Byetta	Pen Injctr	NP	QL, ST
Bynfezia	Pen Injctr	NP	SP, PA
Bystolic	Tablet	NP	QL
Bystolic (10 Mg)	Tablet	NP	
Byvalson	Tablet	NP	QL
Cabergoline	Tablet	S	QL
Cablivi	Kit	NP	SP, PA, QL
Cablivi	Vial	NP	SP, PA, QL
Cabometyx	Tablet		CH, SP, PA, QL
Caduet	Tablet	NP	QL
Cafergot	Tablet	NP	
Caffeine Citrate	Solution	S	
Calan	Tablet	NP	
Calan Sr	Tablet Er	NP	
Calcipotriene	Cream (G)	S	
Calcipotriene	Foam	P	QL, ST
Calcipotriene	Oint. (G)	S	
Calcipotriene	Solution	S	
Calcipotriene-Betamethasone	Suspension	P	QL, ST
Calcipotriene-Betamethasone Dp	Oint. (G)	P	
Calcitonin-Salmon	Spray/Pump	S	
Calcitonin-Salmon	Vial	P	
Calcitrene	Oint. (G)	S	
Calcitriol	Capsule	S	
Calcitriol	Oint. (G)	P	
Calcitriol	Solution	S	
Calcium Acetate	Capsule	S	
Calcium Acetate	Tablet	S	
Calquence	Capsule	P	SP, PA, QL
Cambia	Powd Pack	NP	
Camila	Tablet		ACA
Camrese	Tbdspk 3mo		ACA, QL
Camrese Lo	Tbdspk 3mo		ACA, QL
Canasa	Supp.Rect	NP	
Candesartan Cilexetil	Tablet	S	ST
Candesartan-Hydrochlorothiazid	Tablet	S	ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Cantharis Compositum	Drops	NP	
Capacet	Capsule	S	QL
Capecitabine	Tablet		CH, SP
Capex Shampoo	Shampoo	NP	
Capital W-Codeine	Oral Susp	P	QL
Caplyta	Capsule	NP	QL, ST
Capmist Dm	Tablet	P	QL
Caprelsa	Tablet		CH, SP, PA, QL
Captopril	Tablet	P	ST
Captopril-Hydrochlorothiazide	Tablet	P	ST
Carac	Cream (G)	NP	
Carafate	Oral Susp	P	
Carafate	Tablet	NP	
Carbaglu	Tab Disper	P	SP, PA
Carbamazepine	Oral Susp	S	
Carbamazepine	Tab Chew	S	
Carbamazepine	Tablet	S	
Carbamazepine Er	Cpmp 12hr	S	
Carbamazepine Er	Tab Er 12h	S	
Carbatrol	Cpmp 12hr	NP	
Carbidopa	Tablet	S	
Carbidopa-Levodopa	Tab Rapdis	S	
Carbidopa-Levodopa	Tablet	S	
Carbidopa-Levodopa Er	Tablet Er	S	
Carbidopa-Levodopa-Entacapone	Tablet	P	
Carbinoxamine Maleate	Liquid	S	A
Carbinoxamine Maleate	Tablet	S	A
Cardioplegia Del Nido Formula	Plst Bg Pf	S	
Cardioplegia Ind 8:1 Non-Enrch	Plst Bg Pf	S	
Cardioplegia Induction 4:1	Plst Bg Pf	S	
Cardioplegia Induction 8:1	Plst Bg Pf	S	
Cardioplegia Maintenance 4:1	Plst Bg Pf	S	
Cardioplegia Maintenance 8:1	Plst Bg Pf	S	
Cardioplegia Reperfusate 4:1	Plst Bg Pf	S	
Cardioplegic	Plst Bg Pf	S	
Cardizem	Tablet	NP	
Cardizem Cd	Cap Er 24h	NP	
Cardizem La	Tab Er 24h	NP	
Cardura	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Cardura Xl	Tab Er 24	NP	
Carefine Pen Needle	Dis Needle	P	
Carelance Ult Lancing Device	Each	NP	
Careone (Lancets)	Each	NP	
Careone (Lancing Device)	Each	NP	
Carepoint Luer Slip Syringe	Disp Syrin	NP	
Caresens (Control)	Each	NP	
Caresens (Lancets)	Each	NP	
Caresens N	Each	NP	PA
Caresens N	Kit	NP	PA
Caresens N	Strip	NP	PA, QL
Caresens N Voice	Each	NP	PA
Caresens N Voice	Kit	NP	PA
Caresens Prem Lancing Device	Each	NP	
Caretouch Alcohol Prep Pad	Med. Pad	NP	
Caretouch Glucose Monitoring	Kit	NP	
Caretouch Insulin Syringe	Disp Syrin	P	
Caretouch Lancing Device	Each	NP	
Caretouch Pen Needle	Dis Needle	P	
Caretouch Test Strip	Strip	NP	PA, QL
Caretouch Twist Lancet	Each	NP	
Carisoprodol	Tablet	P	ST
Carisoprodol Compound	Tablet	S	
Carisoprodol Compound-Codeine	Tablet	S	
Carisoprodol-Aspirin	Tablet	S	
Carisoprodol-Aspirin-Codeine	Tablet	S	
Carnitor	Solution	NP	
Carnitor Sf	Solution	NP	
Carospir	Oral Susp	NP	
Carrasyn Hydrogel Wound	Gel (Gram)	P	
Carteolol Hcl	Drops	S	
Cartia Xt	Cap Er 24h	S	
Carticel	Vial	NP	
Cartridge Stamped	Cartridge	P	
Carvedilol	Tablet	V	
Carvedilol Er	Cpmp 24hr	P	QL, ST
Casodex	Tablet		CH
Catapres	Tablet	NP	
Catapres-Tts 1	Patch Tdwk	NP	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Catapres-Tts 2	Patch Tdwk	NP	QL
Catapres-Tts 3	Patch Tdwk	NP	QL
Caverject	Kit	NP	PA, QL
Caverject	Syringe	NP	PA, QL
Caverject	Vial	NP	PA, QL
Caya Contoured	Diaphragm	P	
Cayston	Vial-Neb	P	SP, PA, QL
Caziant	Tablet		ACA
C-Clarifying Serum	Liquid	NP	
Cedax	Capsule	NP	
Cedax	Susp Recon	NP	
Cefaclor	Capsule	S	
Cefaclor	Susp Recon	S	
Cefaclor Er	Tab Er 12h	S	
Cefadroxil	Capsule	S	
Cefadroxil	Susp Recon	S	
Cefadroxil	Tablet	S	
Cefaly	Combo. Pkg	P	
Cefdinir	Capsule	S	
Cefdinir	Susp Recon	S	
Cefditoren Pivoxil	Tablet	S	
Cefixime	Capsule	S	
Cefixime	Susp Recon	S	
Cefpodoxime Proxetil	Susp Recon	S	
Cefpodoxime Proxetil	Tablet	S	
Cefprozil	Susp Recon	S	
Cefprozil	Tablet	S	
Ceftibuten	Capsule	S	
Ceftibuten	Susp Recon	S	
Ceftin	Susp Recon	P	
Cefuroxime	Tablet	S	
Celebrex	Capsule	NP	QL
Celecoxib	Capsule	S	QL
Celixa	Tablet	NP	
Cellcept	Capsule	NP	
Cellcept	Susp Recon	NP	
Cellcept	Tablet	NP	
Celontin	Capsule	NP	
Cem-Urea	Gel/Pf App	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
<i>Centany</i>	<i>Oint. (G)</i>	NP	
Centergy	Drops	S	
Centergy Dm	Drops	S	
Cephalexin	Capsule	S	
Cephalexin	Susp Recon	S	
Cephalexin	Tablet	S	
<i>Cequa</i>	<i>Droperette</i>	NP	
<i>Cerdelga</i>	<i>Capsule</i>	P	SP, PA, QL
<i>Cervidil</i>	<i>Insert Er</i>	NP	
<i>Cesamet</i>	<i>Capsule</i>	NP	QL, ST
<i>Cetacaine</i>	<i>Spray</i>	NP	
<i>Cetacaine Anesthetic</i>	<i>Liquid</i>	NP	
Cetiri-D	Tab Er 12h	S	QL
Cetirizine Hcl	Solution	S	
Cetirizine-Pseudoephedrine Er	Tab Er 12h	S	QL
<i>Cetraxal</i>	<i>Droperette</i>	NP	
<i>Cetylev</i>	<i>Tablet Eff</i>	P	
Cevimeline Hcl	Capsule	S	
<i>Chantix</i>	<i>Tab Ds Pk</i>		ACA, QL
<i>Chantix</i>	<i>Tablet</i>		ACA, QL
Chateal	Tablet		ACA
Chateal Eq	Tablet		ACA
<i>Chemet</i>	<i>Capsule</i>	NP	
<i>Chemstrip</i>	<i>Strip</i>	NP	
<i>Chemstrip Bg Diary</i>	<i>Each</i>	P	
<i>Chenodal</i>	<i>Tablet</i>	P	SP, PA
Cheratussin Ac	Liquid	S	QL, A
Children's Aspirin	Tab Chew	S	ACA, A
Children's Silfedrine	Liquid	S	QL
<i>Children's Sudafed</i>	<i>Liquid</i>	NP	QL
Children's Vitamin D3	Tab Chew	S	ACA, A
Chlordiazepoxide Hcl	Capsule	S	
Chlordiazepoxide-Amitriptyline	Tablet	S	
Chlordiazepoxide-Clidinium	Capsule	S	
Chlorhexidine Gluconate	Mouthwash	S	
Chloroquine Phosphate	Tablet	S	
Chlorothiazide	Tablet	S	
Chlorpromazine Hcl	Tablet	S	
Chlorpropamide	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Chlorthalidone	Tablet	V	
Chlorzoxazone (250 Mg)	Tablet	P	
Chlorzoxazone (375 Mg And 750 Mg)	Tablet	P	ST
Chlorzoxazone (500 Mg)	Tablet	S	
Choicedm Clarus	Each	NP	PA
Choicedm Clarus Control Soln	Each	NP	
Choicedm Clarus Test Strips	Strip	NP	PA, QL
Cholbam	Capsule	P	SP, PA
Cholestyramine	Powd Pack	S	
Cholestyramine	Powder	S	
Cholestyramine Light	Powd Pack	S	
Cholestyramine Light	Powder	S	
Choline Mag Trisalicylate	Liquid	S	
Cialis	Tablet	NP	PA, QL
Cicatrace Pad	Pad	P	
Ciclodan	Cream (G)	NP	
Ciclodan	Solution	NP	
Ciclopirox	Cream (G)	S	
Ciclopirox	Gel (Gram)	S	
Ciclopirox	Shampoo	S	
Ciclopirox	Solution	S	
Ciclopirox	Suspension	S	
Cidaleaze	Cream (G)	NP	
Cilostazol	Tablet	S	
Ciloxan	Drops	NP	
Ciloxan	Oint. (G)	P	
Cimduo	Tablet	P	
Cimetidine	Solution	S	
Cimetidine	Tablet	S	
Cimzia	Kit	NP	SP, PA, QL
Cimzia	Syringekit	NP	SP, PA, QL
Cinacalcet Hcl	Tablet	P	
Cinryze	Vial	P	SP, PA
Cipro	Sus Mc Rec	NP	
Cipro	Tablet	NP	
Cipro Hc	Drops Susp	NP	
Cipro Xr	Tbmp 24hr	NP	
Ciprodex	Drops Susp	NP	QL, ST
Ciprofloxacin	Sus Mc Rec	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Ciprofloxacin Er	Tbmp 24hr	S	
Ciprofloxacin Hcl	Droperette	S	
Ciprofloxacin Hcl	Drops	S	
Ciprofloxacin Hcl	Tablet	S	
Ciprofloxacin Hcl-Fluocinolone	Vial	P	QL, ST
Ciprofloxacin-Dexamethasone	Drops Susp	S	QL, ST
Ciprofloxacin-Dexamethasone	Drops Susp	P	QL, ST
Cisplatin	Vial		CH
Citalopram Hbr	Solution	V	
Citalopram Hbr	Tablet	V	
Citranatal Bloom	Tablet	NP	
Citrate Phosphate Dextrose	Solution	S	
Citric Acid	Powder	NP	
Claravis	Capsule	S	QL
Clarinex	Syrup	NP	QL
Clarinex	Tablet	NP	QL
Clarinex-D 12 Hour	Tbmp 12hr	NP	
Clarithromycin	Susp Recon	S	
Clarithromycin	Tablet	S	
Clarithromycin Er	Tab Er 24h	S	
Claritin-D 12 Hour	Tab Er 12h	NP	QL
Claritin-D 24 Hour	Tab Er 24h	NP	QL
Cleansing Wash	Cleanser	S	
Clemastine Fumarate	Tablet	S	
Clenpiq	Solution	NP	
Cleo 90 Infusion Set	Infus.Set	P	
Cleocin	Cream/Appl	NP	
Cleocin	Supp.Vag	NP	
Cleocin Hcl	Capsule	NP	
Cleocin Palmitate	Soln Recon	NP	
Cleocin T	Gel (Gram)	NP	
Cleocin T	Lotion	NP	
Cleocin T	Med. Swab	NP	
Cleocin T	Solution	NP	
Clever Chek Blood Glucose Syst	Kit	NP	PA
Clever Chek Lancets	Each	NP	
Clever Choice	Each	NP	PA
Clever Choice Blood Gluc Sys	Each	NP	PA
Clever Choice Control Solution	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Clever Choice Hd Glucose Syst	Each	NP	PA
Clever Choice Holding Chamber	Spacer	P	
Clever Choice Micro	Each	NP	PA
Clever Choice Micro Test Strip	Strip	NP	PA, QL
Clever Choice Nebulizer	Each	NP	
Clever Choice Pro	Each	NP	PA
Clever Choice Pro	Strip	NP	PA, QL
Clever Choice Talk	Each	NP	PA
Clever Choice Talk	Strip	NP	PA, QL
Clever Choice Test Strips	Strip	NP	PA, QL
Clever Choice Voice+ Tst Strip	Strip	NP	PA, QL
Clever Choice Whisper Aire Ped	Each	NP	
Clickfine	Dis Needle	P	
Climara	Patch Tdwk	NP	
Climara Pro	Patch Tdwk	NP	
Clindacin Etz	Kit	NP	ST
Clindacin Etz	Med. Swab	NP	
Clindacin P	Med. Swab	NP	
Clindacin Pac	Kit	NP	ST
Clindagel	Gel (Ml)	NP	ST
Clindamycin Hcl	Capsule	S	
Clindamycin Palmitate Hcl	Soln Recon	S	
Clindamycin Pediatric	Soln Recon	S	
Clindamycin Phos-Benzoyl Perox	Gel (Gram)	S	
Clindamycin Phos-Benzoyl Perox	Gel W/Pump	P	ST
Clindamycin Phosphate	Cream/Appl	S	
Clindamycin Phosphate	Foam	P	
Clindamycin Phosphate	Gel (Gram)	S	
Clindamycin Phosphate	Gel (Ml)	P	ST
Clindamycin Phosphate	Lotion	S	
Clindamycin Phosphate	Med. Swab	S	
Clindamycin Phosphate	Solution	S	
Clindamycin Phos-Tretinoin	Gel (Gram)	P	ST
Clindamycin-Benzoyl Peroxide	Gel (Gram)	S	
Clindamycin-Benzoyl Peroxide	Gel W/Pump	P	
Clindesse	Crn Er (G)	NP	
Clinpro 5000	Paste (G)	NP	
Clobazam	Oral Susp	S	
Clobazam	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Clobetasol Emollient	Cream (G)	P	ST
Clobetasol Emollient	Foam	P	ST
Clobetasol Emulsion	Foam	P	ST
Clobetasol Propionate	Cream (G)	S	
Clobetasol Propionate	Foam	S	
Clobetasol Propionate	Gel (Gram)	S	
Clobetasol Propionate	Lotion	S	
Clobetasol Propionate	Oint. (G)	S	
Clobetasol Propionate	Shampoo	S	
Clobetasol Propionate	Solution	S	
Clobetasol Propionate	Spray	S	
<i>Clobex</i>	<i>Lotion</i>	NP	ST
<i>Clobex</i>	<i>Shampoo</i>	NP	ST
<i>Clobex</i>	<i>Spray</i>	NP	ST
Clocortolone Pivalate	Cream (G)	P	
<i>Clodan</i>	<i>Shampoo</i>	NP	ST
<i>Cloderm</i>	<i>Cream (G)</i>	NP	ST
<i>Clolar</i>	<i>Vial</i>		CH
Clomipramine Hcl	Capsule	S	
Clonazepam	Tab Rapdis	S	
Clonazepam	Tablet	S	
Clonidine	Patch Tdwk	P	QL
Clonidine Hcl	Tablet	S	
Clonidine Hcl	Vial	S	
Clonidine Hcl Er	Tab Er 12h	S	QL
Clopidogrel	Tablet	S	
Clorazepate Dipotassium	Tablet	S	
Clorotekal	Ampul	S	
Clorpres	Tablet	S	
Clotrimazole	Cream (G)	S	
Clotrimazole	Solution	S	
Clotrimazole	Troche	S	
Clotrimazole-Betamethasone	Cream (G)	S	
Clotrimazole-Betamethasone	Lotion	S	
Clozapine	Tablet	S	QL
Clozapine Odt	Tab Rapdis	S	
<i>Clozaril</i>	<i>Tablet</i>	NP	QL
<i>Cnl 8</i>	<i>Kit</i>	NP	
<i>Coagadex</i>	<i>Vial</i>	P	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Coaguchek	Each	NP	
Coaguchek Xs	Each	P	
Coartem	Tablet	NP	
Cocaine Hcl	Solution	S	
Codeine Sulfate	Tablet	S	
Codeine-Guaifenesin	Liquid	S	QL, A
Coditussin Ac	Liquid	S	QL, A
Coditussin Dac	Liquid	P	QL, A
Colazal	Capsule	NP	
Colchicine	Capsule	S	
Colchicine	Tablet	S	
Colcrys	Tablet	NP	
Cold & Allergy	Tablet	S	QL
Cold & Sinus Pain Relief	Tablet	S	QL
Cold & Sinus Relief	Tablet	S	QL
Cold, Allergy & Sinus	Tablet	S	QL
Colesevelam Hcl	Powd Pack	P	ST
Colesevelam Hcl	Tablet	S	
Colestid	Granules	NP	
Colestid	Packet	NP	
Colestid	Tablet	NP	
Colestipol Hcl	Granules	S	
Colestipol Hcl	Packet	S	
Colestipol Hcl	Tablet	S	
Colocort	Enema	S	
Color Lancets	Each	NP	
Coly-Mycin S	Drops Susp	NP	
Colyte With Flavor Packets	Soln Recon	NP	
Combigan	Drops	NP	
Combipatch	Patch Tdsw	P	
Combivent Respimat	Mist Inhal	P	QL
Combivir	Tablet	NP	
Cometriq	Capsule		CH, SP, PA, QL
Cometriq (60 Mg/Day)	Capsule		CH, SP
Comfort	Infus.Set	P	
Comfort Ez	Dis Needle	P	
Comfort Ez	Disp Syrin	P	
Comfort Ez	Each	NP	
Comfort Lancets	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Comfort Short	Infus.Set	P	
Compact Space Chamber	Spacer	P	
Compact Space Chamber Plus	Spacer	P	
Comp-Air Elite Compressor Syst	Each	NP	
Comp-Air Nebulizer Compressor	Each	NP	
Compat Enfit Gastrotube	Each	NP	
Compazine	Supp.Rect	NP	
Compazine	Tablet	NP	
Complera	Tablet	P	QL
Completenate	Tab Chew	S	
Compro	Supp.Rect	S	
Comtan	Tablet	NP	
Concept Ob	Capsule	NP	
Conception	Kit	P	
Concerta	Tab Er 24	NP	QL
Condylox	Gel (Gram)	NP	
Condylox	Solution	NP	
Conjupri	Tablet	NP	QL, ST
Consensi	Tablet	NP	QL, ST
Constulose	Solution	S	
Contact Detach Infusion Set	Infus.Set	P	
Contour	Each	P	
Contour	Kit	P	
Contour Link	Kit	P	
Contour Next	Each	P	
Contour Next Control Solution	Each	P	
Contour Next Ez	Each	P	
Contour Next Ez	Kit	P	
Contour Next Link	Kit	P	
Contour Next Link 2.4	Kit	P	
Contour Next One	Each	P	
Contour Next Test Strip	Strip	P	QL
Contour Test Strip	Strip	P	QL
Control Ast	Each	NP	PA
Control Ast Test Strip	Strip	NP	PA, QL
Control Solution	Each	NP	
Conzip	Cpbp 17-83	NP	QL, ST
Conzip	Cpbp 25-75	NP	QL, ST
Cool Blood Glucose	Kit	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Cool Blood Glucose Meter	Each	NP	PA
Cool Control Solution	Each	NP	
Cool Glucose Test Strip	Strip	NP	PA, QL
Copaxone	Syringe	NP	SP, PA, QL
Copegus	Tablet	NP	SP, PA
Copiktra	Capsule	NP	SP, PA, QL
Cordran	Cream (G)	NP	ST
Cordran	Lotion	NP	ST
Cordran	Med. Tape	NP	
Cordran	Oint. (G)	NP	ST
Coreg	Tablet	NP	
Coreg Cr	Cpmp 24hr	NP	
Coremino	Tab Er 24h	P	PA
Corgard	Tablet	NP	
Corlanor	Solution	P	PA, QL
Corlanor	Tablet	P	PA, QL
Cormax	Solution	S	
Cortane-B	Lotion	NP	
Cortef	Tablet	NP	
Cortenema	Enema	NP	
Cortifoam	Foam/Appl	NP	
Cortisone Acetate	Tablet	S	
Cortisporin	Cream (G)	P	
Cortisporin	Oint. (G)	P	
Corzide	Tablet	NP	
Cosentyx (2 Syringes)	Syringe	P	SP, PA, QL
Cosentyx Pen	Pen Injctr	P	SP, PA, QL
Cosentyx Pen (2 Pens)	Pen Injctr	P	SP, PA, QL
Cosentyx Syringe	Syringe	P	SP, PA, QL
Cosopt	Drops	NP	
Cosopt Pf	Droperette	NP	ST
Cotellic	Tablet	NP	CH, SP, PA
Cotempla Xr-Odt	Tab Rap Bp	NP	QL
Cough-Head Congestion Relief	Liquid	S	QL
Coumadin	Tablet	NP	
Covaryx	Tablet	S	
Covaryx H.S.	Tablet	S	
Cozaar	Tablet	NP	
Cralonin	Drops	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Creon	Capsule Dr	P	
Cresemba	Capsule	P	PA
Crestor	Tablet	NP	QL, ST
Crinone	Gel/Pf App	NP	
Crixivan	Capsule	P	
Cromolyn Sodium	Ampul-Neb	S	
Cromolyn Sodium	Drops	S	
Cromolyn Sodium	Oral Conc	S	
Crotan	Lotion	P	
Cryoserv	Vial	NP	
Cryselle	Tablet		ACA
C-Therapy Night Cream	Cream (G)	NP	
Cuprimine	Capsule	NP	
Curafil	Gel (Gram)	P	
Curity	Each	NP	
Curity Alcohol Preps	Med. Pad	NP	
Curity Amd	Bandage	NP	
Curity Amd	Sponge	NP	
Curity Amd	Strip	NP	
Curity Iodoform	Bandage	NP	
Curosurf	Vial	NP	
Cutaquig	Vial	NP	SP, PA, QL
Cutivate	Cream (G)	NP	ST
Cutivate	Lotion	NP	ST
Cuvitru	Vial	P	PA
Cuvposa	Solution	NP	
Cyanocobalamin Injection	Vial	S	
Cyclafem	Tablet		ACA
Cyclessa	Tablet	NP	
Cyclobenzaprine Hcl	Tablet	S	
Cyclobenzaprine Hcl (7.5 Mg)	Tablet	P	
Cyclobenzaprine Hcl Er	Cap Er 24h	P	QL, ST
Cyclogyl	Drops	NP	
Cyclomydril	Drops	NP	
Cyclopentolate Hcl	Drops	S	
Cyclopentolate-Pe-Tropicamide	Drops	S	
Cyclopentolate-Tropicamide-Pe	Drops	S	
Cyclophosphamide	Capsule		CH
Cyclophosphamide	Capsule		CH

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Cycloserine	Capsule	S	
Cycloset	Tablet	NP	ST
Cyclosporine	Capsule	P	SP
Cyclosporine Modified	Capsule	S	
Cyclosporine Modified	Solution	S	
Cymbalta	Capsule Dr	NP	QL
Cyproheptadine Hcl	Syrup	S	
Cyproheptadine Hcl	Tablet	S	
Cyred	Tablet		ACA
Cyred Eq	Tablet		ACA
Cystadane	Powder	P	SP, PA
Cystadrops	Drops	NP	SP, PA, QL
Cystagon	Capsule	P	SP, PA
Cystaran	Drops	P	SP, PA, QL
Cytarabine	Vial		CH, SP, PA
Cytomel	Tablet	NP	
Cytotec	Tablet	NP	
Cytra-K	Packet	S	
D.H.E.45	Ampul	NP	
D3 Dots	Tablet	S	ACA, A
D3-2000	Capsule	S	ACA, A
Dacarbazine	Vial		CH
Daklinza	Tablet	P	SP, PA, QL
Dalfampridine Er	Tab Er 12h	P	SP, PA
Daliresp	Tablet	NP	PA, QL
Danazol	Capsule	S	
Dantrium	Capsule	NP	ST
Dantrolene Sodium	Capsule	P	ST
Dapsone	Gel (Gram)	P	
Dapsone	Gel W/Pump	P	ST
Dapsone	Tablet	S	
Daptacel Dtap	Vial		ACA
Daraprim	Tablet	NP	SP, PA
Darifenacin Er	Tab Er 24h	P	QL, ST
Dario Blood Glucose Monitor	Each	NP	PA
Dario Blood Glucose Test Strip	Strip	NP	PA, QL
Dasetta	Tablet		ACA
Daunorubicin Hcl	Vial		CH
Daurismo	Tablet	NP	SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Davol Irrigation Syringe	Disp Syrin	NP	
Daxbia	Capsule	NP	
Daypro	Tablet	NP	
Daysee	Tbdspk 3mo		ACA, QL
Daytrana	Patch Td24	NP	QL
Dayvigo	Tablet	NP	QL, ST
Ddavp	Ampul	NP	
Ddavp	Solution	NP	
Ddavp	Spray/Pump	NP	
Ddavp	Tablet	NP	
Ddavp	Vial	NP	
Deblitane	Tablet		ACA
Decadron	Elixir	S	
Decadron	Tablet	S	
Decara	Capsule	S	ACA, A
Deferasirox	Gran Pack	P	SP, PA
Deferasirox	Tab Disper	P	SP, PA
Deferasirox	Tablet	P	SP, PA
Deferiprone (500mg)	Tablet	P	SP, PA, QL
Delestrogen	Vial	NP	
Delstrigo	Tablet	P	
Delta D3	Tablet	S	ACA, A
Deltasone	Tablet	S	
Delyla	Tablet		ACA
Delzicol	Cap(Drtab)	NP	QL
Demadex	Tablet	NP	
Demeclocycline Hcl	Tablet	S	
Demerol	Tablet	NP	
Demser	Capsule	NP	SP, PA, QL
Demulen 1-50-21	Tablet	NP	
Denavir	Cream (G)	NP	
Denta 5000 Plus	Cream (G)	S	ACA, A
Dentagel	Gel (Gram)	S	ACA, A
Depakene	Capsule	NP	
Depakene	Solution	NP	
Depakote	Tablet Dr	NP	
Depakote Er	Tab Er 24h	NP	
Depakote Sprinkle	Cap Dr Spr	NP	
Depen	Tablet	NP	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Depocyt	Vial		CH
Depo-Provera	Syringe	NP	QL
Depo-Provera (150 Mg/MI)	Vial	NP	QL
Depo-Provera (400 Mg/MI)	Vial	NP	QL
Depo-Subq Provera 104	Syringe		ACA, QL
Depo-Testosterone	Vial	NP	
Dermacinrx Empricaine	Kit	NP	
Dermacinrx Prizopak	Kit	NP	
Dermagraft	Sheet	NP	
Derma-Smoothe-Fs	Oil	NP	QL, ST
Dermatop	Cream (G)	NP	
Dermatop	Oint. (G)	NP	ST
Dermazene	Cream (G)	S	
Dermazone	Kit	NP	
Dermotic	Drops	NP	
Dermulcera	Oint. (G)	NP	
Descovy	Tablet	P	
Desgen Dm	Tablet	S	QL
Desipramine Hcl	Tablet	S	
Desloratadine	Tablet	S	QL
Desmopressin Acetate	Ampul	S	
Desmopressin Acetate	Spray/Pump	S	
Desmopressin Acetate	Tablet	S	
Desmopressin Acetate	Vial	S	
Desogen	Tablet	NP	
Desogestrel-Ethinyl Estradiol	Tablet		ACA
Desogestr-Eth Estrad Eth Estra	Tablet		ACA
Desonate	Gel (Gram)	NP	
Desonide	Cream (G)	P	ST
Desonide	Gel (Gram)	P	ST
Desonide	Lotion	P	ST
Desonide	Oint. (G)	P	ST
Desowen	Cream (G)	NP	ST
Desowen	Lotion	NP	ST
Desoximetasone	Cream (G)	P	ST
Desoximetasone	Gel (Gram)	P	ST
Desoximetasone	Oint. (G)	P	ST
Desoximetasone	Spray	P	
Desoxy	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Despec-Dm	Tablet	S	QL
Desvenlafaxine Er	Tab Er 24	S	
Desvenlafaxine Er	Tab Er 24h	NP	ST
Desvenlafaxine Fumarate Er	Tab Er 24	NP	ST
Desvenlafaxine Succinate Er	Tab Er 24h	S	
Detrol	Tablet	NP	QL
Detrol La	Cap Er 24h	NP	QL
Devilbiss Compact	Each	NP	
Devilbiss Disposable Nebulizer	Each	NP	
Devilbiss Pulmo-Aide	Each	NP	
Devilbiss Pulmomate	Each	NP	
Devilbiss Pulmoneb Lt Comp-Neb	Each	NP	
Devilbiss Traveler	Each	NP	
Dex4 Glucose	Tab Chew	S	
Dexabliss	Tab Ds Pk	P	ST
Dexamethasone	Elixir	S	
Dexamethasone	Solution	S	
Dexamethasone	Tab Ds Pk	S	
Dexamethasone	Tablet	S	
Dexamethasone Intensol	Drops	NP	
Dexamethasone Sodium Phosphate	Drops	S	
Dexcom	Each	P	
Dexcom G4 (Meter)	Each	P	
Dexcom G4 (Transmitter)	Each	P	
Dexcom G5	Each	P	
Dexcom G5-G4 Sensor	Each	P	
Dexcom G6 (Meter)	Each	P	PA, QL
Dexcom G6 (Sensor)	Each	P	PA, QL
Dexcom G6 (Transmitter)	Each	P	PA, QL
Dexedrine	Capsule Er	NP	QL
Dexilant	Cap Dr Bp	NP	QL, ST, A
Dexmethylphenidate Hcl	Tablet	S	
Dexmethylphenidate Hcl Er	Cpbp 50-50	P	QL
Dexpak	Tab Ds Pk	S	
Dextroamphetamine Sulfate	Solution	S	QL
Dextroamphetamine Sulfate	Tablet	S	
Dextroamphetamine Sulfate Er	Capsule Er	P	QL
Dextroamphetamine-Amphet Er	Cap Er 24h	S	QL
Dextroamphetamine-Amphetamine	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Diacomit	Capsule	NP	SP, PA, QL
Diacomit	Powd Pack	NP	SP, PA, QL
Dialyvite Vitamin D	Capsule	S	ACA, A
Diamox Sequels	Capsule Er	NP	
Diastat	Kit	NP	QL
Diastat Acudial	Kit	NP	QL
Diatrue	Each	NP	
Diatrue Plus	Each	NP	PA
Diatrue Plus	Strip	NP	PA, QL
Diazepam	Kit	S	QL
Diazepam	Oral Conc	S	
Diazepam	Solution	S	
Diazepam	Tablet	S	
Diazoxide	Oral Susp	S	QL
Dibenzyliline	Capsule	NP	
Diclofenac	Capsule	P	QL, ST
Diclofenac Epolamine	Patch Td12	P	ST
Diclofenac Potassium	Tablet	S	
Diclofenac Sodium	Drops	S	
Diclofenac Sodium	Tablet Dr	S	
Diclofenac Sodium (1%)	Gel (Gram)	S	
Diclofenac Sodium (3%)	Gel (Gram)	S	ST
Diclofenac Sodium Er	Tab Er 24h	S	
Diclofenac Sodium-Misoprostol	Tab Ir Dr	S	
Diclofono	Gel Packet	NP	
Diclotral	Cmb Sol Cr	NP	
Dicloxtrex	Kit	NP	QL
Dicloxacillin Sodium	Capsule	S	
Dicyclomine Hcl	Ampul	P	QL, ST
Dicyclomine Hcl	Capsule	S	
Dicyclomine Hcl	Solution	S	
Dicyclomine Hcl	Tablet	S	
Didanosine	Capsule Dr	S	
Differin	Cream (G)	NP	ST
Differin	Gel (Gram)	NP	ST
Differin	Gel W/Pump	NP	ST
Differin	Lotion	NP	ST
Dificid	SUSP RECON	P	QL, ST
Dificid	Tablet	P	ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Diflorasone Diacetate	Cream (G)	P	
Diflorasone Diacetate	Oint. (G)	P	
<i>Diflucan</i>	<i>Susp Recon</i>	NP	
<i>Diflucan</i>	<i>Tablet</i>	NP	
Diflunisal	Tablet	S	
Digitek	Tablet	S	
Digox	Tablet	S	
<i>Digoxin</i>	<i>Solution</i>	P	
Digoxin	Tablet	S	
Dihydroergotamine Mesylate	Ampul	P	
Dihydroergotamine Mesylate	Spray/Pump	P	QL, ST
<i>Dilantin</i>	<i>Tab Chew</i>	NP	
<i>Dilantin (100 Mg)</i>	<i>Capsule</i>	NP	
<i>Dilantin (30 Mg)</i>	<i>Capsule</i>	P	
<i>Dilantin-125</i>	<i>Oral Susp</i>	NP	
<i>Dilatrate-Sr</i>	<i>Capsule Er</i>	NP	
<i>Dilaudid</i>	<i>Liquid</i>	NP	
<i>Dilaudid</i>	<i>Tablet</i>	NP	
Diltiazem 12hr Er	Cap Er 12h	S	
Diltiazem 24hr Cd	Cap Er 24h	S	
Diltiazem 24hr Er	Cap Er 24h	S	
Diltiazem 24hr Er	Cap Sa 24h	S	
Diltiazem 24hr Er	Tab Er 24h	S	
Diltiazem Er	Cap Er Deg	S	
Diltiazem Hcl	Tablet	S	
Dilt-Xr	Cap Er Deg	S	
<i>Diluent For Menomune</i>	<i>Vial</i>	NP	
<i>Diluent For Rotarix</i>	<i>Syringe</i>	NP	
Diluent For Stamaril	Syringe	S	
<i>Diluent For Vivitrol</i>	<i>Vial</i>	P	QL
<i>Diluent-Merck Live Virus Vacc</i>	<i>Vial</i>	NP	
Dimethyl Fumarate	Capsule Dr	P	SP, QL
<i>Dimethyl Sulfoxide</i>	<i>Liquid</i>	NP	
<i>Diovan</i>	<i>Tablet</i>	NP	
<i>Diovan Hct</i>	<i>Tablet</i>	NP	
<i>Dipentum</i>	<i>Capsule</i>	NP	
Diphenoxylate-Atropine	Liquid	S	
Diphenoxylate-Atropine	Tablet	S	
<i>Diphtheria-Tetanus Toxoids-Ped</i>	<i>Vial</i>		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Diprolene	Lotion	NP	
Diprolene	Oint. (G)	NP	ST
Diprolene Af	Cream (G)	NP	
Dipyridamole	Tablet	S	
Disalcid	Tablet	NP	
Diskets	Tablet Sol	NP	
Disopyramide Phosphate	Capsule	S	
Disulfiram	Tablet	S	
Ditropan XI	Tab Er 24	NP	QL
Diuril	Oral Susp	NP	
Divalproex Sodium	Cap Dr Spr	S	
Divalproex Sodium	Tablet Dr	S	
Divalproex Sodium Er	Tab Er 24h	S	
Divigel	Gel Packet	NP	QL
Dm2	Cmbtabstrp	NP	ST
Docefrez	Vial		CH, SP, PA
Docetaxel	Vial		CH, SP, PA
Dofetilide	Capsule	P	
Dolophine Hcl	Tablet	NP	
Donepezil Hcl	Tablet	S	
Donepezil Hcl Odt	Tab Rapdis	S	
Donnatal	Elixir	NP	
Donnatal	Tablet	P	
Doptelet	Tablet	P	SP, QL
Doral	Tablet	NP	QL
Doryx	Tablet Dr	NP	ST
Doryx Mpc	Tablet Dr	NP	ST
Dorzolamide Hcl	Drops	S	
Dorzolamide-Timolol	Droperette	S	
Dorzolamide-Timolol	Drops	S	
Dovato	Tablet	NP	QL
Dover Advantage	Each	NP	
Dover Advantage Drainage	Each	NP	
Dover Bulb Syringe	Syringe	NP	
Dover Coated Latex Foley	Combo. Pkg	P	
Dover Latex Foley Catheter	Each	NP	
Dover Premium	Each	NP	
Dover Red Rubber Robibson Cath	Each	NP	
Dover Universal	Tray	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Dovonex	Cream (G)	NP	
Doxazosin Mesylate	Tablet	S	
Doxepin Hcl	Capsule	S	
Doxepin Hcl	Cream (G)	P	ST
Doxepin Hcl	Oral Conc	S	
Doxepin Hcl	Tablet	P	QL, ST
Doxercalciferol	Capsule	P	
Doxorubicin Hcl	Vial		CH
Doxycycline Hyclate	Tablet Dr	P	ST
Doxycycline Hyclate (100 Mg)	Capsule	S	
Doxycycline Hyclate (100 Mg)	Tablet Dr	S	ST
Doxycycline Hyclate (20 Mg And 100 Mg)	Tablet	S	
Doxycycline Hyclate (200 Mg)	Tablet Dr	P	
Doxycycline Hyclate (50 Mg)	Capsule	P	
Doxycycline Hyclate (50 Mg)	Tablet	P	ST
Doxycycline Hyclate (75 Mg And 150 Mg)	Tablet	P	ST
Doxycycline Hyclate (80 Mg)	Tablet Dr	P	ST
Doxycycline Ir-Dr	Cap Ir Dr	P	ST
Doxycycline Monohydrate	Susp Recon	S	
Doxycycline Monohydrate	Tablet	S	
Doxycycline Monohydrate (50 Mg And 100 Mg)	Capsule	S	
Doxycycline Monohydrate (75 Mg And 150 Mg)	Capsule	P	
Drisdol	Capsule	NP	
Drithocrema Hp	Cream (G)	P	
Drizalma Sprinkle	Cap Dr Spr	NP	QL, ST
Dronabinol	Capsule	P	
Dronabinol (2.5 Mg)	Capsule	S	
Droplet Insulin Syringe	Disp Syrin	P	
Droplet Lancets	Each	NP	
Droplet Lancing Device	Each	NP	
Droplet Pen Needle	Dis Needle	P	
Dropsafe Pen Needle	Dis Needle	P	
Drospirenone-Eth Estra-Levomef (3-0.02(24))	Tablet		ACA
Drospirenone-Eth Estra-Levomef (3-0.03(21))	Tablet		ACA, QL
Drospirenone-Ethinyl Estradiol	Tablet		ACA
Droxia	Capsule		CH
Droxidopa	Capsule	P	SP, PA, QL
Duac	Gel (Gram)	NP	
Duaklir Pressair	Aer Pow Ba	NP	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Duavee	Tablet	NP	
Duetact	Tablet	NP	QL, ST
Dulera	Hfa Aer Ad	P	QL
Duloxetine Hcl	Capsule Dr	S	QL
Duloxetine Hcl (40 Mg)	Capsule Dr	P	QL
Duobrii	Lotion	P	QL
Dupixent	Syringe	P	SP, PA, QL
Dupixent Pen	Pen Injctr	P	SP, PA, QL
Duraclon	Vial	NP	
Duragesic	Patch Td72	NP	QL
Durezol	Drops	P	
Durlaza	Cap Er 24h	NP	
Dutasteride	Capsule	S	
Dutasteride-Tamsulosin	Cpmp 24hr	P	ST
Dutoprol	Tab Er 24h	NP	ST
Duzallo	Tablet	NP	PA
Dyanavel Xr	Sus Bp 24h	NP	QL, A
Dyazide	Capsule	NP	
Dy-O-Derm	Solution	NP	
Dyrenium	Capsule	NP	
E.E.S. 200	Susp Recon	NP	
E.E.S. 400	Tablet	S	
Ear Popper	Each	P	
Easivent	Each	P	
Easivent	Spacer	P	
Easy Check	Kit	NP	PA
Easy Click	Each	P	
Easy Comfort	Each	NP	
Easy Comfort Insulin Syringe	Disp Syrin	P	
Easy Comfort Pen Needle	Dis Needle	P	
Easy Comfort Pen Needles	Dis Needle	P	
Easy Glide Catheter Tip Syring	Disp Syrin	NP	
Easy Glide Dental Irrig Syring	Disp Syrin	NP	
Easy Glide Luer Lock Syringe	Disp Syrin	NP	
Easy Glide Luer Slip Tb Syring	Disp Syrin	NP	
Easy Glide Pen Needle	Dis Needle	P	
Easy Gluco G2	Strip	NP	PA, QL
Easy Mini Eject Lancing Device	Each	NP	
Easy Plus	Each	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
<i>Easy Plus</i>	<i>Kit</i>	NP	PA
<i>Easy Plus</i>	<i>Strip</i>	NP	PA, QL
<i>Easy Plus li</i>	<i>Strip</i>	NP	PA, QL
<i>Easy Plus li (Control)</i>	<i>Each</i>	NP	
<i>Easy Plus li (Meter)</i>	<i>Each</i>	NP	PA
<i>Easy Step</i>	<i>Kit</i>	NP	PA
<i>Easy Step</i>	<i>Strip</i>	NP	PA, QL
<i>Easy Step (Control)</i>	<i>Each</i>	NP	
<i>Easy Step (Meter)</i>	<i>Each</i>	NP	PA
<i>Easy Talk</i>	<i>Kit</i>	NP	PA
<i>Easy Talk</i>	<i>Strip</i>	NP	PA, QL
<i>Easy Talk (Control)</i>	<i>Each</i>	NP	
<i>Easy Talk (Meter)</i>	<i>Each</i>	NP	PA
<i>Easy Touch</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch</i>	<i>Each</i>	NP	
<i>Easy Touch Alcohol Prep Pads</i>	<i>Med. Pad</i>	NP	
Easy Touch Blu Link Test Strip	Strip	NP	QL
<i>Easy Touch Control Solution</i>	<i>Each</i>	NP	
<i>Easy Touch Fliplock Insulin</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Fliplock Needle</i>	<i>Dis Needle</i>	P	
<i>Easy Touch Fliplock Needles</i>	<i>Dis Needle</i>	P	
<i>Easy Touch Fliplock Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Fliplock Syringes</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Fliplock Syringes</i>	<i>Syringe</i>	NP	
<i>Easy Touch Fluringe</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Fluringe Fliplock</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Fluringe Fliplock</i>	<i>Syringe</i>	NP	
<i>Easy Touch Fluringe Flu Tray</i>	<i>Tray</i>	P	
<i>Easy Touch Fluringe Sheathlock</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Fluringe Sheathlock</i>	<i>Syringe</i>	NP	
<i>Easy Touch Glucose Monitor</i>	<i>Each</i>	NP	PA
<i>Easy Touch Hypodermic Needle</i>	<i>Dis Needle</i>	P	
<i>Easy Touch Insulin Safety</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Insulin Syringe</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Lancets</i>	<i>Each</i>	NP	
<i>Easy Touch Lancing Device</i>	<i>Each</i>	NP	
<i>Easy Touch Luer Lock Insulin</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Luer Lock Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Pen Needle</i>	<i>Dis Needle</i>	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
<i>Easy Touch Sheathlock Insulin</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Sheathlock Syrg-Ndl</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Sheathlock Syringe</i>	<i>Disp Syrin</i>	P	
<i>Easy Touch Syr Allergy Tray</i>	<i>Tray</i>	P	
<i>Easy Touch Test Strip</i>	<i>Strip</i>	NP	PA, QL
<i>Easy Touch Tuberculin Fliplock</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Tuberculin Sheathlk</i>	<i>Disp Syrin</i>	NP	
<i>Easy Touch Uni-Slip</i>	<i>Disp Syrin</i>	P	
<i>Easy Trak</i>	<i>Kit</i>	NP	PA
<i>Easy Trak</i>	<i>Strip</i>	NP	PA, QL
<i>Easy Trak (Control)</i>	<i>Each</i>	NP	
<i>Easy Trak (Meter)</i>	<i>Each</i>	NP	PA
Easy Trak li Test Strip	Strip	NP	PA, QL
<i>Easy Twist & Cap Lancets</i>	<i>Each</i>	NP	
<i>Easygluco</i>	<i>Kit</i>	NP	PA
<i>Easygluco Meter</i>	<i>Each</i>	NP	PA
<i>Easygluco Meter Starter Kit</i>	<i>Kit</i>	NP	PA
<i>Easygluco Plus</i>	<i>Strip</i>	NP	PA, QL
<i>Easygluco Plus Control Normal</i>	<i>Each</i>	NP	
<i>Easygluco Test Strips</i>	<i>Strip</i>	NP	PA, QL
<i>Easymax</i>	<i>Each</i>	NP	
<i>Easymax</i>	<i>Strip</i>	NP	PA, QL
<i>Easymax 15</i>	<i>Each</i>	NP	
<i>Easymax 15</i>	<i>Strip</i>	NP	PA, QL
<i>Easymax L</i>	<i>Each</i>	NP	PA
<i>Easymax Ng</i>	<i>Each</i>	NP	PA
<i>Easymax Ng</i>	<i>Kit</i>	NP	PA
<i>Easymax V Speaking</i>	<i>Each</i>	NP	PA
<i>Easymax V2</i>	<i>Each</i>	NP	PA
<i>Easy-Touch</i>	<i>Each</i>	NP	PA
<i>Easy-Touch Insulin Syringe</i>	<i>Disp Syrin</i>	P	
<i>Ebase Controller</i>	<i>Each</i>	NP	
<i>Eclipse Luer-Lok Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Eclipse Needle</i>	<i>Dis Needle</i>	P	
<i>Eclipse Syringe</i>	<i>Disp Syrin</i>	P	
<i>Eclipse Syringe-Needle</i>	<i>Disp Syrin</i>	NP	
<i>Ec-Naprosyn</i>	<i>Tablet Dr</i>	NP	
Econazole Nitrate	Cream (G)	S	
Econtra Ez	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Eontra One-Step	Tablet		ACA
Ecotrin	Tablet Dr	S	ACA, A
Ecoza	Foam	NP	
Ecpirin	Tablet Dr	S	ACA, A
Ed A-Hist Pse	Tablet	S	QL
Edarbi	Tablet	NP	ST
Edarbyclor	Tablet	NP	ST
Edecrin	Tablet	NP	
Edex	Kit	NP	PA, QL
Edluar	Tab Subl	NP	QL, ST
Ed-Spaz	Tab Rapdis	S	
Edurant	Tablet	P	
Eemt	Tablet	S	
Eemt H.S.	Tablet	S	
Efavirenz	Capsule	S	
Efavirenz	Tablet	S	
Efavirenz-Emtric-Tenofov Disop	Tablet	S	QL
Efavirenz-Lamivu-Tenofov Disop	Tablet	S	QL
Effer-K	Tablet Eff	S	
Effer-K	Tablet Eff	NP	
Effexor Xr	Cap Er 24h	NP	
Effient	Tablet	NP	PA
Efudex	Cream (G)		CH
Egaten	Tablet	P	
Elastiderm	Cream (G)	S	
Element Compact	Each	NP	PA
Element Compact	Strip	NP	PA, QL
Element Compact Control Soln	Each	NP	
Element Compact V	Each	NP	PA
Element Control Solution	Each	NP	
Element Plus	Kit	NP	PA
Element Test Strips	Strip	NP	PA, QL
Elepsia Xr	Tab Er 24h	NP	QL, ST
Elestrin	Gel Md Pmp	NP	
Eletone	Cream (G)	NP	
Eletriptan Hbr	Tablet	P	QL, ST
Elidel	Cream (G)	NP	
Eligard	Syringe		CH, SP, PA
Elimite	Cream (G)	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Elinest	Tablet		ACA
Eliphos	Tablet	S	
Eliquis	Tab Ds Pk	P	
Eliquis	Tablet	P	
Elitek	Vial	P	SP, PA
Elite-Ob	Tablet	NP	
Elite-Ob 400	Capsule	S	
Elixophyllin	Elixir	S	
Ella	Tablet		ACA
Elliotts B	Ampul	NP	
Elmiron	Capsule	P	
Elocon	Cream (G)	NP	ST
Elocon	Oint. (G)	NP	
Eloctate	Vial	P	SP, PA
Eluryng	Vag Ring		ACA, QL
Embeda	Cap Er Po	NP	QL
Embrace	Kit	NP	PA
Embrace	Strip	NP	PA, QL
Embrace (Control)	Each	NP	
Embrace (Meter)	Each	NP	PA
Embrace Evo	Each	NP	
Embrace Evo	Kit	NP	PA
Embrace Evo	Strip	NP	PA, QL
Embrace Glucose Control Soln	Each	NP	
Embrace Pro	Strip	NP	PA, QL
Embrace Pro (Control)	Each	NP	
Embrace Pro (Meter)	Each	NP	PA
Embrace Pro Test Strip	Strip	NP	PA, QL
Embrace Talk	Each	NP	PA
Embrace Talk	Kit	NP	PA
Embrace Talk Control Solution	Each	NP	
Embrace Talk Test Strip	Strip	NP	PA, QL
Emcyt	Capsule		CH, SP, PA
Emend	Cap Ds Pk	NP	ST
Emend	Capsule	NP	ST
Emflaza	Oral Susp	NP	SP, PA
Emflaza	Tablet	NP	SP, PA
Emgality	Pen Injctr	NP	SP, PA, QL
Emgality Syringe	Syringe	NP	SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Emoquette	Tablet		ACA
<i>Emsam</i>	<i>Patch Td24</i>	NP	
Emtricitabine	Capsule	S	
Emtricitabine-Tenofovir Disop	Tablet		ACA, QL
<i>Emtriva</i>	<i>Capsule</i>	NP	
<i>Emtriva</i>	<i>Solution</i>	P	
<i>Emverm</i>	<i>Tab Chew</i>	NP	
<i>Enablex</i>	<i>Tab Er 24h</i>	NP	QL, ST
Enalapril Maleate	Tablet	V	
Enalapril-Hydrochlorothiazide	Tablet	V	
<i>Enbrel</i>	<i>Syringe</i>	P	SP, PA, QL
<i>Enbrel</i>	<i>Vial</i>	P	SP, PA, QL
<i>Enbrel Mini</i>	<i>Cartridge</i>	P	SP, PA, QL
<i>Enbrel Sureclick</i>	<i>Pen Injctr</i>	P	SP, PA, QL
<i>Endo-Avitene</i>	<i>Sheet</i>	NP	
Endocet	Tablet	S	QL
<i>Engerix-B Adult</i>	<i>Syringe</i>		ACA
<i>Engerix-B Adult</i>	<i>Vial</i>		ACA
<i>Engerix-B Pediatric-Adolescent</i>	<i>Syringe</i>		ACA
<i>Engerix-B Pediatric-Adolescent</i>	<i>Vial</i>		ACA
<i>Enlite</i>	<i>Each</i>	NP	PA, QL
<i>Enlite Glucose Sensor</i>	<i>Each</i>	NP	PA, QL
<i>Enlite Serter</i>	<i>Miscell</i>	NP	PA, QL
Enoxaparin Sodium	Syringe	S	
Enoxaparin Sodium	Vial	S	
Enpresse	Tablet		ACA
Enskyce	Tablet		ACA
<i>Enstilar</i>	<i>Foam</i>	NP	
Entacapone	Tablet	S	
Entecavir	Tablet	P	SP
<i>Enteral Gravity Bag Set-Enfit</i>	<i>Each</i>	P	
<i>Entocort Ec</i>	<i>Capdr - Er</i>	NP	
<i>Entresto</i>	<i>Tablet</i>	P	QL
<i>Entty</i>	<i>Spray</i>	NP	
Enulose	Solution	S	
<i>Envarsus Xr</i>	<i>Tab Er 24h</i>	NP	
<i>Epaned</i>	<i>Soln Recon</i>	NP	
<i>Epaned</i>	<i>Solution</i>	NP	
<i>Epclusa</i>	<i>Tablet</i>	NP	SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Epidiolex	Solution	P	SP, PA, QL
Epiduo	Gel W/Pump	NP	ST
Epiduo Forte	Gel W/Pump	NP	ST, A
Epifoam	Foam	NP	
Epinephrine	Auto Injct	S	QL
Epinephrine Convenience Kit	Vial	P	QL, ST
Epinephrine Hcl-0.9% Nacl	Syringe	P	SP, PA
Epinephrine Hcl-D5w	Plast. Bag	P	SP, PA
Epinephrine Hcl-Ns	Syringe	P	SP, PA
Epinephrine-D5w	Plast. Bag	P	SP, PA
Epipen	Auto Injct	NP	QL
Epipen 2-Pak	Auto Injct	NP	QL
Epipen Jr	Auto Injct	NP	QL
Epipen Jr 2-Pak	Auto Injct	NP	QL
Epitol	Tablet	S	
Epivir	Solution	NP	
Epivir	Tablet	NP	
Epivir Hbv	Solution	P	SP
Epivir Hbv	Tablet	NP	SP
Eplerenone	Tablet	S	QL
Epogen	Vial	NP	SP, PA
Eprosartan Mesylate	Tablet	P	
Epzicom	Tablet	NP	
Equetro	Cpmp 12hr	NP	
Erapid Nebulizer	Each	NP	
Erapid Nebulizer Handset	Each	NP	
Ergoloid Mesylates	Tablet	S	
Ergomar	Tab Subl	NP	
Ergotamine-Caffeine	Tablet	P	
Erivedge	Capsule		CH, SP, PA, QL
Erleada	Tablet		CH, SP, PA, QL
Erlotinib Hcl	Tablet		CH, SP, PA
Errin	Tablet		ACA
Ertaczo	Cream (G)	NP	
Ery	Med. Swab	S	
Erygel	Gel (Gram)	NP	
Eryped 200	Susp Recon	NP	
Eryped 400	Susp Recon	P	
Ery-Tab	Tablet Dr	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Ery-Tab	Tablet Dr	P	
Ery-Tab (333 Mg)	Tablet Dr	NP	
Erythrocin Stearate	Tablet	S	
Erythromycin	Capsule Dr	S	
Erythromycin	Gel (Gram)	S	
Erythromycin	Med. Swab	S	
Erythromycin	Oint. (G)	S	
Erythromycin	Solution	S	
Erythromycin	Tablet	S	
Erythromycin (333 Mg)	Tablet Dr	P	
Erythromycin Ethylsuccinate	Susp Recon	S	
Erythromycin Ethylsuccinate	Tablet	S	
Erythromycin-Benzoyl Peroxide	Gel (Gram)	S	
Esbriet	Capsule	P	SP, PA
Esbriet	Tablet	P	SP, PA
Escavite	Tab Chew	NP	A
Escavite D	Tab Ch Bph	NP	A
Escavite Lq	Drops	NP	A
Escitalopram Oxalate	Solution	S	
Escitalopram Oxalate	Tablet	V	
Esgic	Capsule	NP	QL
Esgic	Tablet	NP	QL
Eskata	Sol W/Appl	NP	ST
Esomeprazole Magnesium	Capsule Dr	P	QL, ST, A
Esomeprazole Magnesium	Suspdr Pkt	S	QL, A
Esomeprazole Strontium	Capsule Dr	S	QL, A
Esperoct	Vial	NP	SP, PA
Estarylla	Tablet		ACA
Estazolam	Tablet	S	
Estrace	Cream/Appl	NP	
Estrace	Tablet	NP	
Estradiol	Cream/Appl	S	
Estradiol	Patch Tdsw	S	
Estradiol	Patch Tdsk	P	
Estradiol	Tablet	S	
Estradiol Valerate	Vial	S	
Estradiol-Norethindrone Acetat	Tablet	S	
Estring	Vag Ring	P	QL
Estrogel	Gel Md Pmp	NP	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Estrogen-Methyltestosterone	Tablet	S	
Estropipate	Tablet	S	
Estrostep Fe	Tablet	NP	
Eszopiclone	Tablet	S	QL
Ethacrynic Acid	Tablet	P	
Ethambutol Hcl	Tablet	S	
Ethosuximide	Capsule	S	
Ethosuximide	Solution	S	
Ethyl Acetate	Liquid	NP	
Ethyl Chloride	Spray	S	
Ethinodiol-Ethinyl Estradiol	Tablet		ACA
Etidronate Disodium	Tablet	S	
Etodolac	Capsule	S	
Etodolac	Tablet	S	
Etodolac Er	Tab Er 24h	S	
Etonogestrel-Ethinyl Estradiol	Vag Ring		ACA, QL
Etoposide	Capsule		CH, SP, PA
Eucrisa	Oint. (G)	NP	QL, ST
Eurax	Cream (G)	P	
Eurax	Lotion	P	
Evamist	Spray	NP	
Evekeo	Tablet	NP	ST
Evekeo ODT	Tab Rapdis	NP	QL, ST
Evencare	Each	NP	
Evencare	Kit	NP	PA
Evencare	Strip	NP	PA, QL
Evencare G2	Strip	NP	PA, QL
Evencare G2 (Control)	Each	NP	
Evencare G2 (Meter)	Each	NP	PA
Evencare G3	Each	NP	
Evencare G3	Kit	NP	PA
Evencare G3	Strip	NP	PA, QL
Evencare Mini Glucose Control	Each	NP	
Evencare Mini Glucose Test Str	Strip	NP	PA, QL
Evencare Mini Monitor System (Control)	Each	NP	
Evencare Mini Monitor System (Meter)	Each	NP	PA
Evencare Proview Control Soln	Each	NP	
Evencare Proview Test Strip	Strip	NP	PA, QL
Everolimus	Tablet		CH, SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Everolimus (Zortress)	Tablet	S	QL
Eversense Sensor-Holder	Each	NP	PA, QL
Eversense Smart Transmitter	Each	NP	PA, QL
Evicel	Vial	NP	
Evista	Tablet	NP	
Evoclin	Foam	NP	
Evolution Blood Glucose Meter	Kit	NP	PA
Evolution Control Solution	Each	NP	
Evolution Test Strips	Strip	NP	PA, QL
Evotaz	Tablet	P	
Evoxac	Capsule	NP	
Evzio	Auto Injct	NP	QL, ST
Exalgo	Tab Er 24h	NP	QL
Exel Huber	Dis Needle	P	
Exel Huber Needle	Dis Needle	P	
Exel Hypodermic Needle	Dis Needle	NP	
Exel Mti Drawing Needle	Dis Needle	P	
Exel Syringe	Disp Syrin	NP	
Exel Tb With Needle	Disp Syrin	NP	
Exel Tuberculin Syringe	Disp Syrin	NP	
Exelderm	Cream (G)	NP	ST
Exelderm	Solution	NP	ST
Exelon	Patch Td24	NP	
Exemestane	Tablet		ACA, QL
Exforge	Tablet	NP	
Exforge Hct	Tablet	NP	
Exjade	Tab Disper	P	SP, PA
Exoderm	Lotion	S	
Exservan	Film	P	SP, PA, QL
Extavia	Kit	NP	SP, PA, QL
Extavia	Vial	NP	SP, PA, QL
Extina	Foam	NP	
Eye	Tablet Sol	NP	
Eysuvis	Drops Susp	NP	
Ez Flu 2018-2019 (Flucelvax)	Syringekit		ACA
E-Z Ject Lancets	Each	NP	
Ez Smart	Each	NP	
Ez Smart	Kit	NP	PA
Ez Smart	Strip	NP	PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
<i>Ez Smart Lancets</i>	<i>Each</i>	NP	
<i>Ez Smart Plus</i>	<i>Kit</i>	NP	PA
<i>Ez Smart Plus</i>	<i>Strip</i>	NP	PA, QL
<i>E-Z Spacer</i>	<i>Spacer</i>	P	
<i>Ezallor Sprinkle</i>	<i>Cap Sprink</i>	NP	ST
Ezetimibe	Tablet	S	
Ezetimibe-Simvastatin	Tablet	P	QL
<i>E-Zject Lancets</i>	<i>Each</i>	NP	
<i>Ez-Vac</i>	<i>Miscell</i>	P	
<i>Fabior</i>	<i>Foam</i>	NP	ST
<i>Factive</i>	<i>Tablet</i>	NP	QL
Fallback Solo	Tablet		ACA
Falmina	Tablet		ACA
Famciclovir	Tablet	S	QL
Famotidine	Oral Susp	P	ST
Famotidine	Tablet	S	
<i>Famvir</i>	<i>Tablet</i>	NP	QL
<i>Fanapt</i>	<i>Tab Ds Pk</i>	NP	
<i>Fanapt</i>	<i>Tablet</i>	NP	
<i>Fareston</i>	<i>Tablet</i>		CH, SP, PA
<i>Farxiga</i>	<i>Tablet</i>	P	QL
<i>Farydak</i>	<i>Capsule</i>		CH, SP, PA, QL
<i>Fasenra Pen</i>	<i>Auto Injct</i>	NP	SP, PA, QL
Fayosim	Tbdspk 3mo		ACA, QL
<i>Fazaclo</i>	<i>Tab Rapdis</i>	NP	
Febuxostat	Tablet	P	QL
<i>Feiba Nf</i>	<i>Vial</i>	P	SP, PA
Felbamate	Oral Susp	S	
Felbamate	Tablet	S	
<i>Felbatol</i>	<i>Oral Susp</i>	NP	
<i>Felbatol</i>	<i>Tablet</i>	NP	
<i>Feldene</i>	<i>Capsule</i>	NP	
Felodipine Er	Tab Er 24h	S	
<i>Female Self Catheter</i>	<i>Each</i>	NP	
<i>Femara</i>	<i>Tablet</i>		CH
<i>Femcon Fe</i>	<i>Tab Chew</i>	NP	
<i>Femhrt</i>	<i>Tablet</i>	NP	
<i>Femring</i>	<i>Vag Ring</i>	P	QL
Femynor	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Fenofibrate	Capsule	S	
Fenofibrate	Tablet	S	
Fenofibrate (160 Mg)	Tablet	P	ST
Fenofibrate (40 Mg And 120 Mg)	Tablet	P	
Fenofibric Acid	Capsule Dr	S	
Fenofibric Acid	Tablet	S	
Fenoglide	Tablet	NP	
Fenoprofen Calcium	Capsule	P	ST
Fenoprofen Calcium	Tablet	P	ST
Fenortho	Capsule	NP	ST
Fentanyl	Patch Td72	S	QL
Fentanyl Citrate	Ampul	P	SP, PA
Fentanyl Citrate	Ampul	NP	SP, PA
Fentanyl Citrate	Lozenge Hd	P	PA, QL
Fentanyl Citrate	Plast. Bag	P	SP, PA
Fentanyl Citrate	Tablet Eff	P	PA, QL
Fentanyl Citrate	Vial	P	SP, PA
Fentanyl Citrate (1200 Mcg)	Lozenge Hd	P	PA
Fentanyl Citrate-0.9% Nacl	Pca Syring	P	SP, PA
Fentanyl Citrate-0.9% Nacl	Plast. Bag	P	SP, PA
Fentanyl Citrate-0.9% Nacl	Pump Resvr	P	SP, PA
Fentanyl Citrate-0.9% Nacl	Vial	P	SP, PA
Fentanyl Citrate-Sterile Water	Plast. Bag	P	SP, PA
Fentanyl Citrate-Water	Pca Vial	P	SP, PA
Fentanyl-Bupivacaine-0.9% Nacl	Plast. Bag	P	SP, PA
Fentanyl-Bupivacaine-0.9% Nacl	Pump Resvr	P	SP, PA
Fentanyl-Bupivacaine-0.9% Nacl	Syringe	S	
Fentanyl-Bupivacaine-0.9% Nacl (2.5 Mcg-0.1)	Plast. Bag	S	
Fentanyl-Bupivacaine-Ns	Plast. Bag	P	SP, PA
Fentanyl-Bupivacaine-Ns	Pump Resvr	S	
Fentanyl-Ropivacaine-0.9% Nacl	Plast. Bag	P	SP, PA
Fentanyl-Ropivacaine-0.9% Nacl	Pump Resvr	P	SP, PA
Fentora	Tablet Eff	NP	PA, QL
Feriprox	Solution	P	SP, PA
Feriprox	Tablet	NP	SP, PA, QL
Fetzima	Cap Sa 24h	NP	QL, ST
Fetzima	Cap24hdsbk	NP	QL, ST
Fexmid	Tablet	NP	
Fexofenadine-Pse Er	Tab Er 12h	S	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Fexofenadine-Pse Er	Tab Er 24h	S	QL
Fiasp	Vial	P	QL
Fiasp Flextouch	Insuln Pen	P	QL
Fiasp Penfill	Cartridge	P	QL
Fibricor	Tablet	NP	
Fifty50 Safety Seal Lancets	Each	NP	
Fifty50 Test Strip	Strip	NP	PA, QL
Filter Aspirator Needle	Dis Needle	P	
Filter Needle	Dis Needle	P	
Filter Pad	Each	NP	
Filter, Valve Set For LI & Lc	Each	NP	
Filtered Extension Set	Infus.Set	P	
Finacea	Foam	NP	
Finacea	Gel (Gram)	NP	
Finasteride	Tablet	S	
Fine 30 Universal Lancets	Each	NP	
Fingerstix	Each	P	
Fioricet	Capsule	S	QL
Fiorinal	Capsule	NP	QL
Fiorinal With Codeine #3	Capsule	NP	QL
Firazyr	Syringe	NP	SP, PA, QL
Firdapse	Tablet	NP	SP, PA, QL
Firvanq	Soln Recon	NP	QL
Flac Otic Oil	Drops	NP	
Flagyl	Capsule	NP	
Flagyl	Tablet	NP	
Flarex	Drops Susp	P	
Flavoxate Hcl	Tablet	S	
Flecainide Acetate	Tablet	S	
Flector	Patch Td12	NP	ST
Flexichamber	Spacer	P	
Flexichamber Mask	Each	P	
Flexi-Seal Signal Fms	Miscell	P	
Flolipid	Oral Susp	NP	QL, ST
Flomax	Capsule	NP	
Floriva	Drops	P	A
Floriva	Tab Chew	NP	A
Floriva Plus	Drops	NP	A
Flovent Diskus	Blst W/Dev	V	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Flovent Hfa	Aer W/Adap	V	QL
Flow-Eze	Dis Needle	NP	
Flowtuss	Solution	NP	A
Floxin	Drops	NP	
Floxuridine	Vial		CH
Fluad 2020-2021	Syringe		ACA
Fluad Quad 2020-2021	Syringe		ACA
Fluarix Quad 2020-2021	Syringe		ACA
Flublok Quad 2020-2021	Syringe		ACA
Flucaine	Drops	S	
Flucelvax Quad 2020-2021	Syringe		ACA
Fluconazole	Susp Recon	S	
Fluconazole	Tablet	S	
Flucytosine	Capsule	S	
Fludarabine Phosphate	Vial		CH, SP, PA
Fludrocortisone Acetate	Tablet	S	
Flulaval Quad 2020-2021	Syringe		ACA
Flumadine	Tablet	NP	
Flumist Quad 2020-2021	Nas Sp Syr		ACA
Fluocinolone Acetonide	Cream (G)	P	ST
Fluocinolone Acetonide	Oil	S	QL
Fluocinolone Acetonide	Oint. (G)	P	ST
Fluocinolone Acetonide	Solution	S	
Fluocinolone Acetonide Oil	Drops	S	
Fluocinonide	Gel (Gram)	P	ST
Fluocinonide	Oint. (G)	S	
Fluocinonide	Solution	S	
Fluocinonide (0.05%)	Cream (G)	S	
Fluocinonide (0.10%)	Cream (G)	P	
Fluocinonide-E	Cream (G)	P	ST
Fluorabon	Drops	NP	A
Fluorescein-Benoxinate	Drops	NP	
Fluorescein-Proparacaine	Drops	S	
Fluoride	Tab Chew	S	ACA, A
Fluoridex	Paste (G)	NP	
Fluoridex Daily Defense	Gel (Gram)	S	ACA, A
Fluoridex Sensitivity Relief	Gel (Gram)	S	
Fluoritab	Tab Chew	NP	A
Fluorometholone	Drops Susp	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Fluoroplex	Cream (G)	NP	
Fluorouracil (0.50%)	Cream (G)	P	
Fluorouracil (2%)	Solution	S	
Fluorouracil (5%)	Cream (G)		CH
Fluorouracil (5%)	Solution		CH
Fluoxetine Dr	Capsule Dr	P	
Fluoxetine Hcl	Capsule	V	
Fluoxetine Hcl	Solution	V	
Fluoxetine Hcl	Tablet	S	
Fluoxetine Hcl	Tablet	NP	
Fluoxetine Hcl (60 Mg)	Tablet	P	ST
Fluphenazine Hcl	Elixir	S	
Fluphenazine Hcl	Oral Conc	S	
Fluphenazine Hcl	Tablet	S	
Flura-Drops	Drops	P	A
Flurandrenolide	Cream (G)	P	
Flurandrenolide	Lotion	P	
Flurandrenolide	Oint. (G)	P	
Flurazepam Hcl	Capsule	S	
Flurbiprofen	Tablet	S	
Flurbiprofen Sodium	Drops	P	ST
Flutamide	Capsule		CH
Fluticasone Propionate	Cream (G)	S	
Fluticasone Propionate	Lotion	P	
Fluticasone Propionate	Oint. (G)	S	
Fluticasone-Salmeterol	Aer Pow Ba	S	QL
Fluticasone-Salmeterol	Blst W/Dev	P	QL, ST
Flutter	Each	P	
Fluvastatin Er	Tab Er 24h	P	ACA, QL, ST, A
Fluvastatin Sodium	Capsule	P	ACA, ST, A
Fluvoxamine Maleate	Tablet	S	
Fluvoxamine Maleate Er	Cap Er 24h	P	
Fluzone High-Dose Quad 2020-21	Syringe		ACA
Fluzone Quad 2020-2021	Vial		ACA
Fluzone Quad Southern Hem 2021	Syringe		ACA
Fluzone Quad Southern Hem 2021	Vial		ACA
Flyp Nebulizer	Each	NP	
Fml	Drops Susp	NP	
Fml Forte	Drops Susp	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
<i>Fml S.O.P.</i>	<i>Oint. (G)</i>	P	
<i>Focalin</i>	<i>Tablet</i>	NP	
<i>Focalin Xr</i>	<i>Cpbp 50-50</i>	NP	QL
Folic Acid	Tablet	S	ACA, A
Folic Acid (1 Mg)	Tablet	S	
Folivane-Ob	Capsule	S	
Fondaparinux Sodium	Syringe	S	
<i>Fora 6 Connect Glucose Strip</i>	<i>Strip</i>	NP	PA, QL
<i>Fora 6 Connect Multifunctn Mtr</i>	<i>Each</i>	NP	
<i>Fora Control Solution</i>	<i>Each</i>	NP	
<i>Fora D10</i>	<i>Kit</i>	NP	
<i>Fora D15</i>	<i>Each</i>	NP	
<i>Fora D15g</i>	<i>Strip</i>	NP	PA, QL
<i>Fora D20</i>	<i>Kit</i>	NP	PA
<i>Fora D20</i>	<i>Strip</i>	NP	PA, QL
<i>Fora D40</i>	<i>Each</i>	NP	
<i>Fora D40-G31 Test Strips</i>	<i>Strip</i>	NP	PA, QL
<i>Fora G20</i>	<i>Kit</i>	NP	PA
<i>Fora G20</i>	<i>Strip</i>	NP	PA, QL
<i>Fora G30a</i>	<i>Each</i>	NP	PA
<i>Fora G30-Premium V10 Test Strp</i>	<i>Strip</i>	NP	PA, QL
<i>Fora Gd50</i>	<i>Each</i>	NP	PA
<i>Fora Gd50 Test Strips</i>	<i>Strip</i>	NP	PA, QL
<i>Fora Gtel Glucose Test Strip</i>	<i>Strip</i>	NP	PA, QL
<i>Fora Lancets</i>	<i>Each</i>	NP	
<i>Fora Lancing Device</i>	<i>Each</i>	NP	
<i>Fora Premium V10</i>	<i>Each</i>	NP	PA
<i>Fora Test N'go Voice</i>	<i>Each</i>	NP	PA
<i>Fora Test Strip</i>	<i>Strip</i>	NP	PA, QL
Fora Tn'g Advan Pro Test Strip	Strip	NP	PA, QL
<i>Fora Tn'g Voice</i>	<i>Each</i>	NP	PA
<i>Fora Tn'g Voice Test Strips</i>	<i>Strip</i>	NP	PA, QL
<i>Fora V10</i>	<i>Kit</i>	NP	PA
<i>Fora V10</i>	<i>Strip</i>	NP	PA, QL
<i>Fora V10-V12-D10-D20</i>	<i>Combo. Pkg</i>	P	
<i>Fora V10-V12-D10-D20</i>	<i>Strip</i>	NP	PA, QL
<i>Fora V12</i>	<i>Each</i>	NP	PA
<i>Fora V12</i>	<i>Kit</i>	NP	PA
<i>Fora V12</i>	<i>Strip</i>	NP	PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Fora V20	Kit	NP	PA
Fora V20	Strip	NP	PA, QL
Fora V30a	Each	NP	PA
Fora V30a	Kit	NP	PA
Fora V30a	Strip	NP	PA, QL
Foracare Gd20	Each	NP	PA
Foracare Gd20	Strip	NP	PA, QL
Foracare Gd40	Strip	NP	PA, QL
Foracare Gd40a	Each	NP	PA
Foracare Gd40b	Each	NP	PA
Foracare Gdh	Each	NP	
Foracare Lancets	Each	NP	
Foradil	Cap W/Dev	NP	ST
Forane	Liquid	NP	
Forfivo XI	Tab Er 24h	NP	QL, ST
Formadon	Sol W/Appl	S	
Formadon	Solution	S	
Formaldehyde	Sol W/Appl	S	
Forma-Ray	Solution	NP	
Fortamet	Tab Er 24	NP	
Forteo	Pen Injctr	NP	SP, PA, QL
Fortesta	Gel Md Pmp	NP	
Fortiscare	Each	NP	
Fortiscare Blood Glucose Syst	Kit	NP	PA
Fortiscare Glucose Test Strips	Strip	NP	PA, QL
Fosamax	Tablet	NP	
Fosamax Plus D (70 Mg-2800)	Tablet	NP	ST
Fosamax Plus D (70 Mg-5600)	Tablet	NP	QL, ST
Fosamprenavir Calcium	Tablet	S	
Fosfomycin Tromethamine	Packet	S	
Fosinopril Sodium	Tablet	S	
Fosinopril-Hydrochlorothiazide	Tablet	S	
Fosrenol	Powd Pack	NP	
Fosrenol	Tab Chew	NP	
Fotivda	Capsule	NP	SP, PA, QL
Fragmin	Syringe	P	SP
Fragmin	Vial	P	SP
Freestyle Control Solution	Each	P	
Freestyle Flash System	Kit	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Freestyle Freedom	Kit	P	
Freestyle Freedom Lite	Kit	P	
Freestyle Insulinx	Each	P	
Freestyle Insulinx	Strip	P	QL
Freestyle Insulinx Test Strips	Strip	P	QL
Freestyle Lancets	Each	P	
Freestyle Libre 14 Day Reader	Each	P	PA, QL
Freestyle Libre 14 Day Sensor	Kit	P	PA, QL
Freestyle Libre 2 Reader	Each	P	PA, QL
Freestyle Libre 2 Sensor	Kit	P	PA, QL
Freestyle Lite Meter	Kit	P	
Freestyle Lite Strips	Strip	P	QL
Freestyle Navigator	Each	NP	PA, QL
Freestyle Precision	Disp Syrin	P	
Freestyle Precision Neo	Strip	P	QL
Freestyle Precision Neo Meter	Each	P	
Freestyle Sidekick li	Kit	P	
Freestyle System	Kit	P	
Freestyle Test Strips	Strip	P	QL
Freestyle Unistik 2	Each	P	
Frotek	Cream Pack	NP	
Frova	Tablet	NP	QL, ST
Frovatriptan Succinate	Tablet	P	QL, ST
Fulphila	Syringe	P	SP, PA, QL
Furadantin	Oral Susp	NP	
Furosemide	Solution	S	
Furosemide	Tablet	V	
Fuzeon	Vial	P	SP, PA
Fyavolv	Tablet	S	
Fycompa	Oral Susp	NP	
Fycompa	Tab Ds Pk	NP	
Fycompa	Tablet	P	
G Tussin Ac	Liquid	S	QL, A
Gabapentin	Capsule	S	
Gabapentin	Solution	S	
Gabapentin	Tablet	S	
Gabitril	Tablet	NP	
Galafold	Capsule	NP	SP, PA, QL
Galantamine Er	Cap24h Pel	S	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Galantamine Hbr	Tablet	S	QL
Galantamine Hydrobromide	Solution	S	
Galzin	Capsule	NP	
Gamastan	Vial	P	SP, PA
Gamastan S-D	Vial	P	SP, PA
Gammagard S-D	Vial	P	SP, PA
Gammaked	Vial	P	SP, PA
Gamunex-C	Vial	P	SP, PA
Gardasil	Vial		ACA, A
Gardasil 9	Syringe		ACA, A
Gardasil 9	Vial		ACA, A
Gastrocrom	Oral Conc	NP	
Gatifloxacin	Drops	P	
Gattex	Kit	P	SP, PA
Gavilyte-C	Soln Recon	S	
Gavilyte-G	Soln Recon	S	
Gavilyte-H And Bisacodyl	Kit	P	
Gavilyte-N	Soln Recon	S	
Gavreto	Capsule		CH, SP, PA, QL
Gdrive	Kit	NP	
Ge100 Blood Glucose System	Kit	NP	PA
Ge100 Blood Glucose Test Strip	Strip	NP	PA, QL
Ge100 Control Solution Normal	Each	NP	
Ge333 Blood Glucose Test Strip	Strip	NP	PA, QL
Gelfilm	Each	NP	
Gelfilm (25x50mm)	Each	NP	
Gelfoam	Powder	NP	
Gelfoam	Sponge	NP	
Gelfoam Compressed	Sponge	NP	
Gelnique	Gel Md Pmp	NP	QL, ST
Gelnique	Gel Packet	NP	QL, ST
Gemcitabine Hcl	Vial		CH, SP, PA
Gemfibrozil	Tablet	S	
Gemmily	Capsule		ACA
Gemtesa	Tablet	NP	QL, ST
Generess Fe	Tab Chew	NP	QL
Generlac	Solution	S	
Gengraf	Capsule	S	
Gengraf	Solution	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Genotropin	Cartridge	NP	SP, PA, QL
Genotropin	Syringe	NP	SP, PA, QL
Genstrip	Strip	NP	PA, QL
Gentak	Oint. (G)	S	
Gentamicin Sulfate	Cream (G)	S	
Gentamicin Sulfate	Drops	S	
Gentamicin Sulfate	Oint. (G)	S	
Genultimate Test Strip	Strip	NP	PA, QL
Genvoya	Tablet	P	
Geodon	Capsule	NP	
Geodon	Vial	P	SP
Gialax	Kit	NP	
Gianvi	Tablet		ACA
Giazo	Tablet	NP	QL, ST
Gildagia	Tablet		ACA
Gilenya	Capsule	P	SP, QL
Gilotrif	Tablet		CH, SP, PA, QL
Glaspak	Disp Syrin	NP	
Glassia	Vial	NP	SP, PA
Glatiramer Acetate	Syringe	P	SP, QL
Glatopa	Syringe	P	SP, QL
Gleevec	Tablet		CH, SP, PA
Glentuss	Liquid	S	QL
Gleostine	Capsule		CH, SP, PA
Glimepiride	Tablet	V	
Glipizide	Tablet	V	
Glipizide Er	Tab Er 24	V	
Glipizide Xl	Tab Er 24	V	
Glipizide-Metformin	Tablet	S	
Gloperba	Solution	NP	QL, ST
Glucagen	Vial	NP	
Glucagon Emergency Kit	Vial	P	
Glucagon Emergency Kit	Vial	S	QL
Glucagon Hcl	Vial	P	
Gluco Navii	Kit	NP	PA
Gluco Navii	Strip	NP	PA, QL
Glucocard 01	Kit	NP	PA
Glucocard 01 Control	Each	NP	
Glucocard 01 Sensor Plus	Strip	NP	PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Glucocard Expression	Kit	NP	PA
Glucocard Expression	Strip	NP	PA, QL
Glucocard Expression (Control)	Each	NP	
Glucocard Expression (Meter)	Each	NP	PA
Glucocard Shine	Kit	NP	PA
Glucocard Shine	Strip	NP	PA, QL
Glucocard Shine (Control)	Each	NP	
Glucocard Shine (Meter)	Each	NP	PA
Glucocard Shine XI	Each	NP	PA
Glucocard Vital	Kit	NP	PA
Glucocard Vital	Strip	NP	PA, QL
Glucocard Vital Sensor	Strip	NP	PA, QL
Glucocom	Each	NP	
Glucocom Autolink	Miscell	P	
Glucocom Blood Glucose	Kit	NP	PA
Glucocom Control Solution	Each	NP	
Glucocom Glucose	Strip	NP	PA, QL
Glucocom Lancets	Each	NP	
Glucophage	Tablet	NP	
Glucophage Xr	Tab Er 24h	NP	
Glucose	Tab Chew	S	
Glucose Control	Each	NP	
Glucose Control Solution	Each	NP	
Glucose Test Strip	Strip	NP	PA, QL
Glucotrol	Tablet	NP	
Glucotrol XI	Tab Er 24	NP	
Glucovance	Tablet	NP	
Glumetza	Tabergr24h	NP	ST
Glutathione	Powder	NP	
Glutathione-L	Powder	NP	
Glyburide	Tablet	V	
Glyburide Micronized	Tablet	S	
Glyburide-Metformin Hcl	Tablet	V	
Glycate	Tablet	NP	ST
Glycine	Irrig Soln	S	
Glycopyrrolate	Tablet	S	
Glycopyrrolate	Tablet	P	ST
Glycopyrrolate	Vial	S	
Glydo	Jel/Pf App	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Glynase	Tablet	NP	
Glyset	Tablet	NP	QL
Glyxambi	Tablet	NP	QL, ST
Gmate	Each	NP	
Gmate Control Solution	Each	NP	
Gmate Lancing Device	Each	NP	
Gmate Smart Meter	Each	NP	PA
Gmate Smart Starter	Kit	NP	PA
Gmate Test Strips	Strip	NP	PA, QL
Gmate Voice Meter	Each	NP	PA
Gmate Voice Starter	Kit	NP	PA
Gocovri	Cap Er 24h	NP	
Golytely	Powd Pack	NP	
Golytely	Soln Recon	NP	
Gonitro	Powd Pack	P	
Goodlife Ac-302 Glucose Meter	Each	NP	PA
Goodlife Ac-302 Test Strip	Strip	NP	PA, QL
Gordon's Urea	Oint. (G)	NP	
Grafix Core	Sheet	NP	
Grafix Prime	Sheet	NP	
Gralise	Tab Er 24h	NP	PA, QL
Gralise	Tab24hdspk	NP	PA, QL
Granisetron Hcl	Tablet	S	QL
Granisetron Hcl	Vial	P	SP, PA
Granix	Syringe	P	SP, PA, QL
Granix	Vial	P	SP, PA, QL
Grastek	Tab Subl	NP	PA, QL
Griseofulvin	Oral Susp	S	
Griseofulvin	Tablet	P	
Griseofulvin Ultramicrosized	Tablet	P	
Gris-Peg	Tablet	NP	
Guaiaccol	Liquid	NP	
Guaiatussin Ac	Liquid	S	QL, A
Guaifenesin Ac	Liquid	S	QL, A
Guaifenesin Dac	Syrup	S	QL, A
Guaifenesin-Codeine	Liquid	S	QL, A
Guanfacine Hcl	Tablet	S	
Guanfacine Hcl Er	Tab Er 24h	S	
Guanidine Hcl	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Guardian Connect Transmitter	Each	NP	PA, QL
Guardian Link 3	Each	NP	PA, QL
Guardian Real-Time	Each	NP	PA, QL
Guardian Rt Charger	Each	NP	PA, QL
Guardian Rt Starter Kit	Kit	NP	PA, QL
Guardian Rt System	Each	NP	PA, QL
Guardian Sensor 3	Each	NP	PA, QL
Guardian Test Plug	Each	NP	PA, QL
Guardian Transmitter Tape	Each	NP	PA, QL
Gvoke Hypopen	Auto Injct	P	
Gvoke Syringe	Syringe	P	
Gynazole 1	Crn/Pf App	P	
H.P. Acthar	Vial	P	SP, PA
Haegarda	Vial	P	SP, PA
Halcinonide	Cream (G)	P	ST
Halcion	Tablet	NP	
Halobetasol Propionate	Cream (G)	S	
Halobetasol Propionate	Foam	P	
Halobetasol Propionate	Oint. (G)	S	
Halog	Cream (G)	NP	
Halog	Oint. (G)	NP	
Halog	Solution	NP	QL, ST
Haloperidol	Tablet	S	
Haloperidol Decanoate	Vial	P	SP
Haloperidol Lactate	Oral Conc	S	
Harmony Control Solution	Each	NP	
Harmony Glucose Test Strip	Strip	NP	PA, QL
Harvoni	Pelet Pack	NP	SP, PA, QL
Harvoni	Tablet	NP	SP, PA, QL
Havrix	Syringe		ACA
Havrix	Vial		ACA
Healon5	Syringe	NP	SP, PA
Healthpro Glucose Control Soln	Each	NP	
Healthpro Glucose Monitor	Each	NP	PA
Healthpro Glucose Test Strips	Strip	NP	PA, QL
Healthpro Test Strips	Strip	NP	PA, QL
Healthy Accents Autolet	Each	NP	
Healthy Accents Unifine Pentip	Dis Needle	P	
Healthy Accents Unilet Lancet	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Heather	Tablet		ACA
Hectorol	Capsule	NP	
Helixate Fs	Vial	P	SP, PA
Hemady	Tablet	P	QL
Hemangeol	Solution	NP	
Hemlibra	Vial	P	SP, PA
Hemmorex-Hc	Supp.Rect	NP	
Hemofil M	Vial	P	SP, PA
Heparin Flush	Kit	P	SP, PA
Heparin Flush	Syringe	S	
Heparin Flush	Vial	S	
Heparin Lock	Syringe	S	
Heparin Lock	Vial	S	
Heparin Sodium	Cartridge	S	
Heparin Sodium	Syringe	S	
Heparin Sodium	Vial	S	
Heparin Sodium-0.9% Nacl	Iv Soln	P	SP, PA
Heplisav-B	Syringe		ACA
Heplisav-B	Vial		ACA
Hepsera	Tablet	NP	SP
Hetlioz	Capsule	NP	SP, PA, QL
Hetlioz Lq	Oral Susp	NP	SP, PA, QL
Hexalen	Capsule		CH, SP, PA
Hiberix	Vial		ACA
Hiprex	Tablet	NP	
Histex-Ac	Syrup	P	QL, A
Hi-Volume Pumping Chamber	Each	P	
Hizentra	Vial	P	SP, PA
Homatropaire	Drops	S	
Homatropine Hydrobromide	Drops	S	
Home Nebulizer Plus Sidestream	Each	NP	
Horizant	Tablet Er	NP	PA
Hpr	Foam	NP	
Hpr Plus	Foam	NP	
Humalog	Cartridge	NP	PA, QL
Humalog	Vial	NP	PA, QL
Humalog Junior Kwikpen	Ins Pen Hf	NP	PA, QL
Humalog Kwikpen U-100	Insuln Pen	NP	PA, QL
Humalog Kwikpen U-200	Insuln Pen	NP	PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Humalog Mix 50-50	<i>Vial</i>	NP	PA, QL
Humalog Mix 50-50 Kwikpen	<i>Insuln Pen</i>	NP	PA, QL
Humalog Mix 75-25	<i>Vial</i>	NP	PA, QL
Humalog Mix 75-25 Kwikpen	<i>Insuln Pen</i>	NP	PA, QL
Humapen Luxura Hd	<i>Insuln Pen</i>	P	
Humate-P	<i>Vial</i>	P	SP, PA
Humatrope	<i>Cartridge</i>	NP	SP, PA, QL
Humatrope	<i>Vial</i>	NP	SP, PA, QL
Humira	<i>Syringekit</i>	P	SP, PA, QL
Humira Pediatric Crohn's	<i>Syringekit</i>	P	SP, PA, QL
Humira Pen	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humira Pen Crohn-Uc-Hs Starter	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humira Pen Psoriasis-Uveitis	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humira(Cf)	<i>Syringekit</i>	P	SP, PA, QL
Humira(Cf) Pediatric Crohn's	<i>Syringekit</i>	P	SP, PA, QL
Humira(Cf) Pen	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humira(Cf) Pen Crohn's-Uc-Hs	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humira(Cf) Pen Pediatric Uc	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humira(Cf) Pen Psor-Uv-Adol Hs	<i>Pen Ij Kit</i>	P	SP, PA, QL
Humulin 70/30 Kwikpen	<i>Insuln Pen</i>	NP	PA, QL
Humulin 70-30	<i>Vial</i>	NP	PA, QL
Humulin N	<i>Vial</i>	NP	PA, QL
Humulin N Kwikpen	<i>Insuln Pen</i>	NP	PA, QL
Humulin R	<i>Vial</i>	NP	PA, QL
Humulin R U-500	<i>Vial</i>	S	QL
Humulin R U-500 Kwikpen	<i>Insuln Pen</i>	S	QL
Hycamtin	<i>Capsule</i>		CH, SP, PA
Hycamtin	<i>Vial</i>		CH, SP, PA
Hycet	<i>Solution</i>	NP	QL
Hyclodex	<i>Spray</i>	NP	
Hycofenix	<i>Solution</i>	NP	QL, A
Hydralazine Hcl	Tablet	S	
Hydrea	<i>Capsule</i>		CH
Hydro 35	<i>Foam</i>	NP	
Hydro 40	<i>Foam</i>	NP	
Hydrochloric Acid	<i>Liquid</i>	NP	
Hydrochlorothiazide	Capsule	V	
Hydrochlorothiazide	Tablet	V	
Hydrocod-Cpm-Pseudoephedrine	Solution	S	A

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Hydrocodone Bitartrate Er	Cap Er 12h	P	QL, ST
Hydrocodone Bitartrate Er	Tab Er 24h	P	QL, ST
Hydrocodone-Acetaminophen	Solution	S	QL
Hydrocodone-Acetaminophen	Tablet	S	QL
Hydrocodone-Acetaminophen (5 Mg-300 Mg, 7.5 Mg-300 Mg, 10 Mg-300 Mg)	Tablet	P	QL
Hydrocodone-Chlorpheniramine Er	Sus Er 12h	S	A
Hydrocodone-Guaifenesin	Solution	P	A
Hydrocodone-Homatropine Mbr	Syrup	S	A
Hydrocodone-Homatropine Mbr	Tablet	S	A
Hydrocodone-Ibuprofen	Tablet	S	
Hydrocortisone	Cream (G)	S	
Hydrocortisone	Crn/Pe App	P	ST
Hydrocortisone	Enema	S	
Hydrocortisone	Lotion	S	
Hydrocortisone	Oint. (G)	S	
Hydrocortisone	Tablet	S	
Hydrocortisone Butyrate	Cream (G)	P	ST
Hydrocortisone Butyrate	Lotion	P	
Hydrocortisone Butyrate	Oint. (G)	P	ST
Hydrocortisone Butyrate	Solution	S	
Hydrocortisone Valerate	Cream (G)	P	ST
Hydrocortisone Valerate	Oint. (G)	P	ST
Hydrocortisone-Acetic Acid	Drops	S	
Hydrocortisone-Iodoquinol	Cream (G)	S	
Hydrocortisone-Pramoxine	Cream/App	S	
Hydrofera Blue	Bandage	NP	
Hydrofera Blue Ready	Bandage	NP	
Hydrogen Peroxide	Solution	NP	
Hydromet	Syrup	S	A
Hydromorph-Bupivac-0.9% NaCl	Pump Resvr	P	SP, PA
Hydromorphone Er	Tab Er 24h	P	QL
Hydromorphone Hcl	Liquid	S	
Hydromorphone Hcl	Pca Syring	P	SP, PA
Hydromorphone Hcl	Supp.Rect	S	
Hydromorphone Hcl	Tablet	S	
Hydromorphone Hcl-0.9% NaCl	Pca Syring	P	SP, PA
Hydroquinone	Cream (G)	S	
Hydroquinone	Crn Er (G)	S	
Hydroxychloroquine Sulfate	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Hydroxyethyl Methacrylate	Liquid	NP	
Hydroxyprogesterone Caproate	Vial	P	SP, PA, QL
Hydroxyurea	Capsule		CH
Hydroxyzine Hcl	Solution	S	
Hydroxyzine Hcl	Tablet	S	
Hydroxyzine Pamoate	Capsule	S	
Hylatopic	Foam	NP	
Hylatopicplus	Cream (G)	NP	
Hylatopicplus	Foam	NP	
Hyophen	Tablet	S	
Hyoscyamine Sulfate	Drops	S	
Hyoscyamine Sulfate	Elixir	S	
Hyoscyamine Sulfate	Tab Rapdis	S	
Hyoscyamine Sulfate	Tab Subl	S	
Hyoscyamine Sulfate	Tablet	S	
Hyoscyamine Sulfate Er	Tab Er 12h	S	
Hyoscyamine Sulfate Sr	Tab Er 12h	S	
Hyosyne	Drops	S	
Hyosyne	Elixir	S	
Hyper-Sal	Vial-Neb	NP	
Hypodermic Needle	Dis Needle	P	
Hypolance	Kit	P	
Hyqvia	Vial	P	SP, PA
Hyqvia Hy Component	Vial	P	SP, PA
Hyqvia Ig Component	Vial	P	SP, PA
Hysingla Er	Tab Er 24h	NP	PA, QL, ST
Hyzaar	Tablet	NP	
Ibandronate Sodium	Tablet	S	QL
Ibrance	Capsule		CH, SP, PA, QL
Ibrance	Tablet		CH, SP, PA, QL
Ibu	Tablet	S	
Ibudone	Tablet	NP	
Ibuprofen	Oral Susp	S	
Ibuprofen	Tablet	S	
Ibuprofen Cold	Oral Susp	S	QL
Ibuprofen Cold & Sinus	Tablet	S	QL
Ibuprofen Cold-Sinus	Tablet	S	QL
Icatibant	Syringe	P	SP, PA, QL
Iclusig	Tablet		CH, SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Icosapent Ethyl	Capsule	S	QL
Idelvion	Vial	P	SP, PA
Idelvion (3500 +/-)	Vial	P	SP
Idhifa	Tablet		CH, SP, PA, QL
Ifosfamide	Vial		CH, SP, PA
Ifosfamide-Mesna	Kit		CH
Iglucose Blood Glucose Monitor	Kit	NP	PA
Iglucose Test Strip	Strip	NP	PA, QL
Ilevro	Drops Susp	NP	
Imatinib Mesylate	Tablet		CH, SP, PA
Imbruvica	Capsule		CH, SP, PA, QL
Imbruvica	Tablet		CH, SP, PA, QL
Imipramine Hcl	Tablet	S	
Imipramine Pamoate	Capsule	P	
Imiquimod	Cream Pack	S	
Imiquimod	Crn Md Pmp	P	
Imiquimod (3.75 %)	Cream Pack	P	QL, ST
Imitrex	Cartridge	NP	QL
Imitrex	Pen Injctr	NP	QL
Imitrex	Spray	NP	QL
Imitrex	Tablet	NP	QL
Imitrex	Vial	NP	QL
Immun Glob G(Igg)/Pro/Iga 0-50	Syringe	P	SP, PA
Imovax Rabies Vaccine	Vial	NP	
Impavido	Capsule	P	SP, PA
Impeklo	Lot Md Pmp	NP	QL, ST
Impoyz	Cream (G)	NP	ST
Imuran	Tablet	NP	
Inbrija	Cap W/Dev	NP	SP, PA, QL
Inbrija	Capsule	NP	SP, PA, QL
Incassia	Tablet		ACA
Incontrol Alcohol Pads	Med. Pad	NP	
Incontrol Lancing Device	Each	NP	
Incontrol Pen Needle	Dis Needle	P	
Incontrol Super Thin Lancets	Each	NP	
Incontrol Ultra Thin Lancets	Each	NP	
Increlex	Vial	P	SP, PA
Incruse Ellipta	Blst W/Dev	P	QL
Indapamide	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
<i>Inderal La</i>	<i>Cap Sa 24h</i>	NP	
<i>Inderal XI</i>	<i>Cap Er 24h</i>	NP	
<i>Indocin</i>	<i>Oral Susp</i>	P	
<i>Indocin</i>	<i>Supp.Rect</i>	P	
Indomethacin	Capsule	S	
Indomethacin (20 Mg)	Capsule	P	QL, ST
Indomethacin Er	Capsule Er	S	
<i>Infanrix Dtap</i>	<i>Syringe</i>		ACA
<i>Infanrix Dtap</i>	<i>Vial</i>		ACA
<i>Infasurf</i>	<i>Vial</i>	NP	
<i>Infinity</i>	<i>Kit</i>	NP	PA
<i>Infinity Control Solution</i>	<i>Each</i>	NP	
<i>Infinity Test Strips</i>	<i>Strip</i>	NP	PA, QL
<i>Infinity Voice Control Soln</i>	<i>Each</i>	NP	
<i>Infinity Voice Glucose Monitor</i>	<i>Each</i>	NP	PA
<i>Infinity Voice Test Strip</i>	<i>Strip</i>	NP	PA, QL
<i>Infusion Set</i>	<i>Infus.Set</i>	P	
<i>Ingrezza</i>	<i>Capsule</i>	NP	SP, PA, QL
<i>Ingrezza Initiation Pack</i>	<i>Cap Ds Pk</i>	NP	SP, PA
<i>Inject Ease Lancets</i>	<i>Each</i>	NP	
<i>Inlyta</i>	<i>Tablet</i>		CH, SP, PA, QL
<i>Innopran XI</i>	<i>Cap Er 24h</i>	NP	
<i>Innospire Deluxe</i>	<i>Each</i>	NP	
<i>Innospire Elegance</i>	<i>Each</i>	NP	
<i>Innospire Essence</i>	<i>Each</i>	NP	
<i>Innospire Mini</i>	<i>Each</i>	NP	
<i>Innospire Replacement Filter</i>	<i>Each</i>	NP	
<i>Inova 4-1</i>	<i>Combo. Pkg</i>	NP	
<i>Inova 8-2</i>	<i>Combo. Pkg</i>	NP	
<i>Inset 30 Infusion Set</i>	<i>Infus.Set</i>	P	
<i>Inset 30 Tubing</i>	<i>Each</i>	P	
<i>Inset Infusion Set</i>	<i>Infus.Set</i>	P	
<i>Inspirachamber</i>	<i>Spacer</i>	P	
<i>Inspiration</i>	<i>Each</i>	NP	
<i>Inspiration Elite</i>	<i>Each</i>	NP	
<i>Inspiration Elite Filter</i>	<i>Each</i>	NP	
<i>Inspra</i>	<i>Tablet</i>	NP	QL
<i>Instaclean</i>	<i>Solution</i>	NP	
<i>Insul-Cap</i>	<i>Miscell</i>	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Insul-Eze	Miscell	P	
Insulin Aspart	Vial	S	QL
Insulin Aspart Flexpen	Insulin Pen	S	QL
Insulin Aspart Penfill	Cartridge	S	QL
Insulin Aspart Prot-Insulin Asp	Insulin Pen	S	QL
Insulin Aspart Prot-Insulin Asp	Vial	S	QL
Insulin Lispro	Ins Pen Hf	S	PA, QL
Insulin Lispro	Vial	S	PA, QL
Insulin Lispro Junior Kwikpen	Ins Pen Hf	S	PA, QL
Insulin Lispro Kwikpen U-100	Insulin Pen	S	PA, QL
Insulin Lispro Protamin/Lispro	Insulin Pen	S	PA, QL
Insulin Lispro Protamine Mix	Insulin Pen	S	PA, QL
Insulin Pen Needle	Dis Needle	P	
Insulin Syringe	Disp Syrin	P	
Insulin Syringe U-500	Disp Syrin	P	
Insupen	Dis Needle	P	
Insyte Autoguard	Each	NP	
Insyte Iv Catheter	Each	NP	
Integra Needle	Dis Needle	NP	
Integra Precisionglide Needle	Dis Needle	P	
Integra Syringe	Disp Syrin	P	
Integra Syringe	Syringe	NP	
Intelence	Tablet	P	
Interlink Syringe	Disp Syrin	NP	
Interlink Syringe W-Cannula	Disp Syrin	NP	
Intermezzo	Tab Subl	NP	QL
Intron A	Vial	P	SP, PA
Introvale	Tbdspk 3mo		ACA, QL
Intuniv	Tab Er 24h	NP	QL
Invacare Lancets	Each	NP	
Invega	Tab Er 24	NP	QL
Invega Sustenna	Syringe	P	SP
Inveltys	Drops Susp	NP	
Invirase	Capsule	P	
Invirase	Tablet	P	
Invokamet	Tablet	NP	QL, ST
Invokamet Xr	Tab Bp 24h	NP	QL, ST
Invokana	Tablet	NP	QL, ST
Iodoflex	Med. Pad	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Iodosorb	Gel (Gram)	NP	
Iophen-C Nr	Liquid	S	A
Iopidine	Droperette	NP	
Iopidine	Drops	NP	
Ipol	Syringe		ACA
Ipol	Vial		ACA
I-Port	Each	P	
I-Port Advance	Each	P	
Ipratropium Bromide	Solution	S	
Ipratropium Bromide	Spray	S	
Ipratropium-Albuterol	Ampul-Neb	S	
Iprivask	Vial	NP	
Irbesartan	Tablet	S	
Irbesartan-Hydrochlorothiazide	Tablet	S	
Irenka	Capsule Dr	NP	QL, ST
Iressa	Tablet		CH, SP, PA
Irinotecan Hcl	Vial		CH, SP, PA
Irrigation Syringe	Disp Syrin	NP	
Isentress	Powd Pack	P	
Isentress	Tab Chew	P	
Isentress	Tablet	P	
Isentress Hd	Tablet	P	
Isibloom	Tablet		ACA
Isochron	Tablet Er	NP	
Isomethept-Dichloralp-Acetamin	Capsule	S	
Isoniazid	Solution	S	
Isoniazid	Tablet	S	
Isopropanol	Solution	NP	
Isopropyl Rubbing Alcohol	Solution	NP	
Isopto Atropine	Drops	NP	
Isopto Carpine	Drops	NP	
Isordil	Tablet	NP	QL, ST
Isordil Titradose	Tablet	NP	
Isosorbide Dinitrate (40mg)	Tablet	P	QL, ST
Isosorbide Dinitrate (5mg, 10mg, 20mg And 30mg)	Tablet	S	
Isosorbide Dinitrate Er	Tablet Er	S	
Isosorbide Mononitrate	Tablet	S	
Isosorbide Mononitrate Er	Tab Er 24h	S	
Isotretinoin	Capsule	S	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Isotretinoin (Generic For ABSORICA)	Capsule	S	
Isoxsuprine Hcl	Tablet	S	
Isradipine	Capsule	S	
Istalol	Drop Daily	NP	
Isturisa	Tablet	NP	SP, PA, QL
Itraconazole	Capsule	S	
Itraconazole	Solution	P	
Iv Antiseptic Wipes	Med. Pad	NP	
Iv Prep Wipes	Med. Pad	NP	
Ivermectin	Cream (G)	P	QL, ST
Ivermectin	Lotion	S	QL
Ivermectin	Tablet	S	
Ixinity	Vial	NP	SP, PA
Jadenu	Tablet	NP	SP, PA
Jadenu Sprinkle	Gran Pack	NP	SP, PA
Jakafi	Tablet		CH, SP, PA, QL
Jalyn	Cmpm 24hr	NP	ST
Janssen Covid19 Vacc(Unapprov)	Vial		ACA
Jantoven	Tablet	S	
Janumet	Tablet	NP	QL, ST
Janumet Xr	Tbmp 24hr	NP	QL, ST
Januvia	Tablet	NP	QL, ST
Jardiance	Tablet	P	QL
Jatenzo	Capsule	NP	PA, QL
Jazz Wireless 2	Kit	NP	
Jencycla	Tablet		ACA
Jentadueto	Tablet	P	QL, ST
Jentadueto Xr	Tab Bp 24h	P	QL, ST
Jetco-Spray Cannula	Miscell	P	
Jevantique Lo	Tablet	NP	
Jinteli	Tablet	S	
Jivi	Vial	P	SP
Jolessa	Tbdspk 3mo		ACA, QL
Jolivette	Tablet		ACA
Jublia	Sol W/Appl	NP	QL, ST
Juleber	Tablet		ACA
Juluca	Tablet	P	
Junel	Tablet		ACA
Junel Fe	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Junel Fe 24	Tablet		ACA
Juxtapid	Capsule	P	SP, PA, QL
Jynarque	Tablet	P	SP, PA, QL
Jynarque	Tablet Seq	P	SP, QL
Jynarque	Tablet Seq	P	SP, PA, QL
Jynneos	Vial		ACA
K Effervescent	Tablet Eff	S	
Kadcyla	Vial		CH
Kadian	Cap Er Pel	NP	
Kadian (40 Mg)	Cap Er Pel	NP	QL, ST
Kaitlib Fe	Tab Chew		ACA, QL
Kaletra	Solution	NP	
Kaletra	Tablet	NP	QL
Kalydeco	Gran Pack	P	SP, PA, QL
Kalydeco	Tablet	P	SP, PA, QL
Kangaroo 924 Safety Screw	Each	P	
Kangaroo Epump Set	Each	P	
Kangaroo Gravity Set	Each	P	
Kapsargo Sprinkle	Cap Spr 24	NP	
Kapvay	Tab Er 12h	NP	PA, QL
Karbinal Er	Sus Er 12h	NP	A
Kariva	Tablet		ACA
Katerzia	Oral Susp	NP	QL, ST
Kayexalate	Powder	NP	
Kazano	Tablet	NP	QL, ST
Keflex	Capsule	NP	
Kelnor 1-35	Tablet		ACA
Kelnor 1-50	Tablet		ACA
Kenalog	Aerosol	NP	ST
Kendall Disinfectant Cap	Each	P	
Kenguard	Each	NP	
Kenguard	Tray	NP	
Keppra	Solution	NP	
Keppra	Tablet	NP	
Keppra Xr	Tab Er 24h	NP	
Kerafoam	Foam	NP	
Keragel	Gel (Gram)	P	
Keragelt	Gel (Gram)	P	
Keralyt	Gel (Gram)	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Keralyt Scalp	Kt Shm Gel	NP	
Keramatrix	Sheet	NP	
Kerlix Amd	Sponge	NP	
Kerlix Amd Bandage	Bandage	NP	
Kerydin	Sol W/Appl	NP	QL, ST
Ketek	Tablet	P	
Ketoconazole	Cream (G)	S	
Ketoconazole	Foam	P	
Ketoconazole	Shampoo	S	
Ketoconazole	Tablet	S	
Ketoprofen	Cap24h Pel	P	
Ketoprofen	Capsule	S	
Ketorolac Tromethamine	Drops	S	
Ketorolac Tromethamine	Spray	P	QL, ST
Ketorolac Tromethamine	Tablet	S	QL
Ketorolac Tromethamine (0.40%)	Drops	P	
Keveyis	Tablet	P	SP, PA, QL
Kevzara	Pen Injctr	NP	SP, PA, QL
Kevzara	Syringe	NP	SP, PA, QL
Khedezla	Tab Er 24	NP	ST
Kids First Vitamin D3	Tab Chew	S	ACA, A
Kimidess	Tablet		ACA
Kineret	Syringe	NP	SP, PA, QL
Kinrix	Syringe		ACA
Kinrix	Vial		ACA
Kionex	Oral Susp	S	
Kionex	Powder	S	
Kisqali	Tablet		CH, SP, PA, QL
Kisqali Femara Co-Pack	Tablet		CH, SP, PA, QL
Klaron	Suspension	NP	
Klisyri	Oint Pack	NP	PA, QL
Klofensaid li	Drops	P	
Klonopin	Tablet	NP	
Klor-Con	Packet	NP	
Klor-Con 10	Tablet Er	NP	
Klor-Con 8	Tablet Er	NP	
Klor-Con M10	Tab Er Prt	S	
Klor-Con M15	Tab Er Prt	S	
Klor-Con M20	Tab Er Prt	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Klor-Con Sprinkle	Capsule Er	S	
Klor-Con-Ef	Tablet Eff	NP	
Koate	Vial	P	SP, PA
Koate-Dvi	Vial	P	SP, PA
Kogenate Fs	Vial	P	SP, PA
Kombiglyze Xr	Tbmp 24hr	NP	QL, ST
Korlym	Tablet	P	SP, PA, QL
Koselugo	Capsule	NP	SP, PA, QL
Kovaltry	Vial	P	SP, PA
K-Phos No.2	Tablet	NP	
K-Phos Original	Tablet Sol	NP	
Krintafel	Tablet	P	QL
Kristalose	Packet	NP	
K-Sol	Liquid	NP	
K-Tab Er	Tablet Er	NP	
Kurvelo	Tablet		ACA
Kuvan	Powd Pack	NP	SP, PA
Kuvan	Tablet Sol	NP	SP, PA
Kyleena	Iud		ACA
Kynamro	Syringe	P	SP, PA, QL
Kynmobi	Film	NP	SP, PA
L.E.T. (Lido-Epineph-Tetra)	Gel/Pf App	S	
Labetalol Hcl	Tablet	S	
Lactated Ringers	Irrig Soln	NP	
Lactic Acid	Cream (G)	S	
Lactic Acid	Liquid	NP	
Lactic Acid	Lotion	S	
Lactulose	Packet	P	ST
Lactulose	Solution	S	
Lamictal	Tablet	NP	
Lamictal	Tb Chw Dsp	NP	
Lamictal (Blue)	Tab Ds Pk	NP	
Lamictal (Green)	Tab Ds Pk	NP	
Lamictal (Orange)	Tab Ds Pk	NP	
Lamictal Odt	Tab Rapdis	NP	
Lamictal Odt (Blue)	Tb Rd Dspk	NP	
Lamictal Odt (Green)	Tb Rd Dspk	NP	
Lamictal Odt (Orange)	Tb Rd Dspk	NP	
Lamictal Xr	Tab Er 24	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Lamictal Xr (Blue)	Tb Er Dspk	NP	
Lamictal Xr (Green)	Tb Er Dspk	NP	
Lamictal Xr (Orange)	Tb Er Dspk	NP	
Lamioflur	Drops	NP	
Lamisil	Tablet	NP	QL
Lamivudine	Solution	S	
Lamivudine	Tablet	S	
Lamivudine (100 Mg)	Tablet	P	SP
Lamivudine Hbv	Tablet	P	SP
Lamivudine-Zidovudine	Tablet	S	
Lamotrigine	Tablet	S	
Lamotrigine	Tb Chw Dsp	S	
Lamotrigine (Blue)	Tab Ds Pk	S	
Lamotrigine (Green)	Tab Ds Pk	S	
Lamotrigine (Orange)	Tab Ds Pk	S	
Lamotrigine Er	Tab Er 24	S	
Lamotrigine Odt	Tab Rapdis	S	
Lamotrigine Odt (Blue)	Tb Rd Dspk	S	
Lamotrigine Odt (Green)	Tb Rd Dspk	S	
Lamotrigine Odt (Orange)	Tb Rd Dspk	S	
Lancet Device	Each	NP	
Lancets	Each	NP	
Lancets Thin	Each	NP	
Lancets Ultra Thin	Each	NP	
Lancing Device	Each	NP	
Lancing Device	Kit	NP	
Lancing System	Each	NP	
Lanoxin	Tablet	NP	
Lanoxin (62.5 Mcg And 187.5 Mcg)	Tablet	P	
Lansoprazol-Amoxicil-Clarithro	Combo. Pkg	S	
Lansoprazole	Capsule Dr	S	QL, A
Lansoprazole	Tab Rap Dr	P	QL, ST, A
Lanthanum Carbonate	Tab Chew	P	
Lantus	Vial	P	QL
Lantus Solostar	Insuln Pen	P	QL
Lanzo	Kit	P	
Lapatinib	Tablet	P	SP, PA
Larin	Tablet		ACA
Larin 24 Fe	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Larin Fe	Tablet		ACA
Larissia	Tablet		ACA
Lasix	Tablet	NP	
Latanoprost	Drops	S	
Latrix	Suspension	S	
Latuda	Tablet	P	QL
Layolis Fe	Tab Chew		ACA, QL
Lazanda	Spray/Pump	NP	PA, QL
Lazanda (300 Mcg/Spr)	Spray/Pump	NP	
Lc D Nebulizer Set	Each	NP	
Lc Plus	Each	NP	
Lc Plus Nebulizer-Ped Mask	Each	NP	
Lc Sprint Nebulizer	Each	NP	
Lc Star	Each	NP	
Ledipasvir-Sofosbuvir	Tablet	P	SP, PA, QL
Leena	Tablet		ACA
Leflunomide	Tablet	S	
Lenvima (14 Mg/Day)	Capsule	P	CH, SP, PA
Lenvima (4 Mg)	Capsule	P	SP
Lenvima (8 Mg/Day)	Capsule		CH, SP, PA
Lescol	Capsule	NP	
Lescol XI	Tab Er 24h	NP	QL
Lessina	Tablet		ACA
Letairis	Tablet	NP	SP, PA
Letrozole	Tablet		ACA
Leucovorin Calcium	Tablet		CH
Leucovorin Calcium	Vial		CH
Leukeran	Tablet		CH, SP, PA
Leukine	Vial	P	SP, PA
Leuprolide Acetate	Kit		CH, SP, PA
Leuprolide Acetate	Vial		CH, SP, PA
Leva Set	Kit	NP	
Levalbuterol Concentrate	Vial-Neb	P	QL
Levalbuterol Hcl	Vial-Neb	S	QL
Levalbuterol Tartrate Hfa	Hfa Aer Ad	S	QL
Levaquin	Tablet	NP	
Levatol	Tablet	NP	
Levbid	Tab Er 12h	NP	
Levemir	Vial	P	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Levemir Flextouch	Insulin Pen	P	QL, ST
Lever Lock Cannula	Each	P	
Levetiracetam	Solution	S	
Levetiracetam	Tablet	S	
Levetiracetam Er	Tab Er 24h	S	
Levitra	Tablet	NP	PA, QL
Levobunolol Hcl	Drops	S	
Levocarnitine	Solution	S	
Levocetirizine Dihydrochloride	Solution	S	QL
Levocetirizine Dihydrochloride	Tablet	S	QL
Levofloxacin	Drops	S	
Levofloxacin	Solution	S	
Levofloxacin	Tablet	S	
Levonest	Tablet		ACA
Levonorgestrel	Tablet		ACA
Levonorgestrel-Eth Estradiol	Tablet		ACA
Levonorgestrel-Eth Estradiol	Tbdspk 3mo		ACA, QL
Levonorg-Eth Estrad Eth Estrad	Tbdspk 3mo		ACA, QL
Levora-28	Tablet		ACA
Levorphanol Tartrate	Tablet	P	ST
Levo-T	Tablet	NP	
Levothyroxine	Capsule	P	ST
Levothyroxine Sodium	Tablet	S	
Levothyroxine Sodium	Vial	P	SP, PA
Levoxyl	Tablet	NP	
Levsin	Tablet	NP	
Levsin-SI	Tab Subl	NP	
Levulan	Sol W/Appl	NP	
Lexapro	Solution	NP	
Lexapro	Tablet	NP	
Lexette	Foam	NP	ST
Lexiva	Oral Susp	NP	
Lexiva	Tablet	NP	
Lialda	Tablet Dr	NP	
Liberty Lev 1 Glucose Control	Each	NP	
Liberty Lev 2 Glucose Control	Each	NP	
Liberty Monitor	Each	NP	PA
Liberty Test Strips	Strip	NP	PA, QL
Librax	Capsule	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Licart	Patch Td24	NP	QL, ST
Lidocaine	Adh. Patch	P	
Lidocaine	Oint. (G)	S	
Lidocaine Hcl	Cream (G)	S	
Lidocaine Hcl	Jel/Pf App	S	
Lidocaine Hcl	Jelly(MI)	S	
Lidocaine Hcl	Lotion	S	
Lidocaine Hcl	Solution	S	
Lidocaine Hcl	Syringe	P	SP, PA
Lidocaine Hcl (400 Mg/20ml)	Syringe	S	
Lidocaine Hcl In 7.5% Dextrose	Ampul	S	
Lidocaine Hcl Viscous	Solution	S	
Lidocaine-Epinephrin-Tetracain	Sol/Pf App	S	
Lidocaine-Hydrocortisone	Cream (G)	S	
Lidocaine-Hydrocortisone	Cream/Appl	S	
Lidocaine-Hydrocortisone	Gel W/Appl	S	
Lidocaine-Hydrocortisone	Kit	S	
Lidocaine-Prilocaine	Cream (G)	S	
Lidocaine-Prilocaine	Kit	S	
Lidoderm	Adh. Patch	NP	
Lido-K	Lotion	NP	
Lidopin	Cream (G)	NP	
Lidopril	Kit	NP	
Lidopril Xr	Kit	NP	
Lido-Prilo Caine Pack	Kit	NP	
Lidorx	Gel W/Pump	NP	
Lidotrex	Gel (Gram)	NP	
Lidozion	Lotion	NP	
Lifeshield Blunt Cannula	Dis Needle	NP	
Lifeshield Blunt Cannula	Disp Syrin	NP	
Liletta	Iud		ACA
Lillow	Tablet		ACA
Lindane	Shampoo	S	
Linezolid	Susp Recon	S	
Linezolid	Tablet	S	
Linzess	Capsule	NP	QL, ST
Lioresal Intrathecal	Ampul	NP	SP, PA
Liothyronine Sodium	Tablet	S	
Lipitor	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Lipochol Plus	Tablet	NP	
Lipofen	Capsule	NP	
Liprozonepak	Kit	NP	
Lisinopril	Tablet	V	
Lisinopril-Hydrochlorothiazide	Tablet	V	
Lite Coat Aspirin	Tablet	S	ACA, A
Lite Touch	Dis Needle	P	
Lite Touch	Disp Syrin	P	
Lite Touch (Lancets)	Each	NP	
Lite Touch (Lancing Device)	Each	NP	
Liteaire	Spacer	P	
Litetouch	Each	NP	
Litetouch Insulin Syringe	Disp Syrin	P	
Lithium	Solution	S	
Lithium Carbonate	Capsule	S	
Lithium Carbonate	Tablet	S	
Lithium Carbonate Er	Tablet Er	S	
Lithobid	Tablet Er	NP	
Lithostat	Tablet	NP	
Livalo	Tablet	NP	QL
Livixil Pak	Kit	NP	
Lo Loestrin Fe	Tablet	NP	
Locoid	Cream (G)	NP	ST
Locoid	Lotion	NP	ST
Locoid	Oint. (G)	NP	
Locoid	Solution	NP	ST
Locoid Lipocream	Cream (G)	NP	ST
Locort	Tab Ds Pk	S	
Lodine	Tablet	NP	
Lo-Dose Aspirin Ec	Tablet Dr	S	ACA, A
Lodosyn	Tablet	NP	
Lodrane D	Capsule	P	QL
Loestrin	Tablet	NP	
Loestrin Fe	Tablet	NP	
Lofibra	Capsule	NP	
Lofibra	Tablet	NP	
Lofric	Each	NP	
Lokelma	Powd Pack	NP	QL, ST
Lomedia 24 Fe	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Lomotil	Tablet	NP	
Long Acting Nasal Decongestant	Tablet Er	S	QL
Lonhala Magnair Refill	Vial-Neb	NP	QL
Lonhala Magnair Starter	Vial-Neb	NP	QL
Lonsurf	Tablet		CH, SP, PA, QL
Loperamide	Capsule	S	
Lopid	Tablet	NP	
Lopinavir-Ritonavir	Solution	S	
Lopinavir-Ritonavir	Tablet	S	QL
Lopreeza	Tablet	S	
Lopressor	Tablet	NP	
Lopressor Hct	Tablet	NP	
Loprox	Cream (G)	NP	
Loprox	Shampoo	NP	
Loprox	Suspension	NP	
Lorata-D	Tab Er 24h	S	QL
Lorata-Dine D	Tab Er 24h	S	QL
Loratadine-D	Tab Er 12h	S	QL
Loratadine-D	Tab Er 24h	S	QL
Lorazepam	Oral Conc	S	
Lorazepam	Tablet	S	
Lorazepam Intensol	Oral Conc	S	
Lorbrena	Tablet	NP	SP, PA, QL
Lorcet	Tablet	S	QL
Lorcet Hd	Tablet	S	QL
Lorcet Plus	Tablet	S	QL
Lortab	Solution	NP	QL
Lortuss Dm	Liquid	NP	QL
Lortuss Ex	Syrup	S	QL, A
Lortuss Lq	Liquid	P	QL
Loryna	Tablet		ACA
Lorzone	Tablet	NP	
Losartan Potassium	Tablet	V	
Losartan-Hydrochlorothiazide	Tablet	V	
Loseasonique	Tbdspk 3mo	NP	QL
Lotemax	Drops Gel	NP	QL
Lotemax	Drops Susp	P	
Lotemax	Oint. (G)	P	
Lotemax SM	Drops Gel	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Lotensin	Tablet	NP	
Lotensin Hct	Tablet	NP	
Loteprednol Etabonate	Drops Gel	P	QL, ST
Lotrel	Capsule	NP	
Lotrisone	Cream (G)	NP	
Lotronex	Tablet	NP	
Loutrex	Cream (G)	S	
Lovastatin	Tablet	V	ACA, A
Lovenox	Syringe	NP	
Lovenox	Vial	NP	
Low Dose Aspirin Ec	Tablet Dr	S	ACA, A
Low-Ogestrel	Tablet		ACA
Loxapine	Capsule	S	
Lp Lite Pak	Kit	NP	
Lubiprostone	Capsule	NP	QL, ST
Lucemyra	Tablet	P	QL
Ludent Fluoride	Tab Chew	NP	A
Luer Lock Syringe	Disp Syrin	NP	
Luer Slip Tip Syringe Tray	Disp Syrin	P	
Luer-Lock Syringe	Disp Syrin	P	
Luer-Lok Syringe	Disp Syrin	P	
Luer-Lok Syringe-Needle	Disp Syrin	NP	
Luer-Lok Tip Syringe	Disp Syrin	NP	
Luerslip Syringe	Disp Syrin	NP	
Lugol's	Solution	S	
Luliconazole	Cream (G)	P	
Lumigan	Drops	NP	
Lunesta	Tablet	NP	QL
Lupaneta Pack	Kt Syr Tab	P	CH, SP, PA
Lupkynis	Capsule	NP	SP, PA, QL
Lupron Depot	Syringekit	P	CH, SP, PA
Lupron Depot (Lupaneta)	Syringekit	P	CH, SP, PA
Lupron Depot-Ped	Kit	P	CH, SP, PA
Lupron Depot-Ped	Syringekit	P	CH, SP, PA
Lutera	Tablet		ACA
Luxamend	Cream (G)	NP	
Luxiq	Foam	NP	ST
Luzu	Cream (G)	NP	
Lynparza	Capsule	NP	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Lynparza	Tablet		CH, SP, PA
Lyricea	Capsule	NP	QL, ST
Lyricea	Solution	NP	QL, ST
Lyricea Cr	Tab Er 24h	NP	QL, ST
Lysodren	Tablet		CH
Lysteda	Tablet	NP	QL
Lyza	Tablet		ACA
Macrobid	Capsule	NP	
Macrodantin	Capsule	NP	
Mafenide Acetate	Packet	S	
Magellan Insulin Safety Syrng	Disp Syrin	P	
Magellan Insulin Syringe	Disp Syrin	P	
Magellan Safety Syringe	Disp Syrin	NP	
Magellan Tuberculin Syringe	Disp Syrin	NP	
Magic3 Intermittent Catheter	Each	NP	
Magnesium Sulfate-0.9% Nacl	Piggyback	P	SP, PA
Magni-Guide Magnifier	Miscell	P	
Makena	Auto Injct	NP	SP, QL
Makena	Vial	NP	SP, QL
Malarone	Tablet	NP	
Malathion	Lotion	S	
Maprotiline Hcl	Tablet	S	
Mar-Cof Cg	Liquid	S	QL, A
Marinol	Capsule	NP	
Marlissa	Tablet		ACA
Marnatal-F	Capsule	S	
Marplan	Tablet	NP	ST
Marten-Tab	Tablet	S	QL
Mask Set With Y-Piece	Each	NP	
Matristem	Sheet	NP	
Matristem Micromatrix	Powder(Ea)	NP	
Matulane	Capsule		CH, SP, PA
Matzim La	Tab Er 24h	S	
Mavenclad	Tablet	NP	SP, PA, QL
Mavik	Tablet	NP	
Mavyret	Tablet	P	SP, PA, QL
Maxalt	Tablet	NP	QL
Maxalt Mlt	Tab Rapidis	NP	QL
Maxi-Comfort	Disp Syrin	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Maxidex	Drops Susp	NP	
Maxinate	Tablet	NP	
Maxitrol	Drops Susp	NP	
Maxitrol	Oint. (G)	NP	
Maxzide	Tablet	NP	
Maxzide-25 Mg	Tablet	NP	
Mayzent	Tab Ds Pk	NP	SP, PA, QL
Mayzent	Tablet	NP	SP, PA, QL
M-Clear Wc	Liquid	NP	QL, A
Meclizine Hcl	Tablet	S	
Meclofenamate Sodium	Capsule	P	
Medisense	Combo. Pkg	P	
Medisense	Each	P	
Medisense Control	Combo. Pkg	P	
Medisense Glucose Ketone	Combo. Pkg	P	
Medisense Glucose Ketone Contr	Each	P	
Medisense Thin Lancets	Each	P	
Medlance Plus	Each	NP	
Medlance Plus Special Blade	Each	NP	
Medolor Pak	Kit	NP	
Medrol	Tab Ds Pk	NP	
Medrol	Tablet	NP	
Medrol (2 Mg)	Tablet	P	
Medroxyprogesterone Acetate	Syringe		ACA, QL
Medroxyprogesterone Acetate	Tablet	S	
Medroxyprogesterone Acetate	Vial		ACA, QL
Medsaver	Disp Syrin	NP	
Medtronic Remote Control	Each	P	
Mefenamic Acid	Capsule	P	QL
Mefloquine Hcl	Tablet	S	
Megace	Oral Susp		CH
Megace Es	Oral Susp		CH
Megestrol Acetate	Oral Susp		CH
Megestrol Acetate	Tablet		CH
Mekinist	Tablet		CH, SP, PA, QL
Mektovi	Tablet		CH, SP, PA, QL
Melodetta 24 Fe	Tab Chew		ACA, QL
Meloxicam	Capsule	P	QL, ST
Meloxicam	Oral Susp	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Meloxicam	Tablet	S	
Melpaque Hp	Cream (G)	S	
Melphalan	Tablet		CH, SP
Melquin-3	Solution	S	
Memantine Hcl	Solution	P	
Memantine Hcl	Tab Ds Pk	S	ST
Memantine Hcl	Tablet	S	
Memantine Hcl Er	Cap Spr 24	S	QL, ST
Menactra	Vial		ACA
Me-Naphos-Mb-Hyo 1	Tablet	S	
M-End Dmx	Liquid	P	QL
M-End Pe	Liquid	P	QL, A
Menest	Tablet	P	
Menomune-A-C-Y-W-135	Vial		ACA
Menostar	Patch Tdwk	NP	
Menquadfi	Vial		ACA
Mentax	Cream (G)	NP	
Mentho-Caine	Kt Oint Sp	NP	
Menveo A-C-Y-W-135-Dip	Kit		ACA
Meperidine Hcl	Solution	S	
Meperidine Hcl	Tablet	S	
Mephyton	Tablet	NP	
Meprobamate	Tablet	P	
Mepron	Oral Susp	NP	
Mercaptopurine	Tablet		CH
Mesalamine	Enema	S	
Mesalamine	Enema Kit	P	
Mesalamine	Supp.Rect	S	QL
Mesalamine (1.2 G)	Tablet Dr	S	QL
Mesalamine (800 Mg)	Tablet Dr	P	QL
Mesalamine Dr	Cap(Drtab)	S	QL
Mesalamine Er	Cap Er 24h	S	QL
Mesna	Vial	P	SP, PA
Mesnex	Tablet	P	SP, PA
Mesnex	Vial	NP	SP, PA
Mestinon	Syrup	NP	
Mestinon	Tablet	NP	
Mestinon	Tablet Er	NP	
Metadate Cd	Cpbp 30-70	NP	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Metadate Er	Tablet Er	S	QL
Metaproterenol Sulfate	Syrup	S	
Metaproterenol Sulfate	Tablet	S	
Metaxall	Tablet	P	
Metaxalone (400 Mg)	Tablet	P	ST
Metaxalone (800 Mg)	Tablet	P	
Meter-Check	Each	NP	
Metformin Er Gastric	Tabergr24h	P	ST
Metformin Er Osmotic	Tab Er 24	P	
Metformin Hcl	Solution	P	
Metformin Hcl	Tablet	V	
Metformin Hcl Er	Tab Er 24h	V	
Methadone Hcl	Oral Conc	S	
Methadone Hcl	Solution	S	
Methadone Hcl	Tablet	S	
Methadone Hcl	Tablet Sol	S	
Methadone Hcl	Vial	P	SP, PA
Methadone Intensol	Oral Conc	S	
Methadose	Oral Conc	NP	
Methadose	Tablet Sol	S	
Methamphetamine Hcl	Tablet	P	
Methazolamide	Tablet	P	
Methenamine Hippurate	Tablet	S	
Methenamine Mandelate	Tablet	S	
Methergine	Tablet	NP	
Methimazole	Tablet	S	
Methitest	Tablet	P	PA
Methocarbamol	Tablet	S	
Methocel E 4 M	Powder	NP	
Methotrexate	Tablet		CH
Methotrexate	Vial		CH
Methotrexate Sodium	Vial		CH
Methoxsalen	Cap Lq Rap	S	
Methscopolamine Bromide	Tablet	S	
Methyclothiazide	Tablet	S	
Methyldopa	Tablet	S	
Methyldopa-Hydrochlorothiazide	Tablet	S	
Methylergonovine Maleate	Tablet	S	
Methylin	Solution	NP	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Methylphenidate Er	Csbp 40-60	P	QL, ST
Methylphenidate Er	Tab Er 24	P	QL
Methylphenidate Er	Tablet Er	S	QL
Methylphenidate Er (La)	Cpbb 50-50	P	QL
Methylphenidate Hcl	Solution	S	QL
Methylphenidate Hcl	Tab Chew	P	
Methylphenidate Hcl	Tablet	S	
Methylphenidate Hcl Cd	Cpbb 30-70	P	QL
Methylphenidate Hcl Er (Cd)	Cpbb 30-70	P	QL
Methylphenidate La	Cpbb 50-50	P	QL
Methylprednisolone	Tab Ds Pk	S	
Methylprednisolone	Tablet	S	
Methyltestosterone	Capsule	P	PA
Metipranolol	Drops	S	
Metoclopramide Hcl	Solution	S	
Metoclopramide Hcl	Tablet	S	
Metoclopramide Hcl Odt	Tab Rapdis	P	ST
Metolazone	Tablet	S	
Metoprolol Succinate	Tab Er 24h	V	
Metoprolol Succinate Er-Hctz	Tab Er 24h	P	ST
Metoprolol Tartrate	Tablet	V	
Metoprolol Tartrate (37.5 Mg And 75 Mg)	Tablet	S	
Metoprolol-Hydrochlorothiazide	Tablet	S	
<i>Metrocream</i>	<i>Cream (G)</i>	NP	
<i>Metrogel</i>	<i>Gel (Gram)</i>	NP	
<i>Metrogel</i>	<i>Gel W/Pump</i>	NP	
<i>Metrogel-Vaginal</i>	<i>Gel W/Appl</i>	NP	
<i>Metrolotion</i>	<i>Lotion</i>	NP	
Metronidazole	Capsule	P	
Metronidazole	Cream (G)	S	
Metronidazole	Gel (Gram)	S	
Metronidazole	Gel W/Appl	S	
Metronidazole	Gel W/Pump	S	
Metronidazole	Lotion	S	
Metronidazole	Tablet	S	
Metyrosine	Capsule	P	SP, PA, QL
Mexiletine Hcl	Capsule	S	
<i>Mezparox-Hc</i>	<i>Cream (G)</i>	NP	
<i>Miacalcin</i>	<i>Spray/Pump</i>	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Mibelas 24 Fe	Tab Chew		ACA, QL
Micardis	Tablet	NP	ST
Micardis Hct	Tablet	NP	ST
Miconazole 3	Supp.Vag	S	
Miconazole-Zinc Oxide-Petroltm	Oint. (G)	S	
Micort-Hc (2.5 % (4g))	Crn/Pe App	NP	
Micort-Hc (2.50%)	Crn/Pe App	P	
Micro	Strip	NP	PA, QL
Micro Air	Each	NP	
Micro Elite	Each	NP	
Micro Plus	Each	NP	
Micro Thin Lancets	Each	NP	
Microbore Extension Set	Infus.Set	P	
Microchamber	Spacer	P	
Microcrystalline Cellulose	Powder	NP	
Microdot	Kit	NP	PA
Microdot	Strip	NP	PA, QL
Microdot (Control)	Each	NP	
Microdot (Meter)	Each	NP	PA
Microdot Xtra	Strip	NP	PA, QL
Microgestin	Tablet		ACA
Microgestin 24 Fe	Tablet	NP	
Microgestin 24 Fe	Tablet		ACA
Microgestin Fe	Tablet		ACA
Microlet	Each	NP	
Microlet 2	Kit	NP	
Microlet Next Lancing Device	Kit	NP	
Microspacer	Spacer	P	
Microtainer Lancets	Each	NP	
Microzide	Capsule	NP	
Midazolam Hcl	Syrup	S	
Midazolam Hcl	Vial	S	
Midodrine Hcl	Tablet	S	
Mifeprex	Tablet	NP	
Mifepristone	Tablet	S	
Migergot	Supp.Rect	P	
Miglitol	Tablet	P	QL
Miglustat	Capsule	P	SP, PA
Migranal	Spray/Pump	NP	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Mili	Tablet		ACA
Millipred	Solution	NP	
Millipred	Tablet	P	
Millipred Dp	Tab Ds Pk	P	
Mimvey	Tablet	S	
Mimvey Lo	Tablet	S	
Mimyx	Cream (G)	NP	
Minastrin 24 Fe	Tab Chew	NP	QL
Mini Lancing Device	Each	NP	
Mini Plus Nebulizer	Each	NP	
Mini Ultra-Thin li	Dis Needle	P	
Minielite	Each	NP	
Minilink Real-Time Transmitter	Each	NP	PA, QL
Minimed	Infus.Set	NP	
Minimed 530g	Each	NP	
Minimed 630g	Each	NP	
Minimed 630g Guardian Start Kt	Each	NP	PA, QL
Minimed 670g	Each	NP	
Minimed Pro-Set	Infus.Set	NP	
Minimed Quick-Serter	Each	NP	
Minimed Quick-Serter	Miscell	NP	
Minimed Reservoir	Each	NP	
Minipress	Capsule	NP	
Minitran	Patch Td24	S	
Minivelle	Patch Tdsw	NP	
Mini-Wright Peak Flow Meter	Each	NP	
Minocin	Capsule	NP	
Minocycline Er	Cap Er 24h	P	QL, ST
Minocycline Hcl	Capsule	S	
Minocycline Hcl	Tablet	P	
Minocycline Hcl Er	Tab Er 24h	P	PA
Minocycline Hcl Er (65 Mg, 80 Mg, 105 Mg And 115 Mg)	Tab Er 24h	P	QL, ST
Minolira Er	Tab Bp 24h	NP	ST
Minoxidil	Tablet	S	
Mio Infusion Set	Infus.Set	P	
Mirapex	Tablet	NP	
Mirapex Er	Tab Er 24h	NP	ST
Mircera	Syringe	P	SP, PA
Mircette	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Mirena	Iud		ACA
Mirtazapine	Tab Rapdis	S	
Mirtazapine	Tablet	S	
Misoprostol	Tablet	S	
Mistassist	Each	P	
Mistassist Kit	Each	P	
Mitigare	Capsule	NP	
Mixed Vespil Venom Protein	Vial	NP	
M-M-R li Vaccine	Vial		ACA
Mobic	Tablet	NP	
Modafinil	Tablet	S	
Moderiba	Tab Ds Pk	NP	SP
Moderiba	Tablet	NP	SP, PA
Moderna Covid19 Vacc(Unapprov)	Vial		ACA
Moderna Covid-19 Vaccine (Eua)	Vial		ACA
Moexipril Hcl	Tablet	S	
Moexipril-Hydrochlorothiazide	Tablet	S	
Molindone Hcl	Tablet	S	
Mometasone Furoate	Cream (G)	S	
Mometasone Furoate	Oint. (G)	S	
Mometasone Furoate	Solution	S	
Monaghan Z Stat	Spacer	P	
Mondoxyne NI	Capsule	S	
Mondoxyne NI (75 Mg)	Capsule	P	
Monoclata-P	Vial	P	SP, PA
Monodox	Capsule	NP	
Mono-Flo	Each	NP	
Monoject	Disp Syrin	P	
Monoject Allergy Tray-Needle	Tray	NP	
Monoject Blood Collection	Dis Needle	P	
Monoject Control Syringe	Disp Syrin	NP	
Monoject Enfit Syringe	Disp Syrin	P	
Monoject Enfit Syringe Cap	Each	P	
Monoject Filter Needle	Dis Needle	P	
Monoject Insulin Safety Syrng	Disp Syrin	P	
Monoject Insulin Syringe	Disp Syrin	P	
Monoject Luer Adapter	Iv Accessr	P	
Monoject Luer Lock Tb Syringe	Disp Syrin	NP	
Monoject Magellan	Disp Syrin	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
<i>Monoject Magellan</i>	<i>Syringe</i>	NP	
<i>Monoject Megellan Tb Syringe</i>	<i>Disp Syrin</i>	P	
<i>Monoject Pharmacy Tray</i>	<i>Disp Syrin</i>	NP	
Monoject Prefill	Syringe	S	
<i>Monoject Safety Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Monoject Smartip Cannula</i>	<i>Syringe</i>	NP	
<i>Monoject Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Monoject Syringe Pharmacy Tray</i>	<i>Disp Syrin</i>	NP	
<i>Monoject Tb</i>	<i>Disp Syrin</i>	NP	
<i>Monoject Tb Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Monoject Tuberculin Safety Syr</i>	<i>Disp Syrin</i>	NP	
<i>Monoject Tuberculin Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Monolet Lancets</i>	<i>Each</i>	NP	
<i>Monolet Thin Lancets</i>	<i>Each</i>	NP	
Mono-Linyah	Tablet		ACA
Mononessa	Tablet		ACA
<i>Mononine</i>	<i>Vial</i>	P	SP, PA
Monsel's	Sol W/Appl	S	
Montelukast Sodium	Gran Pack	S	
Montelukast Sodium	Tab Chew	S	
Montelukast Sodium	Tablet	S	
<i>Monurol</i>	<i>Packet</i>	NP	
<i>Morgidox</i>	<i>Capsule</i>	NP	
<i>Morphabond Er</i>	<i>Tab Er 12h</i>	NP	
Morphine Sulfate	Cartridge	P	SP, PA
Morphine Sulfate	Solution	S	
Morphine Sulfate	Supp.Rect	S	
Morphine Sulfate	Syringe	S	
<i>Morphine Sulfate</i>	<i>Tablet</i>	P	
Morphine Sulfate Er	Cpmp 24hr	P	QL
Morphine Sulfate Er	Tablet Er	S	
Morphine Sulfate Er (10 Mg, 30 Mg, And 100 Mg)	Cap Er Pel	S	
Morphine Sulfate Er (20 Mg, 50 Mg, 60 Mg, And 80mg)	Cap Er Pel	P	
Morphine Sulfate Er (40 Mg)	Cap Er Pel	P	QL, ST
Morphine Sulfate-0.9% Nacl	Pca Syring	P	SP, PA
Morphine Sulfate-0.9% Nacl	Pca Vial	P	SP, PA
Morphine Sulfate-0.9% Nacl	Plast. Bag	P	SP, PA
Morphine Sulfate-0.9% Nacl	Syringe	P	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Motegrity	Tablet	NP	QL, ST
Motofen	Tablet	NP	
Mouthpiece	Each	NP	
Movantik	Tablet	P	PA, QL
Moviprep	Powd Pack	NP	QL
Moxatag	Tbmp 24hr	NP	
Moxeza	Drops Visc	NP	QL, ST
Moxifloxacin	Drops	S	QL, ST
Moxifloxacin	Drops Visc	S	QL, ST
Moxifloxacin Hcl	Tablet	S	
Ms Contin	Tablet Er	NP	
Mugard	Solution	NP	
Mulpleta	Tablet	NP	SP
Mulpleta	Tablet	P	SP, PA, QL
Multaq	Tablet	NP	
Multi-Lancet	Kit	P	
Multi-Vitamin W-Fluoride	Drops	S	A
Multi-Vitamin W-Fluoride-Iron	Drops	S	ACA, A
Multivitamin With Fluoride	Drops	S	A
Multivitamin With Fluoride	Tab Chew	S	A
Multi-Vitamin With Fluoride	Tab Chew	S	A
Multivitamin-Iron-Fluoride	Drops	S	ACA, A
Multivitamins W-Fluoride-Iron	Drops	S	ACA, A
Multivitamins With Fluoride	Drops	S	A
Mupirocin	Cream (G)	S	
Mupirocin	Oint. (G)	S	
Muri-Lube Mineral Oil	Vial	NP	
Muse	Supp.Ureth	P	PA, QL
Mvc-Fluoride	Tab Chew	S	A
My Choice	Tablet		ACA
My Mdi Portable Nebuliser	Each	NP	
My Way	Tablet		ACA
Myalept	Vial	P	SP, PA
Myambutol	Tablet	NP	
Mycapssa	Capsule Dr	NP	SP, PA
Mycobutin	Capsule	NP	
Mycophenolate Mofetil	Capsule	S	
Mycophenolate Mofetil	Susp Recon	S	
Mycophenolate Mofetil	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Mycophenolic Acid	Tablet Dr	S	
Mydayis	Cptp 24hr	NP	QL
Mydriacyl	Drops	NP	
Mydriatic3 (Trop-Cyclopent-Pe)	Drops	NP	
Myelogram Tray	Tray	P	
Myfembree	Tablet	NP	SP, PA, QL
Myfortic	Tablet Dr	NP	
Myglucohealth	Kit	NP	PA
Myglucohealth	Strip	NP	PA, QL
Myglucohealth Control Solution	Each	NP	
Myglucohealth Lancets	Each	NP	
Myleran	Tablet		CH
Mynatal	Capsule	S	
Mynatal	Tablet	S	
Mynatal Advance	Tablet	S	
Mynatal Plus	Tablet	S	
Mynatal-Z	Tablet	S	
Mynate 90 Plus	Tablet Er	S	
Myorisan	Capsule	S	QL
Myrbetriq	Tab Er 24h	NP	QL, ST, A
Mysoline	Tablet	NP	
Mytesi	Tablet Dr	P	PA, QL
Myzilra	Tablet		ACA
Nabumetone	Tablet	S	
Nadolol	Tablet	S	
Nadolol-Bendroflumethiazide	Tablet	S	
Naftifine Hcl	Cream (G)	P	
Naftifine Hcl	Gel (Gram)	P	
Naftin	Cream (G)	NP	
Naftin	Gel (Gram)	NP	
Nalfon	Capsule	NP	ST
Nalfon	Tablet	NP	ST
Nalocet	Tablet	P	QL, ST
Naloxone Hcl	Auto Injct	P	QL, ST
Naloxone Hcl	Syringe	S	
Naloxone Hcl	Vial	S	
Naltrexone Hcl	Tablet	S	
Namenda	Solution	NP	ST
Namenda	Tab Ds Pk	NP	ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Namenda	Tablet	NP	ST
Namenda Xr	Cap Spr 24	NP	QL, ST
Namenda Xr	Cap24 Dspk	P	ST
Namzaric	Cap Spr 24	P	QL, ST
Namzaric	Cap24 Dspk	P	QL, ST
Napreelan	Tbmp 24hr	NP	PA
Naprosyn	Oral Susp	NP	
Naprosyn	Tablet	NP	
Naproxen	Oral Susp	S	
Naproxen	Tablet	S	
Naproxen	Tablet Dr	S	
Naproxen Sodium	Tablet	S	
Naproxen Sodium Cr	Tbmp 24hr	P	
Naproxen Sodium Cr (500 Mg)	Tbmp 24hr	P	PA
Naproxen Sodium Cr (750 Mg)	Tbmp 24hr	P	ST
Naproxen Sodium Ds	Tablet	S	
Naproxen Sodium Er	Tbmp 24hr	P	
Naproxen Sodium Er (500 Mg)	Tbmp 24hr	P	PA
Naratriptan	Tablet	S	QL
Naratriptan Hcl	Tablet	S	QL
Narcan	Spray	P	
Nardil	Tablet	NP	
Nasal & Sinus Decongestant	Tablet	S	QL
Nasal Decon (Pseudoephedrine)	Liquid	S	QL
Nasal Decongestant	Capsule	S	QL
Nasal Decongestant	Tablet	S	QL
Nasal Decongestant	Tablet Er	S	QL
Nasal Decongestant-Antihist	Tablet	S	QL
Nasal Decongest-Antihistamine	Tablet	S	QL
Nascobal	Spray	NP	
Natacyn	Drops Susp	NP	
Natazia	Tablet	NP	
Nateglinide	Tablet	S	
Natesto	Gel Md Pmp	NP	QL
Natpara	Cartridge	P	SP, PA, QL
Natroba	Suspension	NP	
Nayzilam	Spray	NP	ST
Nebupent	Vial-Neb	P	QL
Nebusal	Vial-Neb	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Necon	Tablet		ACA
Needle	Dis Needle	P	
Needles	Dis Needle	P	
Nefazodone Hcl	Tablet	S	
Neomycin Sulfate	Tablet	S	
Neomycin-Bacitracin-Poly-Hc	Oint. (G)	S	
Neomycin-Bacitracin-Polymyxin	Oint. (G)	S	
Neomycin-Polymyxin B	Ampul	S	
Neomycin-Polymyxin B	Vial	S	
Neomycin-Polymyxin-Dexameth	Drops Susp	S	
Neomycin-Polymyxin-Dexameth	Oint. (G)	S	
Neomycin-Polymyxin-Gramicidin	Drops	S	
Neomycin-Polymyxin-Hc	Drops Susp	S	
Neomycin-Polymyxin-Hydrocort	Solution	S	
Neo-Polycin	Oint. (G)	S	
Neo-Polycin Hc	Oint. (G)	S	
Neoral	Capsule	NP	
Neoral	Solution	NP	
Neosalus	Cream (G)	NP	
Neosalus	Foam	NP	
Neosalus	Lotion	NP	
Neosalus Cp	Cream (G)	NP	
Neosporin	Drops	NP	
Neosporin G.U. Irrigant	Ampul	NP	
Neosporin G.U. Irrigant	Vial	NP	
Neo-Synalar	Cream (G)	NP	
Neptazane	Tablet	NP	
Neria	Infus.Set	P	
Neria Multi	Infus.Set	P	
Nerlynx	Tablet		CH, SP, PA
Nesina	Tablet	NP	QL, ST
Neuac	Cmb Cr Gel	NP	
Neuac	Gel (Gram)	S	
Neulasta	Syr W/ Inj	NP	SP, PA, QL
Neulasta	Syringe	NP	SP, PA, QL
Neupogen	Syringe	P	SP, PA, QL
Neupogen	Vial	P	SP, PA, QL
Neupro (1 Mg/24 Hr, 3 Mg/24 Hr, And 8 Mg/24 Hr)	Patch Td24	NP	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Neupro (2 Mg/24 Hr, 4 Mg/24 Hr, And 6 Mg/24 Hr)	Patch Td24	P	
Neuraptine	Cream Pack	NP	
Neurontin	Capsule	NP	
Neurontin	Solution	NP	
Neurontin	Tablet	NP	
Neutek 2tek Test Strips	Strip	NP	PA, QL
Neutrasal	Powd Pack	NP	
Nevanac	Drops Susp	NP	
Nevirapine	Oral Susp	S	
Nevirapine	Tablet	S	
Nevirapine Er	Tab Er 24h	S	QL
New Day	Tablet		ACA
Nexa Plus	Capsule	NP	
Nexafed	Tablet	P	QL
Nexafed Sinus Pressure-Pain	Tablet	P	QL
Nexavar	Tablet		CH, SP, PA
Nexium	Capsule Dr	NP	QL, ST, A
Nexium	Suspdr Pkt	NP	QL, ST, A
Nexiva	Each	NP	
Nexletol	Tablet	NP	QL
Nexlizet	Tablet	NP	PA, QL
Nexplanon	Implant		ACA, SP
Next Choice One Dose	Tablet		ACA
Niacor	Tablet	S	
Nicardipine Hcl	Capsule	S	
Nicoderm Cq	Patch Td24		ACA
Nicorelief	Gum		ACA
Nicorette	Gum		ACA
Nicorette	Lozenge		ACA
Nicorette	Lozng Mini		ACA
Nicotine Gum	Gum		ACA
Nicotine Lozenge	Lozenge		ACA
Nicotine Lozenge	Lozng Mini		ACA
Nicotine Patch	Patch Dysq		ACA
Nicotine Patch	Patch Td24		ACA
Nicotrol	Cartridge		ACA
Nicotrol Ns	Spray		ACA
Nifedipine	Capsule	S	
Nifedipine Er	Tab Er 24	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Nifedipine Er	Tablet Er	S	
Nikki	Tablet		ACA
Nilandron	Tablet		CH, SP, PA
Nilutamide	Tablet		CH, SP, QL
Nimodipine	Capsule	S	
Ninjacof-Xg	Liquid	S	QL, A
Ninlaro	Capsule		CH, SP, PA
Nisoldipine	Tab Er 24h	P	
Nitazoxanide	Tablet	P	QL, ST
Nitisinone	Capsule	P	SP, PA
Nitro-Bid	Oint. (G)	P	
Nitro-Dur	Patch Td24	NP	
Nitro-Dur (0.3 Mg/Hr And 0.8 Mg/Hr)	Patch Td24	P	
Nitrofurantoin	Capsule	S	
Nitrofurantoin	Oral Susp	S	
Nitrofurantoin Mono-Macro	Capsule	S	
Nitroglycerin	Capsule Er	S	
Nitroglycerin	Spray	P	
Nitroglycerin	Tab Subl	S	
Nitroglycerin Patch	Patch Td24	S	
Nitrolingual	Spray	NP	
Nitromist	Spray	NP	
Nitrostat	Tab Subl	NP	
Nitro-Time	Capsule Er	S	
Nityr	Tablet	P	SP, PA
Nivatopic Plus	Cream (G)	NP	
Nivestym	Syringe	P	SP, PA, QL
Nivestym	Vial	P	SP, PA, QL
Nizatidine	Capsule	S	
Nizatidine	Solution	S	
Nizoral	Shampoo	NP	
Nocturna	Tab Rapdis	NP	
Noctiva	Spray/Pump	NP	ST
Nokor Admix Needle	Dis Needle	NP	
Nokor Needle	Dis Needle	P	
Nolix	Cream (G)	NP	ST
Nolix	Lotion	NP	ST
Non-Aspirin Sinus	Tablet	S	QL
Non-Drowsy Sinus	Tablet	S	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Nora-Be	Tablet		ACA
Norco	Tablet	NP	QL
Norditropin Flexpro	Pen Injctr	NP	SP, PA, QL
Norepinephrine Bitar-0.9% Nacl	Plast. Bag	P	SP, PA
Norethindrone	Tablet		ACA
Norethindrone Ac (Lupaneta)	Tablet	S	
Norethindrone Acetate	Tablet	S	
Norethindron-Ethinyl Estradiol (0.5 Mg-2.5 And 1 Mg-5 Mcg)	Tablet	S	
Norethindron-Ethinyl Estradiol (1 Mg-20 Mcg)	Tablet		ACA
Norethin-Eth Estra-Ferrous Fum	Capsule		ACA
Norethin-Eth Estra-Ferrous Fum	Tab Chew		ACA
Norethin-Eth Estra-Ferrous Fum	Tab Chew		ACA, QL
Norethin-Eth Estra-Ferrous Fum	Tablet		ACA
Norgestimate-Ethinyl Estradiol	Tablet		ACA
Norinyl 1-35	Tablet		ACA
Noritate	Cream (G)	NP	
Norlyda	Tablet		ACA
Norlyroc	Tablet		ACA
Norm-Ject	Disp Syrin	NP	
Norm-Ject Syringe	Disp Syrin	NP	
Norm-Ject Tuberkulin Syringe	Disp Syrin	NP	
Norpace	Capsule	NP	
Norpace Cr	Capsule Er	P	
Norpramin	Tablet	NP	
Northera	Capsule	NP	SP, PA, QL
Nortrel	Tablet		ACA
Nortriptyline Hcl	Capsule	S	
Nortriptyline Hcl	Solution	S	
Norvasc	Tablet	NP	
Norvir	Capsule	P	
Norvir	Powd Pack	P	
Norvir	Solution	P	
Norvir	Tablet	NP	
Nose Clip	Each	NP	
Nova Max Blood Glucose Meter	Each	NP	PA
Nova Max Glucose Control Soln	Each	NP	
Nova Max Glucose Test Strips	Strip	NP	PA, QL
Nova Safety Lancets	Each	NP	
Nova Sureflex	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Novamax Plus Glu-Ket	Each	P	
Novarel	Vial	P	SP, PA
Novoeight	Vial	P	SP, PA
Novofine	Dis Needle	P	
Novofine 32	Dis Needle	P	
Novofine Autocover	Dis Needle	P	
Novofine Plus	Dis Needle	P	
Novolin 70-30	Vial	S	QL
Novolin 70-30 Flexpen	Insuln Pen	S	QL
Novolin N	Vial	S	QL
Novolin N Flexpen	Insuln Pen	S	QL
Novolin R	Vial	S	QL
Novolin R Flexpen	Insuln Pen	S	QL
Novolog	Cartridge	S	QL
Novolog	Vial	S	QL
Novolog Flexpen	Insuln Pen	S	QL
Novolog Mix 70-30	Vial	S	QL
Novolog Mix 70-30 Flexpen	Insuln Pen	S	QL
Novopen Echo	Insuln Pen	P	
Novoseven Rt	Vial	P	SP, PA
Novotwist	Dis Needle	P	
Noxafil	Oral Susp	NP	
Noxafil	Tablet Dr	P	
Nts	Patch Td24		ACA
Nucala	Auto Injct	P	SP, PA, QL
Nucala	Syringe	P	SP, PA, QL
Nucala	Vial	P	SP, PA, QL
Nucort	Lotion	NP	
Nucynta	Tablet	NP	
Nucynta Er	Tab Er 12h	NP	QL
Nu-Derm	Cream (G)	S	
Nu-Derm Sunfader	Cream (G)	NP	
Nuedexta	Capsule	P	QL
Nulev	Tab Rapdis	NP	
Nulytely With Flavor Packs	Soln Recon	NP	
Numbonex	Lotion	NP	
Numoisyn	Liquid	NP	
Numoisyn	Lozenge	NP	
Nuox	Gel (Gram)	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Nuplazid	Capsule	NP	SP, QL
Nuplazid	Tablet	NP	SP, QL
Nurtec Odt	Tab Rapdis	NP	PA, QL, ST
Nutraseb	Cream (G)	NP	
Nutrestore	Powd Pack	NP	
Nutropin Aq	Cartridge	NP	SP, PA, QL
Nutropin Aq Nuspin	Pen Injctr	NP	SP, PA, QL
Nuvaring	Vag Ring		ACA, QL
Nuvessa	Gel W/Appl	NP	
Nuvigil	Tablet	NP	QL
Nuvigil (200 Mg)	Tablet	NP	
Nuwiq	Vial	P	SP, PA
Nuzyra	Tablet	NP	SP, QL
Nuzyra	Vial	NP	SP, QL
Nyamyc	Powder	S	
Nyata	Powder	S	
Nymalize	Solution	NP	ST
Nymalize	Syringe	NP	QL, ST
Nystatin	Cream (G)	S	
Nystatin	Oint. (G)	S	
Nystatin	Oral Susp	S	
Nystatin	Powder	S	
Nystatin	Powder(Ea)	S	
Nystatin	Tablet	S	
Nystatin-Triamcinolone	Cream (G)	S	
Nystatin-Triamcinolone	Oint. (G)	S	
Nystop	Powder	S	
Nyvepria	Syringe	NP	SP, PA, QL
Oasis Ultra	Sheet	P	
Ob Complete	Tablet	NP	
Ob Complete One	Capsule	NP	
Ob Complete Premier	Tablet	NP	
Obizur	Vial	P	SP, PA
Obredon	Solution	NP	A
Obstetrix Ec	Tablet Dr	NP	
Obstetrix One	Capsule	NP	
O-Cal Prenatal	Tablet	S	
Ocaliva	Tablet	NP	SP, PA, QL
Ocella	Tablet		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Ocrevus	Vial	NP	SP, PA, QL
Octreotide Acetate	Ampul	P	SP, PA
Octreotide Acetate	Syringe	P	SP, PA
Octreotide Acetate	Vial	P	SP, PA
Octreotide Acetate (50 Mcg/MI)	Ampul	P	SP
Ocufen	Drops	NP	
Ocuflox	Drops	NP	
Odactra	Tab Subl	NP	PA, QL
Odefsey	Tablet	P	
Odomzo	Capsule	P	SP, PA, QL
Ofev	Capsule	P	SP, PA
Ofloxacin	Drops	S	
Ofloxacin	Tablet	S	
Ogestrel	Tablet		ACA
Okebo (100 Mg)	Capsule	S	
Okebo (75 Mg)	Capsule	P	
Olanzapine	Tablet	S	
Olanzapine	Vial	P	SP
Olanzapine Odt	Tab Rapdis	S	
Olanzapine-Fluoxetine Hcl	Capsule	P	
Olmesartan Medoxomil	Tablet	S	
Olmesartan-Amlodipine-Hctz	Tablet	P	ST
Olmesartan-Hydrochlorothiazide	Tablet	S	
Olopatadine Hcl	Spray/Pump	P	QL, ST
Olumiant	Tablet	NP	SP, PA, QL
Olux	Foam	NP	ST
Olux-E	Foam	NP	ST
Olysio	Capsule	P	SP, PA, QL
Ombra Compressor System	Each	NP	
Omeclamox-Pak	Combo. Pkg	NP	
Omeppi	Capsule	NP	QL, A
Omeprazole	Capsule Dr	S	QL, A
Omeprazole-Sodium Bicarbonate	Capsule	P	QL, A
Omeprazole-Sodium Bicarbonate	Packet	P	QL, ST, A
Omnipod	Cartridge	P	QL
Omnipod	Each	P	QL
Omnipod Dash	Cartridge	P	QL
Omnipod Dash Pdm Kit	Each	P	QL
Omnipred	Drops Susp	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Omnitrope	Cartridge	P	SP, QL
Omnitrope	Vial	P	SP, QL
On Call Express Control Soln	Each	NP	
On Call Express Meter	Each	NP	PA
On Call Express Meter	Kit	NP	PA
On Call Express Test Strip	Strip	NP	PA, QL
On Call Lancet	Each	NP	
On Call Lancing Device	Each	NP	
On Call Plus Control	Each	NP	
On Call Plus Lancet	Each	NP	
On Call Plus Lancing Device	Each	NP	
On Call Plus Meter	Each	NP	PA
On Call Plus Meter	Kit	NP	PA
On Call Plus Test Strip	Strip	NP	PA, QL
On Call Vivid Control	Each	NP	
On Call Vivid Meter	Each	NP	PA
On Call Vivid Meter	Kit	NP	PA
On Call Vivid Pal	Each	NP	PA
On Call Vivid Pal	Kit	NP	PA
On Call Vivid Test Strip	Strip	NP	PA, QL
Oncaspar	Vial		CH
Ondansetron Hcl	Solution	S	QL
Ondansetron Hcl	Syringe	P	SP, PA
Ondansetron Hcl	Tablet	S	QL
Ondansetron Hcl	Vial	P	SP, PA
Ondansetron Odt	Tab Rapdis	S	QL
Onetouch Delica	Each	NP	
Onetouch Delica	Kit	NP	
Onetouch Lancets	Each	NP	
Onetouch Ping	Each	NP	
Onetouch Suresoft	Each	NP	
Onetouch Ultra Blue Test Strp	Strip	NP	PA, QL
Onetouch Ultra Control Soln	Each	NP	
Onetouch Ultra2	Kit	NP	PA
Onetouch Ultramini	Kit	NP	
Onetouch Verio	Strip	NP	QL
Onetouch Verio (Control)	Each	NP	
Onetouch Verio (Meter)	Each	NP	PA
Onetouch Verio Flex	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Onetouch Verio Flex	Kit	NP	
Onetouch Verio Iq	Each	NP	
Onetouch Verio Iq	Kit	NP	
Onetouch Verio Sync	Kit	NP	
Onetouch Via	Each	NP	
Onexton	Gel W/Pump	NP	ST
Onfi	Oral Susp	NP	
Onfi	Tablet	NP	
Ongentys	Capsule	NP	QL, ST
Onglyza	Tablet	NP	QL, ST
Onmel	Tablet	NP	QL, ST
On-The-Go	Each	NP	
Onureg	Tablet		CH, SP, PA, QL
Onzetra Xsail	Aer Pow Ba	NP	QL, ST
Opana	Tablet	NP	
Opana Er	Tab Er 12h	NP	QL
Opcicon One-Step	Tablet		ACA
Opium Tincture	Tincture	P	
Opsumit	Tablet	P	SP, PA
Optichamber	Each	P	
Optichamber Diamond	Spacer	P	
Optimal D3	Capsule	S	ACA, A
Option 2	Tablet		ACA
Optium	Strip	NP	PA, QL
Optium Ez	Strip	NP	PA, QL
Optumrx	Kit	NP	PA
Optumrx	Strip	NP	PA, QL
Optumrx (Control)	Each	NP	
Optumrx (Meter)	Each	NP	PA
Oracea	Cap Ir Dr	NP	ST
Oracit	Solution	NP	
Oralair	Tab Subl	NP	PA, QL
Oralair (100-300 Ir)	Tab Subl	NP	
Oralone	Paste (G)	S	
Oramagicrx	Mouthwash	NP	
Orap	Tablet	NP	
Orapred Odt	Tab Rapdis	NP	
Oravig	Ma Buc Tab	NP	
Orencia	Syringe	NP	SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Orencia Clickject	Auto Injct	NP	SP, PA, QL
Orenitram Er	Tablet Er	P	SP, PA, QL
Orfadin	Capsule	NP	SP, PA
Orfadin	Oral Susp	P	SP, PA
Orfadin (20 Mg)	Capsule	NP	
Orgovyx	Tablet	NP	SP, PA, QL
Oriahnn	Cap Seq	NP	SP, PA, QL
Orilissa	Tablet	NP	SP, PA, QL
Orkambi	Gran Pack	P	SP, QL
Orkambi	Tablet	P	SP, PA, QL
Orladeyo	Capsule	NP	SP, PA, QL
Orladeyo	Capsule	NP	SP, PA, QL
Orphenadrine Citrate Er	Tablet Er	S	
Orsythia	Tablet		ACA
Ortho Micronor	Tablet	NP	
Ortho Tri-Cyclen	Tablet	NP	
Ortho Tri-Cyclen Lo	Tablet	NP	
Ortho-Cyclen	Tablet	NP	
Ortho-Novum	Tablet	NP	
Ortikos	Capsule Er	NP	QL
Oscimin	Tab Rapdis	S	
Oscimin	Tablet	S	
Oscimin SI	Tab Subl	S	
Oscimin Sr	Tab Er 12h	S	
Oseltamivir Phosphate	Capsule	S	QL
Oseltamivir Phosphate	Susp Recon	S	QL
Oseni	Tablet	NP	QL, ST
Osmolex Er	Tab Bp 24h	NP	
Osmolex Er	Tab Bp 24h	NP	QL, ST
Osmolex Er (129 Mg)	Tab Bp 24h	NP	QL, ST
Osmoprep	Tablet	NP	A
Osphena	Tablet	P	PA, QL
Otezla	Tab Ds Pk	NP	SP, PA, QL
Otezla	Tablet	NP	SP, PA, QL
Otovel	Vial	NP	
Otrexup	Auto Injct	NP	
Ovace	Cleanser	NP	
Ovace Plus	Lotion	NP	
Oval Tape	Miscell	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Ovcon-35	Tablet	NP	
Ovide	Lotion	NP	
Oxandrin	Tablet	NP	PA
Oxandrolone	Tablet	S	PA
Oxaprozin	Tablet	S	
Oxaydo	Tablet Orl	NP	
Oxazepam	Capsule	P	ST
Oxbryta	Tablet	NP	QL
Oxcarbazepine	Oral Susp	S	
Oxcarbazepine	Tablet	S	
Oxervate	Drops	NP	SP, PA, QL
Oxiconazole Nitrate	Cream (G)	P	
Oxistat	Cream (G)	NP	
Oxistat	Lotion	NP	
Oxsoralen-Ultra	Cap Lq Rap	NP	
Oxtellar Xr	Tab Er 24h	NP	
Oxybutynin Chloride	Syrup	S	QL
Oxybutynin Chloride	Tablet	S	QL
Oxybutynin Chloride Er	Tab Er 24	S	QL
Oxycel	Each	NP	
Oxycodone Hcl	Capsule	S	
Oxycodone Hcl	Oral Conc	P	
Oxycodone Hcl	Solution	S	
Oxycodone Hcl	Syringe	P	
Oxycodone Hcl	Tablet	S	
Oxycodone Hcl Er	Tab Er 12h	P	QL, ST
Oxycodone Hcl-Aspirin	Tablet	S	
Oxycodone Hcl-Ibuprofen	Tablet	S	
Oxycodone-Acetaminophen	Solution	S	QL
Oxycodone-Acetaminophen	Tablet	S	QL
Oxycodone-Acetaminophen (5 Mg-300 Mg, 7.5-300 Mg, 10 Mg-300 Mg)	Tablet	P	QL
Oxycontin	Tab Er 12h	NP	QL, ST
Oxymorphone Hcl	Tablet	S	
Oxymorphone Hcl Er	Tab Er 12h	P	QL
Oxytrol	Patch Tdsw	NP	QL, ST
Ozempic	Pen Injctr	P	QL, ST
Ozobax	Solution	NP	QL, ST
Pacerone	Tablet	S	
Pain Ease	Spray	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Pain Reliever Sinus	Tablet	S	QL
Palforzia	Cap Sprink	NP	SP, PA, QL
Palforzia	Powd Pack	NP	SP, PA, QL
Paliperidone Er	Tab Er 24	S	QL
Palynziq	Syringe	P	SP, QL
Pamelor	Capsule	NP	
Pamidronate Disodium	Vial	P	SP, PA
Pancreaze	Capsule Dr	NP	
Panlor	Tablet	S	
Panretin	Gel (Gram)	NP	
Pantoprazole Sodium	Tablet Dr	S	QL, A
Paradigm	Each	NP	
Paradigm Remote Control	Each	NP	
Paradigm Silhouette	Each	NP	
Parafon Forte Dsc	Tablet	NP	
Paragard T 380-A	Iud		ACA
Paregoric	Liquid	S	
Paremyd	Drops	NP	
Pari Lc Plus Nebulizer	Kit	NP	
Pari Lc Sprint Sinus	Each	NP	
Pari Sinus Aerosol System	Each	NP	
Paricalcitol	Capsule	S	
Parlodel	Capsule	NP	
Parlodel	Tablet	NP	
Parnate	Tablet	NP	
Paroex	Mouthwash	S	
Paromomycin Sulfate	Capsule	S	
Paroxetine Cr	Tab Er 24h	P	
Paroxetine Er	Tab Er 24h	P	
Paroxetine Hcl	Tablet	S	
Paroxetine Mesylate	Capsule	P	
Paser	Granpkt Dr	NP	
Patanase	Spray/Pump	NP	QL, ST
Paxil	Oral Susp	P	
Paxil	Tablet	NP	
Paxil Cr	Tab Er 24h	NP	
P-Care K80g	Kit	NP	
Pcca Accupen-15	Each	P	
Pce	Tab Part	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Pecgen Pse	Liquid	S	QL
Pedia Relief Infant	Drops	S	QL
Pediapred	Solution	NP	
Pediarix	Syringe		ACA
Pediatric Dinosaur Nebulizer	Each	NP	
Pediatric Dog Nebulizer	Each	NP	
Pediatric Frog Nebulizer	Each	NP	
Pedvaxhib	Vial		ACA
Peg 3350-Electrolyte	Soln Recon	S	
Peg-3350 And Electrolytes	Soln Recon	S	
Peg3350-Sod Sul-NaCl-KCl-Asb-C	Powd Pack	P	QL, A
Peganone	Tablet	NP	
Pegasys	Syringe	P	SP, PA, QL
Pegasys	Vial	P	SP, PA
Pegasys Proclick	Pen Injctr	P	SP, PA, QL
Pegintron	Kit	P	SP, PA
Pegintron Redipen	Pen Ij Kit	P	SP, PA, QL
Peg-Prep	Kit	P	
Pemazyre	Tablet		CH, SP, PA, QL
Pen Needle	Dis Needle	P	
Pen Needles	Dis Needle	P	
Penicillamine	Capsule	P	ST
Penicillamine	Tablet	S	QL
Penicillin V Potassium	Soln Recon	S	
Penicillin V Potassium	Tablet	S	
Penlac	Solution	NP	
Pennsaid	Sol Md Pmp	NP	ST
Pennsaid	Soln Pk(G)	NP	ST
Pentacel	Kit		ACA
Pentacel Acthib Component	Vial		ACA
Pentacel Dtap-Ipv Component	Vial		ACA
Pentasa	Capsule Er	P	QL
Pentazocine-Naloxone Hcl	Tablet	S	
Pentips	Dis Needle	P	
Pentoxifylline	Tablet Er	S	
Pepcid	Oral Susp	NP	
Pepcid	Tablet	NP	
Percocet	Tablet	NP	QL
Perforomist	Vial-Neb	NP	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Peridex	Mouthwash	NP	
Perindopril Erbumine	Tablet	S	
Periogard	Mouthwash	NP	
Periogard	Mouthwash	S	
Permethrin	Cream (G)	S	
Perphenazine	Tablet	S	
Perphenazine-Amitriptyline	Tablet	S	
Perseris	Suser Sykt	NP	SP
Pertzye (24k-86.25k And 4000-14375)	Capsule Dr	NP	
Pertzye (8k-28.75k And 16k-57.5k)	Capsule Dr	P	
Pexeva	Tablet	NP	ST
Pfizer Covid19 Vacc (Unapprov)	Vial		ACA
Pflex Trainer	Each	P	
Pharmacist Choice	Each	NP	PA
Pharmacist Choice	Strip	NP	PA, QL
Phaseal Adapter	Each	P	
Phaseal Assembly Fixture	Each	P	
Phaseal Connector Luer	Each	P	
Phaseal Infusion	Each	P	
Phaseal Injector Luer	Each	P	
Phaseal Protector	Each	P	
Phaseal Secondary Set	Infus.Set	P	
Phaseal Y-Site	Each	P	
Phenadoz	Supp.Rect	S	
Phenazopyridine Hcl	Tablet	S	
Phenelzine Sulfate	Tablet	S	
Phenergan	Supp.Rect	NP	
Phenobarbital	Elixir	S	
Phenobarbital	Tablet	S	
Phenohydro	Elixir	P	
Phenohydro	Tablet	P	
Phenoxybenzamine Hcl	Capsule	P	
Phenylephrine Hcl	Drops	S	
Phenylephrine Hcl-0.9% Nacl	Plast. Bag	P	SP, PA
Phenylephrine Hcl-0.9% Nacl	Syringe	P	SP, PA
Phenylephrine Hcl-D5w	Plast. Bag	P	SP, PA
Phenytek	Capsule	NP	
Phenytoin	Oral Susp	S	
Phenytoin	Tab Chew	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Phenytoin Sodium Extended	Capsule	S	
Philith	Tablet		ACA
Phosphasal	Tablet	P	
Phospholine Iodide	Drops	NP	
Phrenilin Forte	Capsule	S	QL
Physiolyte	Irrig Soln	NP	
Physiosol	Irrig Soln	NP	
Phytonadione	Tablet	S	
Picato	Gel (Ea)	NP	QL
Pifeltro	Tablet	P	
Pillow Mask For Children	Each	NP	
Pilocarpine Hcl	Drops	S	
Pilocarpine Hcl	Tablet	S	
Pimecrolimus	Cream (G)	P	
Pimozide	Tablet	S	
Pimtrea	Tablet		ACA
Pindolol	Tablet	S	
Pioglitazone Hcl	Tablet	S	QL
Pioglitazone-Glimepiride	Tablet	P	QL, ST
Pioglitazone-Metformin	Tablet	S	QL
Piqray	Tablet		SP, PA, QL
Pirmella	Tablet		ACA
Piroxicam	Capsule	S	
Piston Enfit Syringe	Disp Syrin	P	
Plan B One-Step	Tablet	NP	
Plantago-Homaccord	Drops	NP	
Plaquenil	Tablet	NP	
Plavix	Tablet	NP	
Plegisol	Plst Bg Pf	NP	
Plegridy	Syringe	NP	SP, PA, QL
Plegridy Pen	Pen Injctr	NP	SP, PA, QL
Plenvu	Powd Pk Sq	NP	
Plixda	Med. Swab	NP	ST, A
Pneumovax 23	Syringe		ACA
Pneumovax 23	Vial		ACA
Pnv 29-1	Tablet	S	
Pnv-Ferrous Fumarate-Docu-Fa	Tablet	S	
Pnv-Select	Tablet	S	
Pnv-Vp-U	Capsule	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Pocket Chamber	Spacer	P	
Podocon-25	Liquid	S	
Podofilox	Solution	S	
Poly Hub Needle	Dis Needle	P	
Polycin	Oint. (G)	S	
Polyethylene Glycol 3350	Powd Pack	S	A
Polyethylene Glycol 3350	Powder	S	A
Polyfin Qr	Each	NP	
Polymyxin B Sul-Trimethoprim	Drops	S	
Polytrim	Drops	NP	
Poly-Tussin Ac	Liquid	P	QL, A
Poly-Vent Dm	Tablet	P	QL
Poly-Vi-Flor	Drps Sp Bp	P	A
Poly-Vi-Flor	Tab Chew	NP	A
Poly-Vi-Flor With Iron	Drps Sp Bp	P	A
Poly-Vi-Flor With Iron	Tab Chew	NP	A
Pomalyst	Capsule		CH, SP, PA, QL
Ponstel	Capsule	NP	QL
Pontocaine	Solution	NP	
Ponvory	Tab Ds Pk	NP	SP, PA, QL
Ponvory	Tablet	NP	SP, PA, QL
Populus Compositum	Drops	NP	
Portable Nebulizer System	Each	NP	
Portia	Tablet		ACA
Posaconazole	Oral Susp	P	QL, ST
Posaconazole	Tablet Dr	P	QL, ST
Potaba	Capsule	NP	
Potassium Bicarbonate	Tablet Eff	S	
Potassium Chloride	Capsule Er	S	
Potassium Chloride	Liquid	S	
Potassium Chloride	Packet	S	
Potassium Chloride	Tab Er Prt	S	
Potassium Chloride	Tablet Eff	S	
Potassium Chloride	Tablet Er	S	
Potassium Citrate Er	Tablet Er	S	
Potassium Citrate-Citric Acid	Packet	S	
Potassium Hydroxide	Solution	S	
Potassium Phos-Ns	Plast. Bag	P	SP, PA
Potassium Phosphate-0.9% Nacl	Piggyback	P	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Potassium Phosphate-0.9% Nacl	Plast. Bag	P	SP, PA
Potassium Phosphate-Ns	Piggyback	P	SP, PA
Potiga	Tablet	P	QL
Pr Cream	Cream (G)	S	
Pradaxa	Capsule	NP	ST
Praluent Pen	Pen Injctr	P	SP, PA
Praluent Syringe	Syringe	P	SP, PA
Pramcort	Cream/Appl	NP	
Pramipexole Dihydrochloride	Tablet	S	
Pramipexole Er	Tab Er 24h	P	ST
Pramosone E	Cream (G)	NP	
Prandin	Tablet	NP	
Prasugrel Hcl	Tablet	S	
Pravachol	Tablet	NP	
Pravastatin Sodium	Tablet	S	ACA, A
Praziquantel	Tablet	S	
Prazosin Hcl	Capsule	S	
Pre-Attached Lta Kit	Solution	NP	
Precision	Combo. Pkg	NP	
Precision	Each	NP	
Precision Glucose Control	Combo. Pkg	NP	
Precision Pcx	Strip	NP	PA, QL
Precision Pcx Plus	Strip	NP	PA, QL
Precision Point Of Care	Strip	NP	PA, QL
Precision Q-I-D	Strip	NP	PA, QL
Precision Xtra	Strip	P	QL
Precision Xtra (Meter)	Each	P	
Precisionglide	Dis Needle	P	
Precisionglide	Disp Syrin	NP	
Precose	Tablet	NP	QL
Pred Forte	Drops Susp	NP	
Pred Mild	Drops Susp	P	
Pred-G	Drops Susp	NP	
Pred-G	Oint. (G)	NP	
Prednicarbate	Cream (G)	P	ST
Prednicarbate	Oint. (G)	P	ST
Prednisolone	Solution	S	
Prednisolone Acetate	Drops Susp	S	
Prednisolone Sodium Phos Odt	Tab Rapdis	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Prednisolone Sodium Phosphate	Drops	S	
Prednisolone Sodium Phosphate	Solution	S	
Prednisolone Sodium Phosphate (10 Mg/5 MI And 20 Mg/5ml)	Solution	P	
Prednisolone-Gatifloxacin	Drops Susp	S	
Prednisolone-Gatiflox-Bromfenc	Drops Susp	S	
Prednisone	Solution	S	
Prednisone	Tab Ds Pk	S	
Prednisone	Tablet	S	
Prednisone Intensol	Oral Conc	P	
Prefera Ob	Tablet	NP	
Prefera-Ob One	Capsule	NP	
Prefera-Ob Plus Dha	Combo. Pkg	NP	
Prefest	Tablet	NP	
Pregabalin	Capsule	S	QL
Pregabalin	Solution	S	QL
Pregabalin Er	Tab Er 24h	P	QL, ST
Premarin	Cream/Appl	NP	
Premarin	Tablet	P	
Premier Blu	Each	NP	PA
Premier Test Strip	Strip	NP	PA, QL
Premier Voice	Each	NP	PA
Premium Blood Glucose	Each	NP	PA
Premium Blood Glucose Test	Strip	NP	PA, QL
Premium V10	Each	NP	PA
Premium V10	Strip	NP	PA, QL
Premphase	Tablet	P	
Prempro	Tablet	P	
Prena1 Pearl	Cap Ir Dr	S	
Prenaissance	Capsule	S	
Prenatabs Fa	Tablet	S	
Prenatal Low Iron	Tablet	S	
Prenatal Plus	Tablet	S	
Prenatal Vitamin Plus Low Iron	Tablet	S	
Prenatal-U	Capsule	S	
Prepidil	Gel/Pf App	NP	
Preplus	Tablet	S	
Prepopik	Powd Pack	NP	A
Pressure Activated Lancets	Each	NP	
Prestalia	Tablet	NP	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Presto Pro	Each	NP	PA
Pretab	Tablet	S	
Pretomanid	Tablet	NP	SP, PA, QL
Prevacid	Capsule Dr	NP	QL, A
Prevacid	Tab Rap Dr	NP	QL, ST, A
Prevalite	Powd Pack	S	
Prevalite	Powder	S	
Prevident	Gel (Gram)	NP	
Prevident	Paste (MI)	NP	
Prevident	Solution	NP	
Prevident 5000	Gel (MI)	NP	
Prevident 5000 Enamel Protect	Paste (MI)	NP	
Prevident 5000 Plus	Cream (G)	NP	
Prevident 5000 Sensitive	Paste (MI)	NP	
Previfem	Tablet		ACA
Prevnar 13	Syringe		ACA, A
Prevpac	Combo. Pkg	NP	
Prevymis	Tablet	NP	SP, PA, QL
Prezcobix	Tablet	P	
Prezista	Oral Susp	P	
Prezista	Tablet	P	
Prezista (800 Mg)	Tablet	P	QL
Priftin	Tablet	NP	
Prikaan	Kit	NP	
Prikaan Lite	Kit	NP	
Prilolid	Kit	NP	
Prilosec	Suspdr Pkt	NP	QL, ST, A
Prilovix	Kit	NP	
Primaquine	Tablet	P	
Primeaire	Spacer	P	
Primidone	Tablet	S	
Primlev	Tablet	NP	QL
Primsol	Solution	P	
Prinivil	Tablet	NP	
Pristiq	Tab Er 24h	NP	ST
Pro Comfort Alcohol Pads	Med. Pad	NP	
Pro Comfort Insulin Syringe	Disp Syrin	P	
Pro Comfort Lancet	Each	NP	
Pro Comfort Lancets	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Pro Comfort Pen Needle	Dis Needle	P	
Pro Comfort Tens Electrode	Each	P	
Pro Comfort Tens Unit	Combo. Pkg	P	
Pro Voice V8 Glucose Monitor	Each	NP	PA
Pro Voice V8-V9 Test Strip	Strip	NP	PA, QL
Pro Voice V9 Glucose Monitor	Each	NP	PA
Proair Digihaler	Aer Pw Bas	NP	QL
Proair Hfa	Hfa Aer Ad	NP	QL
Proair Respiclick	Aer Pow Ba	NP	QL
Probenecid	Tablet	S	
Probenecid-Colchicine	Tablet	S	
Procardia	Capsule	NP	
Procardia Xl	Tab Er 24	NP	
Procentra	Solution	NP	QL
Pro-Ception Fertility Pak	Each	P	
Prochamber	Spacer	P	
Prochlorperazine	Supp.Rect	S	
Prochlorperazine Maleate	Tablet	S	
Procort	Cream/Appl	NP	
Procrit	Vial	NP	SP, PA
Procrit (40000/MI)	Vial	P	SP, PA
Proctocort	Cream (G)	NP	
Proctocort	Crm/Pe App	NP	ST
Proctocort	Supp.Rect	NP	
Proctofoam-Hc	Foam	P	
Procto-Med Hc	Crm/Pe App	P	ST
Procto-Pak	Crm/Pe App	P	ST
Proctosol-Hc	Crm/Pe App	P	ST
Proctozone-Hc	Crm/Pe App	P	ST
Procysbi	Cap Dr Spr	NP	SP, PA
Procysbi	Grandr Pkt	NP	SP, PA
Prodigy	Kit	NP	PA
Prodigy Autocode	Each	NP	PA
Prodigy Control Solution	Each	NP	
Prodigy Insulin Syringe	Disp Syrin	P	
Prodigy Lancets	Each	NP	
Prodigy Lancing Device	Each	NP	
Prodigy Mini-Mist	Each	NP	
Prodigy No Coding	Strip	NP	PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Prodigy Pocket	Kit	NP	PA
Prodigy Twist Top Lancet	Each	NP	
Prodigy Voice	Kit	NP	PA
Profeno	Tablet	NP	ST
Profilnine	Vial	P	SP, PA
Progesterone	Capsule	S	
Proglycem	Oral Susp	NP	
Prograf	Capsule	NP	
Prograf	Gran Pack	NP	
Prolate	Solution	NP	QL, ST
Prolensa	Drops	NP	
Prolia	Syringe	P	SP, PA
Promacta	Powd Pack	NP	SP, PA
Promacta	Tablet	P	SP, PA
Promacta (25 Mg)	Powd Pack	NP	SP, PA, QL
Promethazine Hcl	Supp.Rect	S	
Promethazine Hcl	Syrup	S	
Promethazine Hcl	Tablet	S	
Promethazine Vc	Syrup	S	
Promethazine Vc-Codeine	Syrup	S	A
Promethazine-Codeine	Syrup	S	A
Promethazine-Dm	Syrup	S	
Promethazine-Phenyleph-Codeine	Syrup	S	A
Promethazine-Phenylephrine	Syrup	S	
Promethegan	Supp.Rect	S	
Prometrium	Capsule	NP	
Promiseb	Cream (G)	NP	
Proneb Ultra li	Each	NP	
Propafenone Hcl	Tablet	S	
Propafenone Hcl Er	Cap Er 12h	P	
Propantheline Bromide	Tablet	S	
Proparacaine Hcl	Drops	S	
Propranolol Hcl	Solution	S	
Propranolol Hcl	Tablet	S	
Propranolol Hcl	Vial	S	
Propranolol Hcl Er	Cap Sa 24h	S	
Propranolol-Hydrochlorothiazid	Tablet	S	
Propylene Glycol	Liquid	NP	
Propylthiouracil	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Proquad	Vial		ACA
Pro-Red Ac	Liquid	P	QL, A
Proscar	Tablet	NP	
Prostin E2 Vaginal Suppository	Supp.Vag	NP	
Protonix	Granpkt Dr	NP	QL, ST, A
Protopic	Oint. (G)	NP	
Protriptyline Hcl	Tablet	S	
Provent	Each	P	
Proventil Hfa	Hfa Aer Ad	NP	QL
Provera	Tablet	NP	
Provigil	Tablet	NP	QL
Prozac	Capsule	NP	
Prozac Weekly	Capsule Dr	NP	
Pruclair	Cream (G)	S	
Prudoxin	Cream (G)	NP	
Prumyx	Cream (G)	S	
Prutect	Emulsn(G)	S	
Pseudoephedrine Er	Tablet Er	S	QL
Pseudoephedrine Hcl	Liquid	S	QL
Pseudoephedrine Hcl	Tablet	S	QL
Psorcon	Cream (G)	NP	ST
Psorinoheel	Drops	NP	
Pudental & Parasympathetic	Needle	P	
Pulmicort	Ampul-Neb	NP	
Pulmicort Flexhaler	Aer Pow Ba	NP	QL
Pulmo-Aide	Each	NP	
Pulmoneb Lt Compressor Nebul	Each	NP	
Pulmosal	Vial-Neb	NP	
Pulmozyme	Solution	P	SP, PA
Purixan	Oral Susp		CH, SP, PA
Push Button Safety Lancets	Each	NP	
Pylera	Capsule	NP	
Pyrazinamide	Tablet	S	
Pyridium	Tablet	NP	
Pyridostigmine Bromide	Syrup	P	
Pyridostigmine Bromide	Tablet	S	
Pyridostigmine Bromide Er	Tablet Er	S	
Pyrimethamine	Tablet	P	SP, PA
Pyrogallic Acid	Oint. (G)	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Qbrelis	Solution	NP	
Qbrexza	Towelette	NP	PA, QL
Q-Care Rx	Kit	P	
Qdolo	Solution	NP	QL, ST
Qelbree	Cap Er 24h	NP	QL, ST
Qmiiz Odt	Tab Rapdis	NP	ST
Qtern	Tablet	NP	QL, ST
Quadracel Dtap-Ipv	Vial		ACA
Quake	Each	P	
Qualaquin	Capsule	NP	
Quartette	Tbdspk 3mo	NP	QL
Quasense	Tbdspk 3mo		ACA, QL
Quazepam	Tablet	P	QL
Qudexy Xr	Cap Spr 24	NP	
Questran	Powd Pack	NP	
Questran	Powder	NP	
Questran Light	Powder	NP	
Quetiapine Fumarate	Tablet	S	QL
Quetiapine Fumarate Er	Tab Er 24h	S	QL
Qufloza	Drops	S	A
Qufloza	Tab Chew	S	A
Qufloza Fe	Drops	S	A
Qufloza Fe	Tab Chew	S	A
Quick Release Soft Teflon	Infus.Set	P	
Quick-Set Paradigm	Infus.Set	P	
Quillichew Er	Tab Cbp24h	NP	QL, A
Quillivant Xr	Su Er Rc24	NP	PA, QL, A
Quinapril Hcl	Tablet	S	
Quinapril-Hydrochlorothiazide	Tablet	S	
Quinidine Gluconate	Tablet Er	P	
Quinidine Sulfate	Tablet	S	
Quinine Sulfate	Capsule	S	
Quinja	Gel (Gram)	NP	
Qintet	Each	NP	PA
Qintet	Strip	NP	PA, QL
Qintet Ac	Each	NP	PA
Qintet Ac	Strip	NP	PA, QL
Quit 2	Gum		ACA
Quit 2	Lozenge		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Quit 4	Gum		ACA
Quit 4	Lozenge		ACA
Qvar	Aer W/Adap	P	QL
Qvar Redihaler	Hfa Aeroba	P	
Rabavert	Vial	P	
Radiagel	Gel (Gram)	NP	
Radiaplexrx	Gel (Gram)	NP	
Radiogardase	Capsule	NP	
Ragwitek	Tab Subl	NP	PA, QL
Rajani	Tablet		ACA
Raloxifene Hcl	Tablet		ACA
Ramelteon	Tablet	P	QL, ST
Ramipril	Capsule	S	
Ranexa	Tab Er 12h	NP	
Ranolazine Er	Tab Er 12h	P	QL
Rapaflo	Capsule	NP	
Rapamune	Solution	NP	
Rapamune	Tablet	NP	
Rapamune (1 Mg)	Tablet	NP	SP
Raplixa Delivery Kit	Combo. Pkg	P	
Rapport Vacuum Therapy	Kit	P	
Rasagiline Mesylate	Tablet	S	
Rasuvo	Auto Injct		CH
Rasuvo (20 Mg/0.4 MI)	Auto Injct	NP	
Rate Flow Regulator Iv Set	Infus.Set	P	
Ravicti	Liquid	P	SP, PA, QL
Rayaldee	Cap Sa 24h	NP	PA, QL
Rayos	Tablet Dr	NP	PA, ST
Razadyne	Tablet	NP	QL
Razadyne Er	Cap24h Pel	NP	QL
Readylance Safety Lancets	Each	NP	
Rebetol	Solution	P	SP, PA
Rebif	Syringe	NP	SP, PA, QL
Rebif Rebidose	Pen Injctr	NP	SP, PA, QL
Rebinyn	Vial	P	SP, PA
Reclipsen	Tablet		ACA
Recombinate	Vial	P	SP, PA
Recombivax Hb	Syringe		ACA
Recombivax Hb	Vial		ACA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Reconstitube	Kit	P	
Recothrom	Vial	NP	
Rectiv	Oint. (G)	P	
Reditrex	Syringe	NP	ST
Refuah Plus	Kit	NP	PA
Refuah Plus	Strip	NP	PA, QL
Refuah Plus Glucose Control	Each	NP	
Regenecare	Gel (Gram)	NP	
Regenecare	Gel (Ml)	NP	
Reglan	Tablet	NP	
Regranex	Gel (Gram)	NP	
Regular Bevel Needles	Dis Needle	NP	
Relador Pak	Kit	NP	
Relador Pak Plus	Kit	NP	
Relafen DS	Tablet	NP	QL, ST
Relagard	Jelly/Appl	NP	
Relcof C	Liquid	S	QL, A
Relenza	Blst W/Dev	P	QL
Relexxii	Tab Er 24	NP	QL
Reliamed	Each	NP	
Reliamed Mini Lancing Device	Each	NP	
Reliamed Safety Seal Lancets	Each	NP	
Relion All-In-One	Kit	NP	PA
Relion Confirm	Kit	NP	PA
Relion Confirm-Micro	Strip	NP	PA, QL
Relion Micro	Each	NP	PA
Relion Micro	Kit	NP	PA
Relion Pen Needles	Dis Needle	P	
Relion Prime	Each	NP	PA
Relion Prime Test Strips	Strip	NP	PA, QL
Relion Thin	Each	NP	
Relistor	Syringe	P	SP, PA, QL
Relistor	Tablet	NP	SP, PA, QL
Relistor	Vial	P	SP, PA, QL
Relizorb	Cartridge	P	
Relpax	Tablet	NP	QL, ST
Reltone	Capsule	NP	QL
Remeron	Tab Rapdis	NP	
Remeron	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Renagel	Tablet	NP	
Reneel	Tablet Sol	NP	
Renvela	Powd Pack	NP	
Renvela	Tablet	NP	
Repaglinide	Tablet	S	
Repaglinide-Metformin Hcl	Tablet	P	
Repatha Pushtronex	Wear Injct	P	SP, PA
Repatha Sureclick	Pen Injctr	P	SP, PA
Repatha Syringe	Syringe	P	SP, PA
Replacement Pediatric Monitor	Each	P	
Replicare	Bandage	NP	
Replicare Thin	Bandage	NP	
Replicare Ultra	Bandage	NP	
Replicare Ultra Sacrum	Bandage	NP	
Reprexain	Tablet	S	
Requip	Tablet	NP	
Requip XI	Tab Er 24h	NP	
Rescriptor	Tab Disper	P	
Rescriptor	Tablet	P	
Resectisol	Irrig Soln	NP	
Respa A.R.	Tab Er 12h	S	
Restasis	Droperette	P	QL
Restasis Multidose	Drops	P	QL
Restore	Bandage	NP	
Restore Calcium Alginate	Bandage	NP	
Restore Contact Layer Silver	Bandage	NP	
Restoril	Capsule	NP	
Retacrit	Vial	P	SP
RETACRIT (20000/MI)	Vial	P	SP, QL
Retevmo	Capsule		CH, SP, PA, QL
Retin-A	Cream (G)	NP	ST
Retin-A	Gel (Gram)	NP	ST
Retin-A Micro	Gel (Gram)	NP	ST
Retin-A Micro Pump	Gel W/Pump	NP	ST
Retrovir	Capsule	NP	
Retrovir	Syrup	NP	
Reusable Nebulizer Kit	Kit	NP	
Revatio	Susp Recon	NP	QL
Revatio	Tablet	NP	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Reveal Blood Glucose Meter	Kit	NP	PA
Reveal Test Strip	Strip	NP	PA, QL
Revel Programmable Pump	Each	P	
Revlimid	Capsule		CH, SP, PA
Rexulti	Tablet	P	QL
Reyataz	Capsule	NP	
Reyataz	Powd Pack	P	
Reyvow	Tablet	NP	QL, ST
Rezira	Solution	NP	A
Rhopressa	Drops	NP	ST
Ribasphere	Capsule	P	SP, PA
Ribasphere	Tablet	P	SP, PA
Ribasphere Ribapak	Tab Ds Pk	P	SP, ST
Ribavirin	Capsule	P	SP, PA
Ribavirin	Tablet	P	SP, PA
Ridaura	Capsule	NP	
Rifabutin	Capsule	S	
Rifadin	Capsule	NP	
Rifamate	Capsule	NP	
Rifampin	Capsule	S	
Rifater	Tablet	NP	
Rightest Control Solution	Each	NP	
Rightest Gc250s Control Soln	Each	NP	
Rightest Gd500	Each	NP	
Rightest GI300 Lancets	Each	NP	
Rightest Gm100 System	Kit	NP	PA
Rightest Gm250s Meter	Each	NP	PA
Rightest Gm260 Meter	Each	NP	PA
Rightest Gm300 System	Kit	NP	PA
Rightest Gm550 System	Kit	NP	PA
Rightest Gs100 Test Strips	Strip	NP	PA, QL
Rightest Gs250s Test Strips	Strip	NP	PA, QL
Rightest Gs260 Test Strips	Strip	NP	PA, QL
Rightest Gs300 Test Strips	Strip	NP	PA, QL
Rightest Gs550 Test Strips	Strip	NP	PA, QL
Rightest Gs700 Test Strip	Strip	NP	PA, QL
Rightest Gt333 Test Strip	Strip	NP	PA, QL
Rightest Max Test Strip	Strip	NP	PA, QL
Rilutek	Tablet	NP	SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Riluzole	Tablet	P	SP, QL
Rimantadine Hcl	Tablet	S	
Ringers Irrigation	Irrig Soln	S	
Rinvoq Er	Tab Er 24h	P	SP, PA, QL
Riomet	Solution	NP	
Riomet Er	Sus Er Rec	NP	QL, ST
Risedronate Sodium	Tablet	S	
Risedronate Sodium (150 Mg)	Tablet	P	ST
Risedronate Sodium Dr	Tablet Dr	P	QL, ST
Risperdal	Solution	NP	QL
Risperdal	Tablet	NP	
Risperdal Consta	Syringe	P	SP
Risperdal M-Tab	Tab Rapdis	NP	
Risperidone	Solution	S	QL
Risperidone	Tablet	S	
Risperidone Odt	Tab Rapdis	S	
Ritalin	Tablet	NP	
Ritalin La	Cpbp 50-50	NP	QL
Riteflo	Spacer	P	
Ritifed	Syrup	S	QL
Ritonavir	Tablet	S	
Rivastigmine	Capsule	S	
Rivastigmine	Patch Td24	P	
Rixubis	Vial	P	SP, PA
Rizatriptan	Tab Rapdis	S	QL
Rizatriptan	Tablet	S	QL
Robafen Ac	Liquid	S	A
Robaxin	Tablet	NP	
Robaxin-750	Tablet	NP	
Robinson Clear Vinyl Catheter	Each	NP	
Robinul	Tablet	NP	
Robinul	Vial	NP	
Robinul Forte	Tablet	NP	
Rocaltrol	Capsule	NP	
Rocaltrol	Solution	NP	
Rocklatan	Drops	NP	ST
Ropinirole Er	Tab Er 24h	P	ST
Ropinirole Hcl	Tablet	S	
Ropivacaine Hcl	Els Pmp Hr	P	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Ropivacaine Hcl	Els Pmp Lr	P	SP, PA
Ropivacaine Hcl	Plast. Bag	P	SP, PA
Ropivacaine Hcl-0.9% Nacl	Els Pmp Fr	P	SP, PA
Ropivacaine Hcl-0.9% Nacl	Els Pmp Hr	P	SP, PA
Ropivacaine Hcl-0.9% Nacl	Els Pmp Lr	P	SP, PA
Ropivacaine Hcl-0.9% Nacl	Plast. Bag	S	
Ropivacaine Hcl-0.9% Nacl (0.20%)	Pump Resvr	P	SP, PA
Ropivacaine Hcl-0.9% Nacl (120mg/60ml)	Syringe	P	SP, PA
Rosadan	Cream (G)	S	
Rosadan	Gel (Gram)	NP	
Rosadan	Kit Cl-Crm	NP	ST
Rosula	Med. Pad	S	
Rosula	Med. Pad	NP	
Rosuvastatin Calcium	Tablet	S	ACA, QL, A
Roszet	Tablet	NP	QL, ST
Rowasa	Enema	NP	
Rowasa	Enema Kit	NP	
Roweepra	Tablet	NP	
Roweepra Xr	Tab Er 24h	NP	
Roxicodone	Tablet	NP	
Roxybond	Tablet Orl	NP	ST
Roxybond (5 Mg)	Tablet Orl	NP	
Rozerem	Tablet	NP	QL, ST
Rubber Mouthpiece	Each	NP	
Rubbing Alcohol	Solution	NP	
Rubraca	Tablet		CH, SP, PA, QL
Rubraca (250 Mg)	Tablet		CH, SP, PA
Ruconest	Vial	P	SP, PA, QL
Rufinamide	Oral Susp	S	PA, QL
Rufinamide	Tablet	P	QL
Ruzurgi	Tablet	NP	SP, PA, QL
Rybelsus	Tablet	NP	QL, ST
Rydapt	Capsule	NP	SP, PA
Rynex Pse	Liquid	S	QL
Rytary	Capsule Er	NP	
Rythmol Sr	Cap Er 12h	NP	
Ryvent	Tablet	NP	A
Sabal-Homaccord	Drops	NP	
Sabril	Powd Pack	NP	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Sabril	Tablet	NP	SP, PA
Saccharin	Powder	NP	
Safe-Clip	Each	P	
Safesnap Allergy Syringe	Disp Syrin	NP	
Safesnap Insulin Syringe	Disp Syrin	P	
Safesnap Syringe	Disp Syrin	NP	
Safesnap Tuberculin Syringe	Disp Syrin	NP	
Safety Lancets	Each	NP	
Safety Seal Lancets	Each	NP	
Safety Syringe With Shield	Disp Syrin	NP	
Safety Syringe-Needle	Disp Syrin	NP	
Safetyglide Allergy	Disp Syrin	NP	
Safetyglide Allergy Syringe	Disp Syrin	NP	
Safetyglide Insulin Syringe	Disp Syrin	P	
Safetyglide Needle	Dis Needle	P	
Safetyglide Syringe	Disp Syrin	P	
Safetyglide Tb Syringe	Disp Syrin	NP	
Safety-Let	Each	NP	
Safety-Lok Safety Syringe	Disp Syrin	NP	
Safety-Lok Safety Syringes	Disp Syrin	NP	
Safety-Lok Syringes	Disp Syrin	NP	
Saf-T-Intima Iv Catheter	Each	NP	
Safyral	Tablet	NP	QL
Saizen	Cartridge	NP	SP, PA, QL
Saizen	Vial	NP	SP, PA, QL
Saizen-Saizenprep	Cartridge	NP	SP, PA, QL
Salacyn	Cream (G)	NP	
Salacyn	Lotion	S	
Salagen	Tablet	NP	
Salex	Shampoo	NP	
Salicylic Acid	Cream (G)	S	
Salicylic Acid	Crn Er (G)	S	
Salicylic Acid	Foam	P	
Salicylic Acid	Gel (Gram)	S	
Salicylic Acid	Liq-Film	S	
Salicylic Acid	Liquid	S	
Salicylic Acid	Lotion	S	
Salicylic Acid	Lotion Er	S	
Salicylic Acid	Oint. (G)	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Salicylic Acid	Shampoo	S	
Salimez	Cream (G)	NP	
Salimez Forte	Cream (G)	NP	
Salkera	Foam	NP	
Salkera	Foam	P	
Salsalate	Tablet	S	
Salvax	Foam	P	
Salvax Duo Plus	Foam	NP	
Sami The Seal	Each	NP	
Sami The Seal Mask	Each	NP	
Samsca	Tablet	NP	SP, PA, QL
Sancuso	Patch Tdwk	P	QL, ST
Sandimmune	Capsule	NP	SP
Sandimmune	Solution	NP	
Sandostatin	Ampul	NP	SP, PA
Sandostatin	Vial	NP	SP, PA
Sandostatin (50 Mcg/MI)	Ampul	NP	SP
Sandostatin Lar Depot	Vial	P	SP, PA
Santyl	Oint. (G)	NP	
Saphris	Tab Subl	NP	QL
Saphris (2.5 Mg)	Tab Subl	NP	
Sapropterin Dihydrochloride	Powd Pack	P	SP, PA
Sapropterin Dihydrochloride	Tablet Sol	P	SP, PA
Sarafem	Tablet	NP	
Savaysa	Tablet	NP	ST
Savella	Tab Ds Pk	NP	ST
Savella	Tablet	NP	ST
Scalacort	Lotion	NP	ST
Scalacort Dk	Combo. Pkg	P	
Scarcinpad	Pad	P	
Sclerosol	Aero Powd		CH
Scopolamine	Patch Td 3	S	QL
Seasonique	Tbdspk 3mo	NP	QL
Seconal Sodium	Capsule	NP	
Sectral	Capsule	NP	
Secuado	Patch Td24	NP	QL, ST
Security Bead Needle, Local	Needle	P	
Seebri Neohaler	Cap W/Dev	NP	
Segluromet	Tablet	NP	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Select-Ob	Tab Chew	S	
Selegiline Hcl	Capsule	S	
Selegiline Hcl	Tablet	S	
Selenium Sulfide	Lotion	S	
Selenium Sulfide	Shampoo	S	
Selzentry	Solution	P	
Selzentry	Tablet	P	
Semglee	Vial	NP	QL, ST
Semglee Pen	Insulin Pen	NP	QL, ST
Semprex-D	Capsule	NP	
Se-Natal 19	Tab Chew	S	
Se-Natal 19	Tablet	S	
Sen-Serter	Each	P	
Sensipar	Tablet	NP	
Serevent Diskus	Blst W/Dev	P	
Sernivo	Spray/Pump	NP	ST
Seroquel	Tablet	NP	QL
Seroquel Xr	Tab Er 24h	NP	QL
Seroquel Xr	Tab24hdspk	NP	
Serostim	Vial	NP	SP, PA, QL
Sertraline Hcl	Oral Conc	V	
Sertraline Hcl	Tablet	V	
Setlakin	Tbdspk 3mo		ACA, QL
Sevelamer Carbonate	Powd Pack	P	
Sevelamer Carbonate (400 Mg)	Tablet	P	
Sevelamer Carbonate (800 Mg)	Tablet	S	
Sevelamer Hcl	Capsule	P	
Sevenfact	Vial	NP	SP, PA
Sevoflurane	Liquid	S	
Seysara	Tablet	NP	ST
Sf	Gel (Gram)	S	ACA, A
Sf 5000 Plus	Cream (G)	S	ACA, A
Sfrowasa	Enema	NP	
Sharobel	Tablet		ACA
Sharps Collector	Each	P	
Sharps Container	Each	P	
Shingrix	Kit		ACA, QL, A
Shingrix Adjuvant Component	Vial		ACA, QL, A
Shingrix Ge Antigen Component	Vial		ACA, SP, QL, A

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Shohl's Modified	Solution	NP	
Short Bevel Needles	Dis Needle	NP	
Sidekick	Kit	NP	
Sidestream	Each	NP	
Sidestream Mask	Each	NP	
Sidestream Nebulizer	Each	NP	
Sidestream Plus	Each	NP	
Signifor	Ampul	P	SP, PA, QL
Siklos (100 Mg)	Tablet		CH, ST
Siklos (1000 Mg)	Tablet		CH
Silastic Catheter	Each	NP	
Silazone-Ii	Kit	NP	
Sildenafil	Tablet	S	PA, QL
Sildenafil Citrate	Susp Recon	P	PA, QL
Sildenafil Citrate	Tablet	S	QL
Silenor	Tablet	NP	QL, ST
Silhouette	Each	NP	
Silhouette	Infus.Set	P	
Silicone Mask	Each	NP	
Siliq	Syringe	NP	SP, PA, QL
Silivex	Pad	P	
Sil-K	Pad	P	
Silodosin	Capsule	P	
Silodosin	Solution	P	
Sil-Serter	Each	P	
Silvadene	Cream (G)	NP	
Silver Nitrate	Oint. (G)	S	
Silver Nitrate	Solution	S	
Silver Nitrate Applicator	Stick (Ea)	S	
Silver Sulfadiazine	Cream (G)	S	
Silverseal Hydrogel	Bandage	NP	
Simbrinza	Drops Susp	NP	
Simponi	Pen Injctr	NP	SP, PA, QL
Simponi	Syringe	NP	SP, PA, QL
Simvastatin	Oral Susp	P	QL, ST
Simvastatin	Tablet	V	ACA, A
Simvastatin (40 Mg)	Tablet	V	ACA, QL, A
Simvastatin (80 Mg)	Tablet	V	ACA, PA, QL, A
Sinemet 10-100	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Sinemet 25-100	Tablet	NP	
Sinemet 25-250	Tablet	NP	
Sinemet Cr	Tablet Er	NP	
Single Use Swab	Med. Pad	NP	
Single-Let	Each	P	
Singulair	Gran Pack	NP	
Singulair	Tab Chew	NP	
Singulair	Tablet	NP	
Sinus 12 Hour	Tablet Er	S	QL
Sinus 12-Hour	Tablet Er	S	QL
Sinus Headache	Tablet	S	QL
Sinustar	Each	NP	
Sirolimus	Tablet	S	
Sirolimus (1 Mg)	Tablet	P	SP
Sirturo	Tablet	P	SP, PA
Sirturo	Tablet	P	SP, PA
Sitavig	Ma Buc Tab	NP	QL, ST
Sivextro	Tablet	P	
Skelaxin	Tablet	NP	
Sklice	Lotion	NP	
Skyla	Iud		ACA
Skyrizi	Pen Injctr	P	SP, PA, QL
Skyrizi	Syringe	P	SP, PA, QL
Skyrizi	Syringekit	P	SP, PA, QL
Slip-Tip Syringe	Disp Syrin	P	
Slynd	Tablet	NP	QL
Smart Caresens N	Kit	NP	PA
Smart Sense	Each	NP	
Smart Sense Lancets	Each	NP	
Smart Sense Monitoring System	Each	NP	PA
Smart Sense Test Strips	Strip	NP	PA, QL
Smartdiabetes Vantage	Each	P	
Smartest	Each	P	
Smartest Eject	Kit	NP	PA
Smartest Lancet	Each	NP	
Smartest Persona	Each	NP	PA
Smartest Persona	Kit	NP	PA
Smartest Pronto	Each	NP	PA
Smartest Pronto	Kit	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Smartest Protege	Kit	NP	PA
Smartest Smart Code	Kit	NP	PA
Smartest Talking	Kit	NP	PA
Smartest Test	Strip	NP	PA, QL
Smartmask Kids	Each	NP	
Sodium Chloride	Irrig Soln	S	
Sodium Chloride	Vial-Neb	S	
Sodium Citrate	Solution	S	
Sodium Citrate	Syringe	S	
Sodium Fluoride	Drops	S	ACA, A
Sodium Fluoride	Paste (Ml)		ACA, A
Sodium Fluoride	Tab Chew	S	ACA, A
Sodium Fluoride Sensitive	Paste (Ml)		ACA, A
Sodium Phenylbutyrate	Powder	P	SP, PA
Sodium Phenylbutyrate	Tablet	P	SP, PA
Sodium Polystyrene Sulfonate	Enema	S	
Sodium Polystyrene Sulfonate	Oral Susp	S	
Sodium Polystyrene Sulfonate	Powder	S	
Sodium Succinate	Powder	NP	
Sodium Sulfacetamide	Cleanser	S	
Sodium Sulfacetamide-Sulfur	Cleanser	S	
Sodium Sulfacetamide-Sulfur	Cleanser	NP	
Sodium Sulfacetamide-Sulfur	Cream (G)	S	
Sodium Sulfacetamide-Sulfur	Med. Pad	S	
Sodium Sulfacetamide-Sulfur	Suspension	S	
Sofia2 Flu-Sars Antigen Fia	Kit		ACA
Sofosbuvir-Velpatasvir	Tablet	P	SP, PA, QL
Sof-Serter	Each	NP	
Sof-Set	Infus.Set	NP	
Sof-Set Micro	Infus.Set	NP	
Soft Touch	Each	NP	
Soft-Glide Saf-Q Infusion Set	Infus.Set	P	
Solaraze	Gel (Gram)	NP	ST
Solifenacin Succinate	Tablet	S	QL, ST
Soliqua 100-33	Insuln Pen	NP	PA, QL
Solodyn	Tab Er 24h	NP	PA
Solodyn (65 Mg And 115 Mg)	Tab Er 24h	NP	PA, QL
Solosec	Grandr Pkt	NP	QL, ST
Soloxide	Tablet Dr	P	ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Soltamox	Solution		CH
Solus V2	Each	NP	PA
Solus V2	Kit	NP	PA
Solus V2 Control Solution	Each	NP	
Solus V2 Lancets	Each	NP	
Solus V2 Lancing Device	Kit	NP	
Solus V2 Test Strips	Strip	NP	PA, QL
Soma	Tablet	NP	ST
Somavert	Vial	P	SP, PA
Sonafine	Emulsn(G)	S	
Sonata	Capsule	NP	QL
Soolantra	Cream (G)	NP	QL, ST
Sootheneb Compressor Nebulizer	Each	NP	
Sootheneb Mesh Nebulizer	Each	NP	
Sorbitol	Irrig Soln	S	
Sorbitol	Solution	NP	
Soriatane	Capsule	NP	
Soriatane (17.5 Mg)	Capsule	NP	ST
Sorilux	Foam	NP	ST
Sorine	Tablet	S	
Sotalol	Tablet	S	
Sotalol Af	Tablet	S	
Sotylize	Solution	NP	
Sovaldi	Pelet Pack	NP	SP, PA, QL
Sovaldi	Tablet	NP	SP, PA, QL
Space Chamber Plus	Spacer	P	
Specialty Use Needles	Dis Needle	NP	
Spectracef	Tablet	NP	
Spectragel	Gel (Gram)	P	
Speedicath	Each	NP	
Spinosad	Suspension	S	
Spiriva	Cap W/Dev	P	QL
Spiriva Respimat	Mist Inhal	P	QL
Spironolactone	Tablet	V	
Spironolactone-Hctz	Tablet	S	
Sporanox	Capsule	NP	
Sporanox	Solution	NP	
Spravato	Spray	NP	SP, PA, QL
Spray And Stretch	Spray	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Sprintec	Tablet		ACA
Spritam	Tab Susp	NP	ST
Sprix	Spray	NP	QL, ST, A
Sprycel	Tablet		CH, SP, PA
Sps	Enema	NP	
Sps	Oral Susp	S	
Sronyx	Tablet		ACA
Ssd	Cream (G)	S	
Sski	Solution	S	
St. Joseph Aspirin	Tab Chew	S	ACA, A
St. Joseph Aspirin Ec	Tablet Dr	S	ACA, A
Stahist Ad	Liquid	P	QL
Stahist Ad	Tablet	P	QL
Stalevo 100	Tablet	NP	
Stalevo 125	Tablet	NP	
Stalevo 150	Tablet	NP	
Stalevo 200	Tablet	NP	
Stalevo 50	Tablet	NP	
Stalevo 75	Tablet	NP	
Stamaril	Vial	P	
Starlix	Tablet	NP	
Stavudine	Capsule	S	
Staxyn	Tab Rapdis	NP	PA, QL
Steglatro	Tablet	NP	QL, ST
Steglujan	Tablet	NP	ST
Stelara	Syringe	P	SP, PA, QL
Stelara	Vial	P	SP, PA, QL
Stendra	Tablet	P	PA, QL
Sterilance TI	Each	NP	
Sterile Talc	Vial		CH
Stimate	Spray/Pump	P	
Stiolto Respimat	Mist Inhal	P	QL, ST
Stivarga	Tablet		CH, SP, PA, QL
Stop Smoking Aid	Lozenge		ACA
Strattera	Capsule	NP	QL
Stravix	Sheet	NP	
Strensiq	Vial	P	SP, PA, QL
Striant	Muc Er 12h	NP	PA, QL
Stribild	Tablet	P	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Striverdi Respimat	Mist Inhal	P	QL
Stromectol	Tablet	NP	
Strong Iodine	Solution	S	
Suboxone	Film	NP	
Subsys	Spray	NP	PA, QL
Subvenite	Tablet	S	
Subvenite (Blue)	Tab Ds Pk	S	
Subvenite (Green)	Tab Ds Pk	S	
Subvenite (Orange)	Tab Ds Pk	S	
Sucraid	Solution	NP	
Sucralfate	Tablet	S	
Sudafed	Tablet	NP	QL
Sudafed 12 Hour	Tablet Er	NP	QL
Sudafed 12 Hour	Tablet Er	S	QL
Sudafed 12-Hour	Tablet Er	NP	QL
Sudafed 24-Hour	Tab Er 24h	P	QL
Sudogest	Tablet	S	QL
Sudogest	Tablet Er	S	QL
Sular	Tab Er 24h	NP	
Sulconazole Nitrate	Cream (G)	P	ST
Sulconazole Nitrate	Solution	P	ST
Sulfacetamide Sodium	Drops	S	
Sulfacetamide Sodium	Oint. (G)	S	
Sulfacetamide Sodium	Suspension	S	
Sulfacetamide Sodium-Sulfur	Med. Pad	S	
Sulfacetamide-Prednisolone	Drops	S	
Sulfadiazine	Tablet	S	
Sulfamethoxazole-Trimethoprim	Oral Susp	S	
Sulfamethoxazole-Trimethoprim	Tablet	S	
Sulfamylon	Cream (G)	NP	
Sulfamylon	Packet	NP	
Sulfasalazine	Tablet	S	
Sulfasalazine Dr	Tablet Dr	S	
Sulfatrim	Oral Susp	S	
Sulindac	Tablet	S	
Sumatriptan	Spray	P	QL, ST
Sumatriptan Succinate	Cartridge	P	QL
Sumatriptan Succinate	Pen Injctr	P	QL
Sumatriptan Succinate	Syringe	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Sumatriptan Succinate	Tablet	S	QL
Sumatriptan Succinate	Vial	P	QL
Sumatriptan Succinate (6 Mg/0.5ml)	Syringe	P	QL
Sumatriptan Succ-Naproxen Sod	Tablet	P	QL, ST
Sumavel Dosepro	Ndl Fr Inj	NP	QL
Sumaxin Cp	Kit	NP	
Sunosi	Tablet	NP	PA, QL
Sunrise Compressor-Nebulizer	Each	NP	
Super Thin Lancets	Each	NP	
Suphedrin	Liquid	S	QL
Suphedrin	Tablet	S	QL
Suphedrin 12-Hour	Tablet Er	S	QL
Suphedrine	Tablet	S	QL
Suphedrine 12-Hour	Tablet Er	S	QL
Suphedrine Sinus Congestion	Tablet	S	QL
Suprane	Liquid	NP	
Suprax	Capsule	NP	
Suprax	Susp Recon	NP	
Suprax	Tab Chew	NP	
Suprep	Soln Recon	NP	A
Sure Comfort	Dis Needle	P	
Sure Comfort	Disp Syrin	P	
Sure Comfort Alcohol	Med. Pad	NP	
Sure Comfort Insulin Syringe	Disp Syrin	P	
Sure Comfort Lancets	Each	NP	
Sure Comfort Lancing Pen	Each	NP	
Sure Result Dss Premium Pack	Cmb Sol Cr	NP	
Sure-Fine Pen Needles	Dis Needle	P	
Sureflex	Each	P	
Sureflex	Kit	P	
Sure-Ject Insulin Syringe	Disp Syrin	P	
Sure-Lance	Each	NP	
Sure-Pen	Each	P	
Sure-Prep Alcohol Prep Pads	Med. Pad	NP	
Sure-T	Each	P	
Sure-T Paradigm	Infus.Set	P	
Sure-Test Easyplus Mini	Strip	NP	PA, QL
Sure-Test Easyplus Mini (Control)	Each	NP	
Sure-Test Easyplus Mini (Meter)	Each	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
<i>Sure-Touch</i>	<i>Each</i>	NP	
<i>Surmontil</i>	<i>Capsule</i>	NP	ST
<i>Survanta</i>	<i>Vial</i>	NP	
<i>Sustiva</i>	<i>Capsule</i>	NP	
<i>Sustiva</i>	<i>Tablet</i>	NP	
<i>Sutab</i>	<i>Tablet</i>	NP	QL, ST
<i>Sutent</i>	<i>Capsule</i>		CH, SP, PA
<i>Suvcort</i>	<i>Gel (Gram)</i>	NP	
Syeda	Tablet		ACA
<i>Sylatron</i>	<i>Kit</i>	P	SP, PA
<i>Symax</i>	<i>Tab Rapdis</i>	NP	
<i>Symax Duotab</i>	<i>Tab Mphase</i>	NP	
<i>Symax-Sl</i>	<i>Tab Subl</i>	NP	
<i>Symax-Sr</i>	<i>Tab Er 12h</i>	NP	
<i>Symbicort</i>	<i>Hfa Aer Ad</i>	NP	QL, ST
<i>Symbyax</i>	<i>Capsule</i>	NP	
<i>Symdeko</i>	<i>Tablet Seq</i>	P	SP, PA, QL
<i>Symfi</i>	<i>Tablet</i>	NP	QL
<i>Symfi Lo</i>	<i>Tablet</i>	P	
<i>Symjepi</i>	<i>Syringe</i>	P	
<i>Symlinpen 120</i>	<i>Pen Injctr</i>	NP	PA
<i>Symlinpen 60</i>	<i>Pen Injctr</i>	NP	PA
<i>Sympazan</i>	<i>Film</i>	NP	
<i>Symproic</i>	<i>Tablet</i>	P	PA, QL
<i>Symtuza</i>	<i>Tablet</i>	P	
<i>Synagis</i>	<i>Vial</i>	P	SP, PA
<i>Synalar</i>	<i>Cream (G)</i>	NP	ST
<i>Synalar</i>	<i>Oint. (G)</i>	NP	ST
<i>Synalar</i>	<i>Solution</i>	NP	ST
<i>Synalgos-Dc</i>	<i>Capsule</i>	NP	QL
<i>Synarel</i>	<i>Spray</i>	P	
<i>Syndros</i>	<i>Solution</i>	NP	
<i>Synera</i>	<i>M.Ht Patch</i>	NP	
<i>Synjardy</i>	<i>Tablet</i>	P	QL
<i>Synjardy Xr</i>	<i>Tab Bp 24h</i>	P	QL
<i>Synribo</i>	<i>Vial</i>		CH, SP, PA
<i>Synthroid</i>	<i>Tablet</i>	NP	
<i>Syprine</i>	<i>Capsule</i>	NP	ST
<i>Syringe</i>	<i>Disp Syrin</i>	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
<i>Syringe Avitene</i>	<i>Powder</i>	NP	
<i>Syringe Bulk</i>	<i>Disp Syrin</i>	NP	
<i>Syringe Catheter Tip</i>	<i>Disp Syrin</i>	NP	
<i>Syringe With Needle Disp</i>	<i>Disp Syrin</i>	NP	
<i>Syringe Without Needle</i>	<i>Disp Syrin</i>	NP	
<i>Syringe-Needle</i>	<i>Disp Syrin</i>	NP	
<i>Syringe-Precisionglide Needle</i>	<i>Disp Syrin</i>	NP	
<i>Syzygium Compositum</i>	<i>Drops</i>	NP	
<i>T.E.D. Anti-Embolism Stocking</i>	<i>Each</i>	P	
<i>T.E.D. Sequnt Compress Device</i>	<i>Miscell</i>	P	
<i>T:30 Infusion Set</i>	<i>Infus.Set</i>	P	
<i>T:90</i>	<i>Infus.Set</i>	P	
<i>T:Flex</i>	<i>Cartridge</i>	P	
<i>T:Flex</i>	<i>Each</i>	P	
<i>T:Slim</i>	<i>Cartridge</i>	P	
<i>T:Slim</i>	<i>Each</i>	P	
<i>T:Slim G4</i>	<i>Cartridge</i>	P	
<i>T:Slim G4</i>	<i>Each</i>	P	
<i>T:Slim X2</i>	<i>Each</i>	P	
<i>T:Slim X2 With Basal-Iq</i>	<i>Each</i>	P	
<i>Tabloid</i>	<i>Tablet</i>		CH, SP, QL
<i>Tabrecta</i>	<i>Tablet</i>		CH, SP, PA, QL
<i>Tachosil</i>	<i>Adh. Patch</i>	NP	
<i>Taclonex</i>	<i>Oint. (G)</i>	NP	
<i>Taclonex</i>	<i>Suspension</i>	NP	ST
Tacrolimus	Capsule	S	
Tacrolimus	Oint. (G)	S	ST
Tadalafil	Tablet	S	QL
<i>Tafinlar</i>	<i>Capsule</i>		CH, SP, PA, QL
<i>Tagrisso</i>	<i>Tablet</i>		CH, SP, PA
Take Action	Tablet		ACA
<i>Takhzyro</i>	<i>Vial</i>	P	SP, PA, QL
<i>Talicia</i>	<i>Cap Ir Dr</i>	NP	QL
<i>Taltz Autoinjector</i>	<i>Auto Injct</i>	NP	SP, PA, QL
<i>Taltz Autoinjector (2 Pack)</i>	<i>Auto Injct</i>	NP	SP, PA, QL
<i>Taltz Autoinjector (3 Pack)</i>	<i>Auto Injct</i>	NP	SP, PA, QL
<i>Taltz Syringe</i>	<i>Syringe</i>	NP	SP, PA, QL
<i>Taltz Syringe (2 Pack)</i>	<i>Syringe</i>	NP	SP, PA, QL
<i>Taltz Syringe (3 Pack)</i>	<i>Syringe</i>	NP	SP, PA, QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Talzenna	Capsule	NP	SP, PA, QL
Tamiflu	Capsule	NP	QL
Tamiflu	Susp Recon	NP	QL
Tamoxifen Citrate	Tablet		ACA
Tamsulosin Hcl	Capsule	S	
Tanzeum	Pen Injctr	NP	QL, ST
Tapazole	Tablet	NP	
Taperdex (1.5 Mg (21))	Tab Ds Pk	S	
Taperdex (1.5 Mg (49))	Tab Ds Pk	S	ST
Tarceva	Tablet		CH, SP, PA
Targadox	Tablet	NP	ST
Targretin	Capsule		CH, SP, PA
Targretin	Gel (Gram)		CH, SP, PA
Tarina Fe	Tablet		ACA
Tarina Fe 1-20 Eq	Tablet		ACA
Tarka	Tab Bp 24h	NP	
Taron-Prex Prenatal	Capsule	S	
Tasigna	Capsule		CH, SP, PA
Tasigna (50 Mg)	Capsule		CH, SP, QL
Tasmar	Tablet	NP	
Tavaborole	Sol W/Appl	P	QL, ST
Tavalisse	Tablet	NP	SP, QL
Taytulla	Capsule	NP	
Tazarotene	Cream (G)	P	ST
Tazarotene	Foam	P	QL, ST
Tazorac	Gel (Gram)	P	ST
Tazorac (0.05%)	Cream (G)	P	ST
Tazorac (0.10%)	Cream (G)	NP	ST
Taztia Xt	Cap Sa 24h	S	
Tazverik	Tablet		CH, SP, PA, QL
Tb Syringe	Disp Syrin	NP	
Td Gold Blood Glucose Monitor	Each	NP	PA
Td Gold Level 1 Control Sol	Each	NP	
Td Gold Level 2 Control Sol	Each	NP	
Td Gold Level 3 Control Sol	Each	NP	
Td Gold Test Strip	Strip	NP	PA, QL
Td Gold Voice Glucose Monitor	Each	NP	PA
Tecfidera	Capsule Dr	NP	SP, PA, QL
Teclite Insulin Syringe	Disp Syrin	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Teclite Lancets	Each	NP	
Teclite Pen Needle	Dis Needle	P	
Technivie	Tablet	P	SP, PA, QL
Tegretol	Oral Susp	NP	
Tegretol	Tablet	NP	
Tegretol Xr	Tab Er 12h	NP	
Tegsedi	Syringe	NP	SP, PA, QL
Tekturna	Tablet	NP	ST
Tekturna Hct	Tablet	NP	ST
Telcare	Each	NP	
Telcare	Kit	NP	PA
Telcare	Strip	NP	PA, QL
Telcare Bgm	Kit	NP	PA
Telcare Control Solution	Each	NP	
Telmisartan	Tablet	S	
Telmisartan-Amlodipine	Tablet	P	ST
Telmisartan-Hydrochlorothiazid	Tablet	P	ST
Temazepam	Capsule	S	
Temazepam (7.5 Mg And 22.5 Mg)	Capsule	P	
Temixys	Tablet	P	QL
Temodar	Capsule		CH, SP, PA
Temovate	Cream (G)	NP	ST
Temovate	Oint. (G)	NP	ST
Temozolomide	Capsule		CH, SP
Tencon	Tablet	S	QL
Tenex	Tablet	NP	
Tenivac	Syringe		ACA
Tenivac	Vial		ACA
Tenofovir Disoproxil Fumarate	Tablet	S	
Tenoretic 100	Tablet	NP	
Tenoretic 50	Tablet	NP	
Tenormin	Tablet	NP	
Tens 502	Each	P	
Tens 504	Each	P	
Tepmetko	Tablet		CH, SP, PA, QL
Terazol 7	Cream/Appl	NP	QL
Terazosin Hcl	Capsule	S	
Terbinafine Hcl	Tablet	S	QL
Terbutaline Sulfate	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Terbutaline Sulfate	Vial	P	SP, PA
Terconazole	Cream/Appl	S	QL
Terconazole	Supp.Vag	S	QL
Teriparatide	Pen Injctr	P	SP, PA, QL
Terrell	Liquid	S	
<i>Tersi Foam</i>	<i>Foam</i>	NP	
<i>Terumo Allergy Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Terumo Hypodermic Needle-Syrin</i>	<i>Disp Syrin</i>	NP	
<i>Terumo Insulin Syringe</i>	<i>Disp Syrin</i>	P	
<i>Terumo Surguard2</i>	<i>Dis Needle</i>	P	
<i>Terumo Surguard2</i>	<i>Disp Syrin</i>	NP	
<i>Terumo Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Tessalon Perle</i>	<i>Capsule</i>	NP	
<i>Test N'go</i>	<i>Each</i>	NP	PA
<i>Test N'go</i>	<i>Strip</i>	NP	PA, QL
<i>Test Strips</i>	<i>Strip</i>	NP	PA, QL
<i>Testim</i>	<i>Gel (Gram)</i>	NP	
<i>Testopel</i>	<i>Pellet(Ea)</i>	NP	PA
Testosterone	Gel (Gram)	S	QL
Testosterone	Sol Md Pmp	P	PA
Testosterone (1.25g-1.62 And 2.5g-1.62%)	Gel Packet	P	QL
Testosterone (10 Mg (2%))	Gel Md Pmp	P	
Testosterone (12.5/1.25g And 20.25/1.25)	Gel Md Pmp	S	QL
Testosterone (25 Mg (1%) And 5 Mg (1%))	Gel Packet	S	QL
Testosterone Cypionate	Vial	S	
Testosterone Enanthate	Vial	S	
<i>Testred</i>	<i>Capsule</i>	NP	PA
<i>Tetanus Diphtheria Toxoids</i>	<i>Vial</i>		ACA
<i>Tetcaine</i>	<i>Drops</i>	NP	
Tetrabenazine	Tablet	P	SP, PA
Tetracaine Hcl	Drops	S	
Tetracycline Hcl	Capsule	S	
<i>Tetravisc</i>	<i>Drpr Visc</i>	NP	
<i>Tetravisc</i>	<i>Drops Visc</i>	NP	
<i>Tetravisc Forte</i>	<i>Drpr Hpvis</i>	NP	
<i>Tetravisc Forte</i>	<i>Drps Hpvis</i>	NP	
<i>Texacort</i>	<i>Solution</i>	P	
<i>Texavite Lq</i>	<i>Drops</i>	NP	A
<i>Thalomid</i>	<i>Capsule</i>	P	SP, PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Theo-24	Cap Er 24h	P	
Theochron	Tab Er 12h	S	
Theophylline	Solution	S	
Theophylline	Tab Er 24h	S	
Theophylline Anhydrous	Tab Er 12h	S	
Thera-D	Tablet	S	ACA, A
Thermazene	Cream (G)	NP	
Thin Lancets	Each	NP	
Thin Wall Needles	Dis Needle	NP	
Thinpro Insulin Syringe	Disp Syrin	P	
Thiola	Tablet	NP	
Thiola EC	Tablet DR	NP	SP, PA, QL
Thioridazine Hcl	Tablet	S	
Thiothixene	Capsule	S	
Threshold Imt	Each	P	
Threshold Pep	Each	P	
Thrombi-Gel	Med. Pad	S	
Thrombin-Jmi	Nas Sp Syr	S	
Thrombin-Jmi	Spray	S	
Thrombin-Jmi	Spray Syrn	S	
Thrombin-Jmi	Vial	S	
Thrombi-Pad	Med. Pad	S	
Thyquidity	Solution	NP	
Thyrolar-1	Tablet	NP	
Thyrolar-1/2	Tablet	NP	
Thyrolar-1/4	Tablet	NP	
Thyrolar-2	Tablet	NP	
Thyrolar-3	Tablet	NP	
Tiagabine Hcl	Tablet	S	
Tiazac	Cap Sa 24h	NP	
Tibsovo	Tablet	NP	SP, QL
Ticlopidine Hcl	Tablet	S	
Tigan	Capsule	NP	
Tigan	Vial	NP	
Tiglutik	Oral Susp	P	SP, PA
Tikosyn	Capsule	NP	
Tilia Fe	Tablet		ACA
Timolol Maleate	Drop Daily	P	ST
Timolol Maleate	Droperette	P	ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Timolol Maleate	Drops	S	
Timolol Maleate	Sol-Gel	P	ST
Timolol Maleate	Tablet	S	
<i>Timoptic</i>	<i>Drops</i>	NP	
<i>Timoptic Ocudose</i>	<i>Droperette</i>	NP	ST
<i>Timoptic-Xe</i>	<i>Sol-Gel</i>	NP	ST
<i>Tindamax</i>	<i>Tablet</i>	NP	
Tinidazole	Tablet	P	
Tiopronin	Tablet	P	SP, PA, QL
<i>Tirosint</i>	<i>Capsule</i>	NP	
<i>Tirosint-Sol</i>	<i>Solution</i>	NP	
<i>Tisseel Vhsd</i>	<i>Kit</i>	NP	
<i>Tisseel Vhsd</i>	<i>Syringe</i>	NP	
<i>Tis-U-Sol Pentalyte</i>	<i>Irrig Soln</i>	NP	
<i>Tivicay</i>	<i>Tablet</i>	P	
<i>Tivicay Pd</i>	<i>Tab Susp</i>	P	QL
<i>Tivorbex</i>	<i>Capsule</i>	NP	QL, ST
Tizanidine Hcl	Capsule	P	ST
Tizanidine Hcl	Tablet	S	
TI G-Fol Os	Tablet	S	
<i>Tobi</i>	<i>Ampul-Neb</i>	NP	SP, QL
<i>Tobi Podhaler</i>	<i>Cap W/Dev</i>	NP	SP, PA, QL
<i>Tobi Podhaler</i>	<i>Capsule</i>	NP	SP, PA, QL
<i>Tobradex</i>	<i>Drops Susp</i>	NP	
<i>Tobradex</i>	<i>Oint. (G)</i>	P	
<i>Tobradex St</i>	<i>Drops Susp</i>	NP	
Tobramycin	Ampul-Neb	P	SP, QL
Tobramycin	Drops	S	
Tobramycin (300 Mg/4ml)	Ampul-Neb	P	SP, PA, QL
Tobramycin-Dexamethasone	Drops Susp	S	
<i>Tobrex</i>	<i>Drops</i>	NP	
<i>Tobrex</i>	<i>Oint. (G)</i>	P	
<i>Tofranil</i>	<i>Tablet</i>	NP	
<i>Tolak</i>	<i>Cream (G)</i>	NP	
Tolazamide	Tablet	S	
Tolbutamide	Tablet	S	
Tolcapone	Tablet	P	
Tolmetin Sodium	Capsule	S	
Tolmetin Sodium	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Tolsura	Cap Sd Dsp	NP	QL, ST
Tolterodine Tartrate	Tablet	P	QL
Tolterodine Tartrate Er	Cap Er 24h	P	QL
Tolvaptan	Tablet	P	SP, PA, QL
Toomey Syringe	Syringe	NP	
Topamax	Cap Sprink	NP	
Topamax	Tablet	NP	
Topcare Clickfine	Dis Needle	P	
Topcare Ultra Comfort	Disp Syrin	P	
Topcare Universal1 Lancet	Each	NP	
Topcare Universal1 Thin Lancet	Each	NP	
Topicort	Cream (G)	NP	ST
Topicort	Gel (Gram)	NP	ST
Topicort	Oint. (G)	NP	ST
Topicort	Spray	NP	ST
Topiramate	Cap Sprink	S	
Topiramate	Tablet	S	
Topiramate Er	Cap Spr 24	S	
Topotecan Hcl	Vial		CH, SP, PA
Toprol XL	Tab Er 24h	NP	
Toremifene Citrate	Tablet		CH
Toremide	Tablet	S	
Tosymra	Spray	NP	QL, ST
Touch-Trol	Each	NP	
Toujeo Max Solostar	Insuln Pen	P	QL
Toujeo Solostar	Insuln Pen	P	QL
Toviaz	Tab Er 24h	NP	QL, ST
Tracleer	Tab Susp	P	SP, PA
Tracleer	Tablet	NP	SP, PA
Tradjenta	Tablet	P	QL, ST
Tramadol Hcl	Tablet	S	
Tramadol Hcl (100 Mg)	Tablet	S	QL
Tramadol Hcl (300 Mg)	Tablet	P	ST
Tramadol Hcl Er	Cpbp 17-83	P	QL, ST
Tramadol Hcl Er	Cpbp 25-75	P	QL, ST
Tramadol Hcl Er	Tab Er 24h	S	QL
Tramadol Hcl Er	Tbmp 24hr	P	QL
Tramadol Hcl Er (150 Mg)	Cpbp 25-75	P	QL
Tramadol Hcl-Acetaminophen	Tablet	S	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Trandolapril	Tablet	S	
Trandolapril-Verapamil Er	Tab Bp 24h	S	
Tranexamic Acid	Tablet	S	QL
Transderm-Scop	Patch Td 3	NP	
Transfer Needle	Dis Needle	P	
Tranxene T-Tab	Tablet	NP	
Tranlycypromine Sulfate	Tablet	S	
Travatan Z	Drops	NP	ST
Travoprost	Drops	P	ST
Trazodone Hcl	Tablet	S	
Treacator	Tablet	NP	
Trek S Combo Pack	Each	NP	
Trek S Compact Compressor	Each	NP	
Trek S Portable Pwr Kit	Each	NP	
Trelegy Ellipta	Blst W/Dev	P	QL
Trelstar	Syringe		CH, SP, PA
Trelstar	Vial		CH, SP, PA
Tremfya	Auto Injct	NP	SP, PA, QL
Tremfya	Syringe	NP	SP, PA, QL
Tresiba	Vial	P	QL, ST
Tresiba Flextouch U-100	Insuln Pen	P	QL, ST
Tresiba Flextouch U-200	Insuln Pen	P	QL, ST
Tretinoin	Capsule		CH
Tretinoin	Cream (G)	S	
Tretinoin	Gel (Gram)	S	
Tretinoin Microsphere	Gel (Gram)	P	ST
Tretinoin Microsphere	Gel W/Pump	P	ST
Tretin-X	Combo. Pkg	NP	ST
Tretin-X	Cream (G)	NP	ST
Tretten	Vial	P	SP, PA
Trexall	Tablet		CH
Treximet	Tablet	NP	QL, ST
Trezix	Capsule	NP	QL
Tri Femynor	Tablet		ACA
Triamcinolone Acetonide	Aerosol	P	
Triamcinolone Acetonide	Cream (G)	S	
Triamcinolone Acetonide	Lotion	S	
Triamcinolone Acetonide	Oint. (G)	S	
Triamcinolone Acetonide	Paste (G)	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Triamterene	Capsule	P	ST
Triamterene-Hydrochlorothiazid	Capsule	S	
Triamterene-Hydrochlorothiazid	Tablet	S	
Trianex	Oint. (G)	P	ST
Triazolam	Tablet	S	
<i>Tribenzor</i>	<i>Tablet</i>	NP	ST
<i>Tricare</i>	<i>Tablet</i>	NP	
<i>Tricare Prenatal</i>	<i>Tab Chew</i>	NP	
<i>Tri-Chlor</i>	<i>Solution</i>	NP	
<i>Trichloroacetic Acid</i>	<i>Soln Recon</i>	NP	
<i>Tricor</i>	<i>Tablet</i>	NP	
Triderm	Cream (G)	S	
Tridesilon	Cream (G)	P	ST
Trientine Hcl	Capsule	P	ST
Tri-Estarylla	Tablet		ACA
Trifluoperazine Hcl	Tablet	S	
Trifluridine	Drops	S	
<i>Triglide</i>	<i>Tablet</i>	NP	
Trihexyphenidyl Hcl	Elixir	S	
Trihexyphenidyl Hcl	Tablet	S	
<i>Trijardy Xr</i>	<i>Tab Bp 24h</i>	NP	QL, ST
<i>Trikafta</i>	<i>Tablet Seq</i>	NP	SP, PA, QL
Tri-Legest Fe	Tablet		ACA
<i>Trileptal</i>	<i>Oral Susp</i>	NP	
<i>Trileptal</i>	<i>Tablet</i>	NP	
Tri-Linyah	Tablet		ACA
<i>Trilipix</i>	<i>Capsule Dr</i>	NP	
<i>Triloan li Suik</i>	<i>Kit</i>	NP	
Tri-Lo-Estarylla	Tablet		ACA
Tri-Lo-Marzia	Tablet		ACA
Tri-Lo-Sprintec	Tablet		ACA
Trilyte With Flavor Packets	Soln Recon	S	
Trimethobenzamide Hcl	Capsule	S	
Trimethoprim	Tablet	S	
Tri-Mili	Tablet		ACA
Trimipramine Maleate	Capsule	S	
<i>Trimpex</i>	<i>Solution</i>	P	
<i>Trinatal Rx 1</i>	<i>Tablet</i>	NP	
Trinate	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Drug Name	Dosage	Drug Tier	Restrictions
Trinessa	Tablet		ACA
Trinessa Lo	Tablet		ACA
Tri-Norinyl	Tablet	NP	
Trintellix	Tablet	NP	ST
Triple Dye	Med. Swab	S	
Triple-Vitamin W-Fluoride	Drops	S	A
Tri-Previfem	Tablet		ACA
Triptodur	Vial	NP	SP, PA
Trisodium Citrate Crtt	Solution	S	
Trispec Pse	Liquid	NP	QL
Tri-Sprintec	Tablet		ACA
Triumeq	Tablet	P	
Tri-Vi-Flor	Drps Sp Bp	NP	A
Tri-Vit With Fluoride-Iron	Drops	S	ACA, A
Tri-Vitamin With Fluoride	Drops	S	A
Tri-Vite With Fluoride	Drops	S	A
Trivora-28	Tablet		ACA
Tri-Vylibra	Tablet		ACA
Trizivir	Tablet	NP	
Trokendi Xr	Cap Er 24h	NP	
Tropicamide	Drops	S	
Tropicamide-Cyclopentolate-Pe	Drops	S	
Tropium Chloride	Tablet	P	QL
Tropium Chloride Er	Cap Er 24h	P	QL
True Comfort Alcohol Pads	Med. Pad	NP	
True Comfort Insulin Syringe	Disp Syrin	P	
True Comfort Lancet	Each	NP	
True Metrix	Each	NP	
True Metrix Air Glucose Meter	Each	NP	PA
True Metrix Air Glucose Meter	Kit	NP	PA
True Metrix Blood Glucose Mtr	Each	NP	PA
True Metrix Glucose Test Strip	Strip	NP	PA, QL
True Metrix Go	Each	NP	PA
True Metrix Pro Test Strip	Strip	NP	PA, QL
True2go Blood Glucose System	Kit	NP	PA
Truecontrol	Each	NP	
Truedraw	Each	NP	
Trueplus Glucose	Tab Chew	S	
Trueplus Insulin Syringe	Disp Syrin	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Trueplus Lancets	Each	NP	
Trueplus Pen Needle	Dis Needle	P	
Trueresult Blood Glucose Meter	Each	NP	PA
Trueresult Blood Glucose Systm	Kit	NP	PA
Truetest Glucose Control	Each	NP	
Truetest Test Strips	Strip	NP	PA, QL
Truetrack Blood Glucose System	Kit	NP	PA
Truetrack Smart System	Kit	NP	PA
Truetrack Test Strip	Strip	NP	PA, QL
Trulance	Tablet	P	QL, ST
Trulicity	Pen Injctr	P	QL, ST
Trumenba	Syringe		ACA
Truneb Nebulizer	Each	NP	
Trusopt	Drops	NP	
Trusteel Infusion Set	Infus.Set	P	
Truvada	Tablet	P	QL
Truvada (200-300 Mg)	Tablet	NP	QL
Truzone Peak Flow Meter	Each	NP	
Tuberculin Syringe	Disp Syrin	NP	
Tuberculin Syringe-Needle	Disp Syrin	NP	
Tudorza Pressair	Aer Pow Ba	NP	QL, ST
Tukysa	Tablet		CH, SP, PA, QL
Tulana	Tablet		ACA
Tusnel	Solution	P	QL
Tusnel	Tablet	P	QL
Tusnel C	Syrup	NP	QL, A
Tusnel Dm Pediatric	Drops	P	QL
Tusnel Pediatric	Liquid	NP	QL
Tussicaps	Cap Er 12h	NP	A
Tussion	Tablet	NP	A
Tussin Cf	Syrup	S	QL
Tussionex	Sus Er 12h	NP	A
Tuxarin Er	Tab Er 12h	NP	QL, A
Tuzistra Xr	Sus Er 12h	NP	A
Twinpak Dual Cannula	Disp Syrin	NP	
Twinrix	Syringe		ACA
Twinrix	Vial		ACA
Twirla	Patch Tdwk		ACA
Twist Lancets	Each	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
<i>Twynsta</i>	<i>Tablet</i>	NP	ST
<i>Tybost</i>	<i>Tablet</i>	P	
Tydemy	Tablet		ACA, QL
<i>Tykerb</i>	<i>Tablet</i>		CH, SP, PA
<i>Tylenol-Codeine No.3</i>	<i>Tablet</i>	NP	QL
<i>Tylenol-Codeine No.4</i>	<i>Tablet</i>	NP	QL
<i>Tymlos</i>	<i>Pen Injctr</i>	P	SP, PA, QL
<i>Tyvaso</i>	<i>Ampul-Neb</i>	P	SP, PA
<i>Tyvaso Institutional Start Kit</i>	<i>Ampul-Neb</i>	P	SP, PA
<i>Tyvaso Refill Kit</i>	<i>Ampul-Neb</i>	P	SP, PA
<i>Tyvaso Starter Kit</i>	<i>Ampul-Neb</i>	P	SP, PA
<i>Tyzine</i>	<i>Drops</i>	NP	
<i>Tyzine</i>	<i>Spray</i>	NP	
<i>Ubrelyv</i>	<i>Tablet</i>	NP	QL, ST
<i>Uceris</i>	<i>Foam/Appl</i>	NP	
<i>Uceris</i>	<i>Tabdr - Er</i>	NP	
<i>Udenyca</i>	<i>Syringe</i>	NP	SP, PA, QL
<i>Ukoniq</i>	<i>Tablet</i>	NP	SP, PA, QL
<i>Ulesfia</i>	<i>Lotion</i>	NP	
<i>Uloric</i>	<i>Tablet</i>	NP	
<i>Ultane</i>	<i>Liquid</i>	NP	
<i>Ulticare</i>	<i>Disp Syrin</i>	P	
<i>Ulticare</i>	<i>Syringe</i>	P	
<i>Ulticare Insulin Syringe</i>	<i>Disp Syrin</i>	P	
<i>Ulticare Pen Needle</i>	<i>Dis Needle</i>	P	
<i>Ulticare Safety Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Ulticare Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Ulticare Tb Safety Syringe</i>	<i>Disp Syrin</i>	NP	
<i>Ulti-Lance</i>	<i>Each</i>	P	
<i>Ulti-Lance</i>	<i>Kit</i>	P	
<i>Ultilet Alcohol Swab</i>	<i>Med. Pad</i>	NP	
<i>Ultilet Basic</i>	<i>Each</i>	NP	
<i>Ultilet Classic</i>	<i>Each</i>	NP	
<i>Ultilet Insulin Syringe</i>	<i>Disp Syrin</i>	P	
<i>Ultilet Lancets</i>	<i>Each</i>	NP	
<i>Ultilet Pen Needle</i>	<i>Dis Needle</i>	P	
<i>Ultilet Safety</i>	<i>Each</i>	NP	
<i>Ultima</i>	<i>Strip</i>	NP	PA, QL
<i>Ultima (Meter)</i>	<i>Each</i>	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Ultimatecare One Nf	Capsule	S	
Ultra Comfort	Disp Syrin	P	
Ultra Fine Lancets	Each	NP	
Ultra Thin Lancets	Each	NP	
Ultra Thin Plus	Each	NP	
Ultra Thin Plus Lancets	Each	NP	
Ultra-Care Lancets	Each	NP	
Ultracet	Tablet	NP	QL
Ultra-Fine Micro Pen Needle	Dis Needle	P	
Ultra-Fine Mini Pen Needle	Dis Needle	P	
Ultra-Fine Nano Pen Needle	Dis Needle	P	
Ultra-Fine Original Pen Needle	Dis Needle	P	
Ultra-Fine Short Pen Needle	Dis Needle	P	
Ultrafoam	Sponge	NP	
Ultralance	Each	NP	
Ultram	Tablet	NP	
Ultra-Thin li	Dis Needle	P	
Ultra-Thin li	Disp Syrin	P	
Ultra-Thin li	Each	NP	
Ultratic Lancets	Each	NP	
Ultratrak	Each	NP	PA
Ultratrak	Each	NP	PA
Ultratrak	Strip	NP	PA, QL
Ultratrak Pro	Each	NP	PA
Ultratrak Pro	Kit	NP	PA
Ultratrak Ultimate	Each	NP	PA
Ultratrak Ultimate	Each	NP	PA
Ultratrak Ultimate	Strip	NP	PA, QL
Ultravate	Cream (G)	NP	ST
Ultravate	Lotion	NP	
Ultravate	Oint. (G)	NP	ST
Umecta	Emulsn(G)	NP	
Umecta	Foam	S	
Umecta	NI Fm Susp	NP	
Umecta	Nlfmsusapp	NP	
Umecta Pd	Emul Adhes	NP	
Umecta Pd	Susp Adhes	NP	
Unifine Pentips	Dis Needle	P	
Unifine Pentips Plus	Dis Needle	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Unilet Comfortouch	Each	NP	
Unilet Excelite	Each	NP	
Unilet Excelite li	Each	NP	
Unilet Gp Lancet	Each	NP	
Unilet Lancet	Each	NP	
Unilet Lancets	Each	NP	
Unistik 2	Kit	P	
Unistik 2 Extra	Kit	P	
Unistik 2 Normal	Kit	P	
Unistik 3	Each	NP	
Unistik 3	Kit	P	
Unistik 3 Comfort	Kit	P	
Unistik 3 Extra	Each	NP	
Unistik 3 Neonatal	Kit	P	
Unistik Czt	Each	NP	
Unistik Pro	Each	NP	
Unistik Safety	Each	NP	
Unistik Touch	Each	NP	
Unistrip	Each	NP	
Unistrip1	Strip	NP	PA, QL
Unithroid	Tablet	NP	
Universal 1	Each	NP	
Uptravi	Tab Ds Pk	P	SP, PA
Uptravi	Tablet	P	SP, PA
Ur N-C	Tablet	S	
Uramaxin	Foam	NP	
Uramaxin Gt	Gel/Pf App	NP	
Urea	Cream (G)	S	
Urea	Foam	S	
Urea	Sol/Pf App	S	
Urecholine	Tablet	NP	
Uretron D-S	Tablet	P	
Urimar-T	Tablet	S	
Urin D.S.	Tablet	P	
Uro-458	Tablet	S	
Urocit-K	Tablet Er	NP	
Urogesic-Blue	Tablet	S	
Uro-Mp	Capsule	S	
Uroqid-Acid No.2	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Uroxatral	Tab Er 24h	NP	
Urso	Tablet	NP	
Urso Forte	Tablet	NP	
Ursodiol	Capsule	S	
Ursodiol	Tablet	S	
Uryl	Tablet	NP	
Ustell	Capsule	S	
Utibron Neohaler	Cap W/Dev	NP	
Utopic	Cream (G)	NP	
Vacustim Black	Kit	P	
Vacustim Silver	Kit	P	
Vagifem	Tablet	NP	
Valacyclovir	Tablet	S	
Valchlor	Gel (Gram)		CH, SP, PA
Valcyte	Soln Recon	NP	
Valcyte	Tablet	NP	
Valganciclovir Hcl	Soln Recon	S	
Valganciclovir Hcl	Tablet	S	
Valium	Tablet	NP	
Valproic Acid	Capsule	S	
Valproic Acid	Solution	S	
Valsartan	Tablet	S	
Valsartan-Hydrochlorothiazide	Tablet	S	
Valstar	Vial		CH
Valtoco	Spray	P	ST
Valtrex	Tablet	NP	
Valu-Tapp	Liquid	S	QL
Valu-Tapp Decongestant	Drops	S	QL
Vanatol Lq	Solution	NP	QL
Vanatol S	Solution	NP	QL
Vancocin Hcl	Capsule	NP	
Vancomycin Hcl	Capsule	S	
Vancomycin Hcl	Soln Recon	S	QL
Vancomycin Hcl	Syringe	S	
Vancomycin Hcl	Vial	S	
Vancomycin Hcl	Vial Port	S	
Vandazole	Gel W/Apl	NP	
Vanishpoint	Disp Syrin	NP	
Vanishpoint	Disp Syrin	P	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Vanishpoint Syringe	Disp Syrin	NP	
Vanos	Cream (G)	NP	ST
Vanoxide-Hc	Suspension	P	
Vapro Plus Intermitt Catheter	Combo. Pkg	P	
Vaqta	Syringe		ACA
Vaqta	Vial		ACA
Vardenafil Hcl	Tablet	P	PA, QL
Varisoft Infusion Set	Infus.Set	P	
Varithena Administration Pack	Each	P	
Varivax Vaccine	Vial		ACA
Varubi	Tablet	P	ST
Vascepa	Capsules	NP	QL
Vascuderm Hydrogel Wound	Gel (Gram)	P	
Vaseline White Petroleum	Oint Pack	S	
Vaseretic	Tablet	NP	
Vashe Wound	Irrig Soln	NP	
Vashe Wound Therapy	Irrig Soln	NP	
Vasotec	Tablet	NP	
Vaxchora Buffer Component	Susp Recon		ACA
Vaxelis	Syringe		ACA
Vaxelis	Vial		ACA
Vecamyl	Tablet	NP	PA
Vectical	Oint. (G)	NP	
Velivet	Tablet		ACA
Velphoro	Tab Chew	P	
Veltassa	Powd Pack	NP	ST
Veltin	Gel (Gram)	NP	ST
Vemlidy	Tablet	P	SP, QL
Venclexta	Tablet		CH, SP, PA, QL
Venclexta Starting Pack	Tab Ds Pk		CH, SP, PA, QL
Venelex	Oint Pack	NP	
Venelex	Oint. (G)	NP	
Venlafaxine Hcl	Tablet	S	
Venlafaxine Hcl Er	Cap Er 24h	S	
Venlafaxine Hcl Er	Tab Er 24	P	
Ventavis	Ampul-Neb	P	SP, PA
Ventolin Hfa	Hfa Aer Ad	NP	QL
Veo Insulin Syringe	Disp Syrin	P	
Verapamil Er	Cap24h Pel	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Verapamil Er	Tablet Er	S	
Verapamil Er Pm	Cap24h Pct	S	
Verapamil Hcl	Cap24h Pel	S	
Verapamil Hcl	Tablet	S	
Verapamil Sr	Cap24h Pel	S	
Verasens Blood Glucose Meter	Each	NP	PA
Verasens Control Solution	Each	NP	
Verasens Meter Starter Kit	Kit	NP	PA
Verasens Test Strip	Strip	NP	PA, QL
Verdeso	Foam	NP	
Verdrocet	Tablet	NP	QL
Veregen	Oint. (G)	NP	QL
Verelan	Cap24h Pel	NP	
Verelan Pm	Cap24h Pct	NP	
Veripred 20	Solution	NP	
Verquvo	Tablet	NP	PA, QL
Versacloz	Oral Susp	NP	
Vertigoheel	Drops	NP	
Vertigoheel	Tablet Sol	NP	
Verzenio	Tablet	P	SP, PA, QL
Vesicare	Tablet	NP	QL, ST
Vestura	Tablet		ACA
Vexasyn	Gel (Gram)	NP	
Vfend	Susp Recon	NP	QL
Vfend	Tablet	NP	QL
Vgo 20	Each	P	
Vgo 30	Each	P	
Vgo 40	Each	P	
Viagra	Tablet	NP	PA, QL
Viaspan Belzer-Uw	Irrig Soln	NP	
Viberzi	Tablet	NP	PA
Vibramycin	Capsule	NP	
Vibramycin	Susp Recon	NP	
Vibramycin	Syrup	P	
Vicodin	Tablet	P	QL
Vicodin Es	Tablet	P	QL
Vicodin Hp	Tablet	P	QL
Victoza 2-Pak	Pen Injctr	P	QL, ST
Victoza 3-Pak	Pen Injctr	P	QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Videx	Soln Recon	P	
Videx Ec	Capsule Dr	NP	
Viekira Pak	Tab Ds Pk	NP	SP, PA
Viekira Xr	Tab Bp 24h	NP	SP, PA, QL
Vienva	Tablet		ACA
Vigabatrin	Powd Pack	P	SP, PA
Vigabatrin	Tablet	P	SP, PA
Vigadrone	Powd Pack	P	SP, PA
Vigamox	Drops	NP	
Viibryd	Tab Ds Pk	NP	ST
Viibryd	Tablet	NP	ST
Vilamit Mb	Capsule	S	
Vilevev Mb	Tablet	NP	
Vimovo	Tab Ir Dr	NP	QL, A
Vimpat	Solution	P	QL
Vimpat	Tablet	P	QL
Vinate Care	Tab Chew	S	
Vinate li	Tablet	S	
Vinate One	Tablet	S	
Vinate Ultra	Tablet	S	
Vinate-M	Tablet	S	
Vinblastine Sulfate	Vial		CH, SP, PA
Vincasar Pfs	Vial		CH
Vincristine Sulfate	Vial		CH
Viokace	Tablet	NP	
Viorele	Tablet		ACA
Vios Aerosol Delivery System	Each	NP	
Viracept	Tablet	P	
Viramune	Oral Susp	NP	
Viramune	Tablet	NP	
Viramune Xr	Tab Er 24h	NP	QL
Virasal	Liq-Film	NP	
Viread	Powder	P	
Viread	Tablet	NP	
Viread	Tablet	P	
Viroptic	Drops	NP	
Virt-Advance	Tablet	S	
Virt-Nate	Tablet	S	
Virt-Pn	Tablet	S	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Virtprex	Capsule	S	
Virt-Select	Capsule	S	
Virtussin Ac	Liquid	S	QL, A
Virtussin Dac	Syrup	S	QL, A
Virt-Vite Gt	Tablet	S	
Vistaril	Capsule	NP	
Vistogard	Gran Pack	P	SP, PA
Vitafol-Ob	Tablet	NP	
Vitafol-One	Capsule	NP	
Vitajoy Daily D	Tab Chew	S	ACA, A
Vitamin D	Tablet	S	ACA, A
Vitamin D2	Capsule	S	ACA, A
Vitamin D2	Tablet	S	ACA, A
Vitamin D3	Capsule	S	ACA, A
Vitamin D3	Capsule	NP	ACA, A
Vitamin D3	Tab Chew	S	ACA, A
Vitamin D3	Tablet	S	ACA, A
Vitamin D-400	Tablet	S	ACA, A
Vitamin E Acetate	Liquid	NP	
Vitamins A,C,D And Fluoride	Drops	S	A
Vitekta	Tablet	P	
Vitrakvi	Capsule	NP	SP, PA, QL
Vitrakvi	Solution	NP	SP, PA, QL
Vituz	Solution	NP	A
Vivaguard Ino Test Strip	Strip	NP	PA, QL
Vivaguard Ino Test Strip	Strip	NP	PA, QL
Vivelle-Dot	Patch Tdsw	NP	
Vivlodex	Capsule	NP	ST
Vixone Nebulizer	Each	NP	
Vizimpro	Tablet		CH, SP, PA, QL
Vocal Point Glucose Control	Each	NP	
Vocalpoint Glucose Control	Each	NP	
Vogelxo	Gel (Gram)	NP	
Vogelxo	Gel Md Pmp	NP	QL
Vogelxo	Gel Packet	NP	
Voltaren	Gel (Gram)	NP	
Voltaren-Xr	Tab Er 24h	NP	
Vonvendi	Vial	P	SP, PA
Voriconazole	Susp Recon	S	QL

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Voriconazole	Tablet	S	QL
Vortex	Spacer	P	
Vortex Holding Chamber-Child	Spacer	P	
Vortex Holding Chamber-Toddler	Spacer	P	
Vortex Vhc Frog Mask	Spacer	P	
Vortex Vhc Ladybug Mask	Spacer	P	
Vosevi	Tablet	P	SP, PA, QL
Votrient	Tablet		CH, SP, PA
Vp-Heme One	Capsule	S	
Vraylar	Cap Ds Pk	NP	
Vraylar	Capsule	NP	
Vumerity	Capsule	NP	SP, PA, QL
Vusion	Oint. (G)	NP	
Vyfemla	Tablet		ACA
Vylibra	Tablet		ACA
Vyndamax	Capsule	NP	SP, PA, QL
Vyndaqel	Capsule	NP	SP, PA, QL
Vytone	Cream Pack	NP	
Vytorin	Tablet	NP	QL
Vyvance	Capsule	NP	QL
Vyvance	Tab Chew	NP	QL
Vyzulta	Drops	NP	ST
Wal-Act D Cold & Allergy	Tablet	S	QL
Wal-Fex D 12 Hour	Tab Er 12h	S	QL
Wal-Fex D 24 Hour	Tab Er 24h	S	QL
Wal-Itin D	Tab Er 24h	S	QL
Wal-Itin D 12 Hour	Tab Er 12h	S	QL
Wal-Phed	Tablet	S	QL
Wal-Phed 12 Hour	Tablet Er	S	QL
Wal-Phed D	Tablet Er	S	QL
Wal-Profen	Tablet	S	QL
Wal-Profen D	Tablet	S	QL
Wal-Zyr D	Tab Er 12h	S	QL
Warfarin Sodium	Tablet	S	
Water	Irrig Soln	S	
Wavesense Amp	Kit	NP	PA
Wavesense Control Solution	Each	NP	
Wavesense Jazz	Strip	NP	PA, QL
Wavesense Presto	Each	NP	PA

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Wavesense Presto	Kit	NP	PA
Wavesense Presto	Strip	NP	PA, QL
Webcol	Med. Pad	NP	
Welchol	Powd Pack	NP	
Welchol	Tablet	NP	
Wellbutrin Sr	Tab Er 12h	NP	
Wellbutrin Xl	Tab Er 24h	NP	QL
Wera	Tablet		ACA
Whitacre Spinal Needle	Needle	P	
Wide Seal Diaphragm	Diaphragm		ACA
Wilate	Vial	P	SP, PA
Willis The Whale Compressr Neb	Each	NP	
Winlevi	Cream (G)	NP	QL
Wixela Inhub	Blst W/Dev	S	QL
Wound Matrix	Sheet	P	
Wymzya Fe	Tab Chew		ACA
Wynzora	Cream (G)	NP	QL, ST
Xadago	Tablet	NP	SP, QL, ST
Xalatan	Drops	NP	
Xalkori	Capsule		CH, SP, PA
Xanax	Tablet	NP	
Xanax Xr	Tab Er 24h	NP	
Xarelto	Tab Ds Pk	P	
Xarelto	Tablet	P	
Xartemis Xr	Tab Ir Ero	NP	QL
Xatmep	Solution		CH, PA
Xclair	Cream(Ml)	NP	
Xcopri	Tab Ds Pk	NP	QL
Xcopri	Tablet	NP	QL
Xeltral	Cmb Sol Cr	NP	
Xeljanz	Solution	P	SP, PA, QL
Xeljanz	Tablet	P	SP, PA, QL
Xeljanz Xr	Tab Er 24h	P	SP, PA, QL
Xeloda	Tablet		CH, SP
Xelpros	Drps Emuls	NP	ST
Xenazine	Tablet	NP	SP, PA
Xepi	Cream (G)	NP	QL
Xerese	Cream (G)	NP	
Xermelo	Tablet	P	SP, PA, QL, ST

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Xeroform	Bandage	NP	
Xeroform Petrolatum Dressing	Bandage	NP	
Xerostomia Relief	Spray/Pump	NP	
Xgeva	Vial	P	SP, PA
Xifaxan	Tablet	NP	PA, QL
Xigduo Xr	Tab Bp 24h	P	QL
Xiidra	Droperette	NP	QL, ST
Ximino	Cap Er 24h	NP	QL, ST
Xodol 10-300	Tablet	NP	QL
Xodol 5-300	Tablet	NP	QL
Xodol 7.5-300	Tablet	NP	QL
Xofluza	Tablet	NP	QL
Xolair	Syringe	P	SP, PA, QL
Xolair	Vial	P	SP, PA, QL
Xolegel	Gel (Gram)	NP	
Xopenex	Vial-Neb	NP	QL
Xopenex Concentrate	Vial-Neb	NP	QL
Xopenex Hfa	Hfa Aer Ad	NP	QL, ST
Xospata	Tablet		CH, SP, PA, QL
Xpovio	Tablet		CH, SP, PA, QL
Xtampza Er	Cap Spr 12	NP	QL, ST
Xtandi	Capsule		CH, SP, PA, QL
Xulane	Patch Tdwk		ACA
Xultophy 100-3.6	Insulin Pen	NP	PA, QL
Xuriden	Gran Pack	P	SP, PA
Xylocaine	Vial	NP	SP, PA
Xylocaine Iv	Ampul	P	SP, PA
Xylon 10	Tablet	S	
Xyntha	Vial	P	SP, PA
Xyntha Solofuse	Syringe	P	SP, PA
Xyosted	Auto Injct	NP	ST
Xyrem	Solution	P	SP, PA
Xywav	Solution	NP	SP, PA, QL
Xyzal	Solution	NP	QL
Xyzal	Tablet	NP	QL
Yale Needles	Dis Needle	NP	
Yasmin 28	Tablet	NP	
Yaz	Tablet	NP	
Yonsa	Tablet	P	SP

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Yupelri	Vial-Neb	NP	QL
Yuvaferm	Tablet	S	
Zafirlukast	Tablet	S	
Zaleplon	Capsule	S	QL
Zamicet	Solution	NP	QL
Zanaflex	Capsule	NP	QL
Zanaflex	Tablet	NP	
Zantac	Tablet	NP	
Zarah	Tablet		ACA
Zarontin	Capsule	NP	
Zarontin	Solution	NP	
Zarxio	Syringe	P	SP, QL
Zatean-Ch	Capsule	S	
Zavesca	Capsule	NP	SP, PA
Zcort	Tab Ds Pk	NP	QL
Zebeta	Tablet	NP	
Zebutal	Capsule	S	QL
Zegerid	Capsule	NP	QL, A
Zegerid	Packet	NP	QL, ST, A
Zejula	Capsule		CH, SP, PA, QL
Zelapar	Tab Rapdis	NP	PA
Zelboraf	Tablet		CH, SP, PA, QL
Zembrace Symtouch	Pen Injctr	NP	QL, ST
Zemplar	Capsule	NP	
Zenatane	Capsule	S	QL
Zenchent	Tablet		ACA
Zenchent Fe	Tab Chew		ACA
Zenpep	Capsule Dr	P	
Zenzedi	Tablet	NP	ST
Zenedi	Tablet	P	ST
Zepatier	Tablet	NP	SP, PA, QL
Zephrex-D	Tablet	S	QL
Zeposia	Cap Ds Pk	NP	SP, PA, QL
Zeposia	Capsule	NP	SP, PA, QL
Zerit	Capsule	NP	
Zerit	Soln Recon	NP	
Zestoretic	Tablet	NP	
Zestril	Tablet	NP	
Zetia	Tablet	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Ziac	Tablet	NP	
Ziagen	Solution	NP	
Ziagen	Tablet	NP	
Ziana	Gel (Gram)	NP	ST
Zidovudine	Capsule	S	
Zidovudine	Syrup	S	
Zidovudine	Tablet	S	
Ziextenzo	Syringe	P	SP, PA, QL
Zileuton Er	Tbmp 12hr	P	
Zilxi	Foam	NP	QL, ST
Zinbryta	Syringe	NP	SP, PA, QL
Zioptan	Droperette	NP	ST
Ziprasidone Hcl	Capsule	S	
Zipsor	Capsule	NP	
Zirgan	Gel (Gram)	P	
Zithranol	Shampoo(G)	NP	
Zithranol-Rr	Crn Rr (G)	NP	
Zithromax	Packet	NP	
Zithromax	Susp Recon	NP	
Zithromax	Tablet	NP	
Zithromax Tri-Pak	Tablet	NP	
Zmax	Sus Er Rec	NP	
Zocor	Tablet	NP	
Zocor	Tablet	NP	QL
Zocor (80 Mg)	Tablet	NP	PA, QL
Zodex	Tab Ds Pk	S	ST
Zodryl Ac 25	Oral Susp	P	QL, A
Zodryl Ac 30	Oral Susp	P	QL, A
Zodryl Ac 35	Oral Susp	P	QL, A
Zodryl Ac 40	Oral Susp	P	QL, A
Zodryl Ac 50	Oral Susp	P	QL, A
Zodryl Ac 60	Oral Susp	P	QL, A
Zodryl Ac 80	Oral Susp	P	QL, A
Zodryl Dac 25	Oral Susp	P	QL, A
Zodryl Dac 30	Oral Susp	P	QL, A
Zodryl Dac 35	Oral Susp	P	QL, A
Zodryl Dac 40	Oral Susp	P	QL, A
Zodryl Dac 80	Oral Susp	P	QL, A
Zodryl Dec 25	Oral Susp	P	QL, A

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
Zodryl Dec 30	Oral Susp	P	QL, A
Zodryl Dec 35	Oral Susp	P	QL, A
Zodryl Dec 40	Oral Susp	P	QL, A
Zodryl Dec 50	Oral Susp	P	QL, A
Zodryl Dec 80	Oral Susp	P	QL, A
Zofran	Solution	NP	QL
Zofran	Tablet	NP	QL
Zofran Odt	Tab Rapdis	NP	QL
Zohydro Er	Cap Er 12h	NP	QL, ST
Zokinvy	Capsule	NP	SP, PA
Zolinza	Capsule		CH, SP, PA
Zolmitriptan	Spray	P	QL, ST
Zolmitriptan	Tablet	P	QL
Zolmitriptan Odt	Tab Rapdis	P	QL
Zoloft	Oral Conc	NP	
Zoloft	Tablet	NP	
Zolpidem	Tablet	S	QL
Zolpidem Tartrate	Tab Subl	P	QL
Zolpidem Tartrate	Tablet	S	QL
Zolpidem Tartrate Er	Tab Mphase	S	QL
Zolpimist	Spray/Pump	NP	PA, QL, ST
Zomacton	Vial	NP	SP, PA, QL
Zomig	Spray	NP	QL
Zomig	Tablet	NP	QL
Zomig Zmt	Tab Rapdis	NP	QL
Zonacort	Tab Ds Pk	S	
Zonalon	Cream (G)	NP	
Zonegran	Capsule	NP	
Zonisamide	Capsule	S	
Zontivity	Tablet	NP	PA, QL
Zorbtive	Vial	NP	SP, PA, QL
Zortress	Tablet	NP	SP, PA, QL
Zorvolex	Capsule	NP	
Zostavax	Vial		ACA, QL, ST, A
Zovia 1-35e	Tablet		ACA
Zovia 1-50e	Tablet		ACA
Zovirax	Capsule	NP	
Zovirax	Cream (G)	NP	
Zovirax	Oint. (G)	NP	

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

Drug Name	Dosage	Drug Tier	Restrictions
<i>Zovirax</i>	<i>Oral Susp</i>	NP	
<i>Zovirax</i>	<i>Tablet</i>	NP	
<i>Ztlido</i>	<i>Adh. Patch</i>	NP	
<i>Z-Tuss Ac</i>	<i>Liquid</i>	P	QL, A
<i>Zubsolv</i>	<i>Tab Subl</i>	NP	
<i>Zuplenz</i>	<i>Film</i>	NP	QL, ST
<i>Zurampic</i>	<i>Tablet</i>	NP	PA, QL
<i>Zutripro</i>	<i>Solution</i>	NP	A
<i>Zyban</i>	<i>Tab Er 12h</i>		ACA
<i>Zyclara</i>	<i>Cream Pack</i>	NP	ST
<i>Zyclara</i>	<i>Crn Md Pmp</i>	NP	ST
<i>Zyclara</i>	<i>Crn Md Pmp</i>	NP	ST
<i>Zydelig</i>	<i>Tablet</i>		CH, SP, PA, QL
<i>Zyflo</i>	<i>Tablet</i>	NP	
<i>Zyflo Cr</i>	<i>Tbmp 12hr</i>	NP	
<i>Zykadia</i>	<i>Capsule</i>		CH, SP, PA, QL
<i>Zykadia</i>	<i>Tablet</i>		CH, SP, PA, QL
<i>Zylet</i>	<i>Drops Susp</i>	P	
<i>Zyloprim</i>	<i>Tablet</i>	NP	
<i>Zymaxid</i>	<i>Drops</i>	NP	
<i>Zypitamag</i>	<i>Tablet</i>	NP	QL, ST
<i>Zyprexa</i>	<i>Tablet</i>	NP	
<i>Zyprexa</i>	<i>Vial</i>	NP	SP, PA
<i>Zyprexa Relprevv</i>	<i>Vial</i>	P	SP
<i>Zyprexa Zydis</i>	<i>Tab Rapdis</i>	NP	
<i>Zyrtec-D</i>	<i>Tab Er 12h</i>	NP	QL
<i>Zyvox</i>	<i>Susp Recon</i>	NP	
<i>Zyvox</i>	<i>Tablet</i>	NP	

This document is provided for informational purposes only and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

Copyright © 2021 Moda, Inc. All Rights Reserved. Health plans in Oregon and Washington provided by Moda Health Plan, Inc.

Bold Italic = Brand name; Regular Font = Generic; **V** = Value tier; **S** = Select tier; **P** = Preferred tier; **NP** = Non-Preferred tier; **ACA** = Preventive care; **CH** = Chemotherapy medications; **SP** = Specialty medications; **PA** = Prior authorization required; **QL** = Quantity limits; **ST** = Step therapy required; **A** = Age limits

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Quantity limits

Some medications have limits to how much you can get per prescription or refill based on FDA recommendations.

Brand Name	Generic Name	Strength	Dosage	Details
12 Hour Decongestant	Pseudoephedrine Hcl	120 mg	Tablet Er	Limited to 60 tabs per 30 days
Abilify Mycite	Aripiprazole	10 mg	Tabssnsstr	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	2 mg	Tabssnsstr	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	20 mg	Tabssnsstr	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	30 mg	Tabssnsstr	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	5 mg	Tabssnsstr	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	10 mg	Tabssnstpd	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	2 mg	Tabssnstpd	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	20 mg	Tabssnstpd	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	30 mg	Tabssnstpd	Limited to 30 tabs per 30 days
Abilify Mycite	Aripiprazole	5 mg	Tabssnstpd	Limited to 30 tabs per 30 days
Abiraterone Acetate	Abiraterone Acetate	500 mg	Tablet	Limited to 60 tabs per 30 days
Absorica	Isotretinoin	10 mg	Capsule	Limited to 60 caps per 30 days
Absorica	Isotretinoin	20 mg	Capsule	Limited to 60 caps per 30 days
Absorica	Isotretinoin	25 mg	Capsule	Limited to 60 caps per 30 days
Absorica	Isotretinoin	30 mg	Capsule	Limited to 60 caps per 30 days
Absorica	Isotretinoin	35 mg	Capsule	Limited to 60 caps per 30 days
Absorica	Isotretinoin	40 mg	Capsule	Limited to 60 caps per 30 days
Absorica LD	Isotretinoin, Micronized	16 mg	Capsule	Limited to 60 caps per 30 days
Absorica LD	Isotretinoin, Micronized	24 mg	Capsule	Limited to 60 caps per 30 days
Absorica LD	Isotretinoin, Micronized	32 mg	Capsule	Limited to 60 caps per 30 days
Absorica LD	Isotretinoin, Micronized	8 mg	Capsule	Limited to 60 caps per 30 days
Abstral	Fentanyl Citrate	100 mcg	Tab Subl	Limited to 120 tabs per 30 days
Abstral	Fentanyl Citrate	300 mcg	Tab Subl	Limited to 120 tabs per 30 days
Abstral	Fentanyl Citrate	400 mcg	Tab Subl	Limited to 120 tabs per 30 days
Abstral	Fentanyl Citrate	600 mcg	Tab Subl	Limited to 120 tabs per 30 days
Abstral	Fentanyl Citrate	800 mcg	Tab Subl	Limited to 120 tabs per 30 days
Accu-Chek Aviva Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Accu-Chek Compact Plus Strips	Blood Sugar Diagnostic, Drum		Strip	Limited to 300 strips per 30 days
Accu-Chek Guide Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Accu-Chek Smartview	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Accutrend Glucose	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Actemra	Tocilizumab	162 mg/0.9	Pen Injctr	Quantity limit varies based on indication

Brand Name	Generic Name	Strength	Dosage	Details
Actemra	Tocilizumab	162 mg/0.9	Syringe	Quantity limit varies based on indication
Actinel	Guaifenesin/Dm/Pseudoephedrine	200-15-30	Solution	Limited to 1200 ml per 30 days
Actinel Pediatric	Guaifenesin/Dm/Pseudoephedrine	50-5-15/5	Liquid	Limited to 2400 ml per 30 days
Actiq	Fentanyl Citrate	1600 mcg	Lozenge Hd	Limited to 120 lozenges per 30 days
Actiq	Fentanyl Citrate	200 mcg	Lozenge Hd	Limited to 120 lozenges per 30 days
Actiq	Fentanyl Citrate	400 mcg	Lozenge Hd	Limited to 120 lozenges per 30 days
Actiq	Fentanyl Citrate	600 mcg	Lozenge Hd	Limited to 120 lozenges per 30 days
Actiq	Fentanyl Citrate	800 mcg	Lozenge Hd	Limited to 120 lozenges per 30 days
Actoplus Met	Pioglitazone Hcl/Metformin Hcl	15mg-500mg	Tablet	Limited to 90 tabs per 30 days
Actoplus Met	Pioglitazone Hcl/Metformin Hcl	15mg-850mg	Tablet	Limited to 90 tabs per 30 days
Actoplus Met Xr	Pioglitazone Hcl/Metformin Hcl	15-1000 mg	Tbmp 24hr	Limited to 90 tabs per 30 days
Actoplus Met Xr	Pioglitazone Hcl/Metformin Hcl	30-1000 mg	Tbmp 24hr	Limited to 90 tabs per 30 days
Actos	Pioglitazone Hcl	15 mg	Tablet	Limited to 30 tabs per 30 days
Actos	Pioglitazone Hcl	30 mg	Tablet	Limited to 30 tabs per 30 days
Actos	Pioglitazone Hcl	45 mg	Tablet	Limited to 30 tabs per 30 days
Adcirca	Tadalafil	20 mg	Tablet	Limited to 60 tabs per 30 days
Adderall Xr	Dextroamphetamine/Amphetamine	10 mg	Cap Er 24h	Limited to 60 caps per 30 days
Adderall Xr	Dextroamphetamine/Amphetamine	15 mg	Cap Er 24h	Limited to 60 caps per 30 days
Adderall Xr	Dextroamphetamine/Amphetamine	20 mg	Cap Er 24h	Limited to 60 caps per 30 days
Adderall Xr	Dextroamphetamine/Amphetamine	25 mg	Cap Er 24h	Limited to 60 caps per 30 days
Adderall Xr	Dextroamphetamine/Amphetamine	30 mg	Cap Er 24h	Limited to 60 caps per 30 days
Adderall Xr	Dextroamphetamine/Amphetamine	5 mg	Cap Er 24h	Limited to 60 caps per 30 days
Addyi	Flibanserin	100 mg	Tablet	Limited to 6 tabs per 30 days
Adhansia XR	Methylphenidate Hcl	25 mg	Cpbp 20-80	Limited to 30 caps per 30 days
Adhansia XR	Methylphenidate Hcl	35 mg	Cpbp 20-80	Limited to 30 caps per 30 days
Adhansia XR	Methylphenidate Hcl	45 mg	Cpbp 20-80	Limited to 30 caps per 30 days
Adhansia XR	Methylphenidate Hcl	55 mg	Cpbp 20-80	Limited to 30 caps per 30 days
Adhansia XR	Methylphenidate Hcl	70 mg	Cpbp 20-80	Limited to 30 caps per 30 days
Adhansia XR	Methylphenidate Hcl	85 mg	Cpbp 20-80	Limited to 30 caps per 30 days
Adlyxin	Lixisenatide	10-20 (1)	Pen Injctr	Limited to 6 ml per 28 days
Adlyxin	Lixisenatide	20 mcg/0.2	Pen Injctr	Limited to 6 ml per 28 days
Admelog	Insulin Lispro	100/ml	Vial	Limited To 60ml Per 30 Days
Admelog Solostar	Insulin Lispro	100/ml	Insuln Pen	Limited To 60ml Per 30 Days
Adult Nasal Decongestant	Pseudoephedrine Hcl	15 mg/5 ml	Liquid	Limited to 2400 ml per 30 days
Advair Diskus	Fluticasone/Salmeterol	100-50 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Advair Diskus	Fluticasone/Salmeterol	250-50 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Advair Diskus	Fluticasone/Salmeterol	500-50 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Advair Hfa	Fluticasone/Salmeterol	115-21mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Advair Hfa	Fluticasone/Salmeterol	230-21mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Advair Hfa	Fluticasone/Salmeterol	45-21 mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Advanced Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Advanced Glucose Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Advil Cold & Sinus	Ibuprofen/Pseudoephedrine Hcl	200mg-30mg	Capsule	Limited to 240 tabs per 30 days
Advil Cold & Sinus	Ibuprofen/Pseudoephedrine Hcl	200mg-30mg	Tablet	Limited to 240 tabs per 30 days
Advocate Redi-Code	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Advocate Redi-Code+	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Advocate Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Adzenys Er	Amphetamine	1.25 mg/ml	Sus Bp 24h	Limited to 300ml per 30 days
Aerospan	Flunisolide	80 mcg	Hfa Aer Ad	Limited to 2 inhalers per 30 days
Afrezza	Insulin Regular, Human	12 unit	Cart Inhal	Limited to 540 cartridges per 30 days
Afrezza	Insulin Regular, Human	4 unit	Cart Inhal	Limited to 1530 cartridges per 30 days
Afrezza	Insulin Regular, Human	4 unit(30)	Cart Inhal	Limited to 1170 cartridges per 30 days
Afrezza	Insulin Regular, Human	4 unit(60)	Cart Inhal	Limited to 900 cartridges per 30 days
Afrezza	Insulin Regular, Human	4 unit(90)	Cart Inhal	Limited to 900 cartridges per 30 days
Afrezza	Insulin Regular, Human	4-8-12(60)	Cart Inhal	Limited to 720 cartridges per 30 days
Afrezza	Insulin Regular, Human	8 unit	Cart Inhal	Limited to 810 cartridges per 30 days
Afrezza	Insulin Regular, Human	8 unit(60)	Cart Inhal	Limited to 630 cartridges per 30 days
Afrezza	Insulin Regular, Human	8 unit(90)	Cart Inhal	Limited to 630 cartridges per 30 days
Agamatrix Amp	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Agamatrix Presto	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Aimovig Autoinjector	Erenumab-Aooe	140 mg/ml	Auto Injct	Limited to 1 pen per 28 days
Aimovig Autoinjector	Erenumab-Aooe	70 mg/ml	Auto Injct	Limited to 1 pen per 28 days
Airduo Digihaler	Fluticasone Propion/Salmeterol	113-14 mcg	Aer Pw Bas	Limited to 1 inhaler per 30 days
Airduo Digihaler	Fluticasone Propion/Salmeterol	232-14 mcg	Aer Pw Bas	Limited to 1 inhaler per 30 days
Airduo Digihaler	Fluticasone Propion/Salmeterol	55-14 mcg	Aer Pw Bas	Limited to 1 inhaler per 30 days
Airduo Respiclick	Fluticasone/Salmeterol	113-14 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Airduo Respiclick	Fluticasone/Salmeterol	232-14 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Airduo Respiclick	Fluticasone/Salmeterol	55-14 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Ajovy Autoinjector	Fremanezumab-Vfrm	225 mg/1.5	Auto Injct	Limited to 1.5ml per 28 days
Ajovy Syringe	Fremanezumab-Vfrm	225 mg/1.5	Syringe	Limited to 1.5ml per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Aklief	Trifarotene	0.01%	Cream (G)	Limited to 30 grams per 30 days
Alavert	Loratadine/Pseudoephedrine	5 mg-120mg	Tab Er 12h	Limited to 60 tabs per 30 days
Albenza	Albendazole	200 mg	Tablet	Limited to 112 tabs per 28 days
Albuterol Sulfate Hfa	Albuterol Sulfate	90 mcg	Hfa Aer Ad	Limited to 2 inhalers per 30 days
Alecensa	Alectinib Hcl	150 mg	Capsule	Limited to 240 caps per 30 days
Allegra-D 12 Hour	Fexofenadine/Pseudoephedrine	60mg-120mg	Tab Er 12h	Limited to 60 tabs per 30 days
Allegra-D 24 Hour	Fexofenadine/Pseudoephedrine	180-240mg	Tab Er 24h	Limited to 30 tabs per 30 days
Allzital	Butalbital/Acetaminophen	25mg-325mg	Tablet	Limited to 360 tabs per 30 days
Alogliptin	Alogliptin Benzoate	12.5 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin	Alogliptin Benzoate	25 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin	Alogliptin Benzoate	6.25 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin-Metformin	Alogliptin Benz/Metformin Hcl	12.5-1000mg	Tablet	Limited to 60 tabs per 30 days
Alogliptin-Metformin	Alogliptin Benz/Metformin Hcl	12.5-500mg	Tablet	Limited to 60 tabs per 30 days
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	12.5-15 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	12.5-30 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	12.5-45 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	25-15 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	25-30 mg	Tablet	Limited to 30 tabs per 30 days
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	25-45 mg	Tablet	Limited to 30 tabs per 30 days
Alunbrig	Brigatinib	90mg-180mg	Tab Ds Pk	Limited to 30 tabs per 30 days
Alunbrig	Brigatinib	180 mg	Tablet	Limited to 30 tabs per 30 days
Alunbrig	Brigatinib	30 mg	Tablet	Limited to 180 tabs per 30 days
Alunbrig	Brigatinib	90 mg	Tablet	Limited to 30 tabs per 30 days
Alvesco	Ciclesonide	160 mcg	Hfa Aer Ad	Limited to 2 inhalers per 30 days
Alvesco	Ciclesonide	80 mcg	Hfa Aer Ad	Limited to 4 inhalers per 30 days
Alyq	Tadalafil	20 mg	Tablet	Limited to 60 tabs per 30 days
Ambien	Zolpidem Tartrate	10 mg	Tablet	Limited to 30 tabs per 30 days
Ambien	Zolpidem Tartrate	5 mg	Tablet	Limited to 60 tabs per 30 days
Ambien Cr	Zolpidem Tartrate	12.5 mg	Tab Mphase	Limited to 30 tabs per 30 days
Ambien Cr	Zolpidem Tartrate	6.25 mg	Tab Mphase	Limited to 30 tabs per 30 days
Amerge	Naratriptan Hcl	1 mg	Tablet	Bill 3 day supply for each tablet dispensed. Limited to 9 tabs per 30 days
Amerge	Naratriptan Hcl	2.5 mg	Tablet	Bill 3 day supply for each tablet dispensed. Limited to 9 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Amitiza	Lubiprostone	24mcg	Capsule	Limited to 60 caps per 30 days
Amitiza	Lubiprostone	8 mcg	Capsule	Limited to 60 caps per 30 days
Amphetamine	Amphetamine	1.25 mg/ml	Sus Bp 24h	Limited to 300ml per 30 days
Amrix	Cyclobenzaprine Hcl	15 mg	Cap Er 24h	Limited to 30 caps per 30 days
Amrix	Cyclobenzaprine Hcl	30 mg	Cap Er 24h	Limited to 30 caps per 30 days
Amzeeq	Minocycline Hcl	4%	Foam	Limited to 30 gm per 30 days
Androderm	Testosterone	2 mg/24 hr	Patch Td24	Limited to 60 patches per 30 days
Androderm	Testosterone	4 mg/24 hr	Patch Td24	Limited to 30 patches per 30 days
Androgel	Testosterone	12.5/1.25g	Gel Md Pmp	Limited to 300 gm per 30 days
Androgel	Testosterone	20.25/1.25	Gel Md Pmp	Limited to 150 gm per 30 days
Androgel	Testosterone	1.25g-1.62	Gel Packet	Limited to 150 gm per 30 days
Androgel	Testosterone	2.5g-1.62%	Gel Packet	Limited to 150 gm per 30 days
Androgel	Testosterone	25mg(1%)	Gel Packet	Limited to 75 gm per 30 days
Annovera	Segesterone Ac/Ethin Estradiol	.15-.013mg	Vag Ring	Limited to 1 ring per 273 days
Anoro Ellipta	Umeclidinium Brm/Vilanterol Tr	62.5-25mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Anzemet	Dolasetron Mesylate	100 mg	Tablet	Limited to 1 tab per 30 days
Anzemet	Dolasetron Mesylate	50 mg	Tablet	Limited to 1 tab per 30 days
Apadaz	Benzhydrocodone/Acetaminophen	4.08-325mg	Tablet	Limited to 360 tabs per 30 days
Apadaz	Benzhydrocodone/Acetaminophen	6.12-325mg	Tablet	Limited to 360 tabs per 30 days
Apadaz	Benzhydrocodone/Acetaminophen	6.12-325mg	Tablet	Limited to 360 tabs per 30 days
Apidra	Insulin Glulisine	100/ml	Vial	Limited to 60ml per 30 days
Apidra Solostar	Insulin Glulisine	100/ml	Insuln Pen	Limited to 60ml per 30 days
Aprodine	Triprolidine/Pseudoephedrine	2.5mg-60mg	Tablet	Limited to 240 tabs per 30 days
Aptensio Xr	Methylphenidate Hcl	10 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptensio Xr	Methylphenidate Hcl	15 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptensio Xr	Methylphenidate Hcl	20 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptensio Xr	Methylphenidate Hcl	30 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptensio Xr	Methylphenidate Hcl	40 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptensio Xr	Methylphenidate Hcl	50 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptensio Xr	Methylphenidate Hcl	60 mg	Csbp 40-60	Limited to 30 caps per 30 days
Aptiom	Eslicarbazepine Acetate	200 mg	Tablet	Limited to 30 tabs per 30 days
Aptiom	Eslicarbazepine Acetate	400 mg	Tablet	Limited to 30 tabs per 30 days
Aptiom	Eslicarbazepine Acetate	600 mg	Tablet	Limited to 60 tabs per 30 days
Aptiom	Eslicarbazepine Acetate	800 mg	Tablet	Limited to 30 tabs per 30 days
Arazlo	Tazarotene	0.05%	Lotion	Limited to 45g per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Arcalyst	Rilonacept	220 mg	Vial	Quantity limit varies by indication
Arikayce	Amikacin Liposomal/Neb.Accesssr	590 mg/8.4	Vial-Neb	Limited to 252ml per 30 days
Aristada	Aripiprazole Lauroxil	441 mg/1.6	Suser Syr	Limited to 1.6ml per 30 days
Aristada	Aripiprazole Lauroxil	662 mg/2.4	Suser Syr	Limited to 2.4ml per 30 days
Aristada	Aripiprazole Lauroxil	882 mg/3.2	Suser Syr	Limited to 3.2ml per 30 days
Armonair Digihaler	Fluticasone Propionate	55 mcg	Aer Pow Bas	Limited to 1 inhaler per 30 days
Armonair Respiclick	Fluticasone Propionate	113 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Armonair Respiclick	Fluticasone Propionate	232 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Armonair Respiclick	Fluticasone Propionate	55 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Arnuity Ellipta	Fluticasone Furoate	100 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Arnuity Ellipta	Fluticasone Furoate	200 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Arnuity Ellipta	Fluticasone Furoate	50 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Aromasin	Exemestane	25 mg	Tablet	Limited to 30 tabs per 30 days
Asacol Hd	Mesalamine	800 mg	Tablet Dr	Limited to 180 tabs per 30 days
Asenapine Maleate	Asenapine Maleate	10 mg	Tab Subl	Limited to 60 tabs per 30 days
Asenapine Maleate	Asenapine Maleate	2.5 mg	Tab Subl	Limited to 60 tabs per 30 days
Asenapine Maleate	Asenapine Maleate	5 mg	Tab Subl	Limited to 60 tabs per 30 days
Asmanex Hfa	Mometasone Furoate	100 mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Asmanex Hfa	Mometasone Furoate	200 mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Asmanex Hfa	Mometasone Furoate	50 mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Assure 4	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Assure Platinum	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Assure Platinum Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Assure Prism Multi	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Astepro	Azelastine Hcl	205.5 mcg	Spray/Pump	Limited to 1 bottle per 30 days
Atelvia	Risedronate Sodium	35 mg	Tablet Dr	Limited to 4 tabs per 28 days
Atomoxetine	Atomoxetine Hcl	10 mg	Capsule	Limited to 60 caps per 30 days
Atomoxetine	Atomoxetine Hcl	100 mg	Capsule	Limited to 30 caps per 30 days
Atomoxetine	Atomoxetine Hcl	18 mg	Capsule	Limited to 60 caps per 30 days
Atomoxetine	Atomoxetine Hcl	25 mg	Capsule	Limited to 60 caps per 30 days
Atomoxetine	Atomoxetine Hcl	40 mg	Capsule	Limited to 60 caps per 30 days
Atomoxetine	Atomoxetine Hcl	60 mg	Capsule	Limited to 30 caps per 30 days
Atomoxetine	Atomoxetine Hcl	80 mg	Capsule	Limited to 30 caps per 30 days
Aubagio	Teriflunomide	14 mg	Tablet	Limited to 30 tabs per 30 days
Aubagio	Teriflunomide	7 mg	Tablet	Limited to 30 tabs per 30 days
Austedo	Deutetrabenazine	12 mg	Tablet	Limited to 120 tabs per 30 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Austedo	Deutetrabenazine	6 mg	Tablet	Limited to 30 tabs per 30 days
Austedo	Deutetrabenazine	9 mg	Tablet	Limited to 30 tabs per 30 days
Auvi-Q	Epinephrine	0.15/0.15	Auto Injct	Limited To 0.3ml Per 30 Days
Auvi-Q	Epinephrine	0.1mg/.1ml	Auto Injct	Limited To 0.2ml Per 30 Days
Auvi-Q	Epinephrine	0.3mg/0.3	Auto Injct	Limited To 0.6ml Per 30 Days.
Avonex	Interferon Beta-1a/Albumin	30 mcg	Kit	Limited to 4 syringes per 28 days
Avonex	Interferon Beta-1a	30mcg/.5ml	Syringe	Limited to 4 syringes per 28 days
Avonex	Interferon Beta-1a	30mcg/.5ml	Syringekit	Limited to 4 syringes per 28 days
Avonex Pen	Interferon Beta-1a	30mcg/.5ml	Pen Ij Kit	Limited to 1 kit per 28 days
Avonex Pen	Interferon Beta-1a	30mcg/.5ml	Pen Injctr	Limited to 4 syringes per 28 days
Axert	Almotriptan Malate	12.5 mg	Tablet	Limited to 12 tabs per 30 days
Axert	Almotriptan Malate	6.25 mg	Tablet	Limited to 9 tabs per 30 days
Ayvakit	Avapritinib	100 mg	Tablet	Limited to 30 tabs per 30 days
Ayvakit	Avapritinib	200 mg	Tablet	Limited to 30 tabs per 30 days
Ayvakit	Avapritinib	300 mg	Tablet	Limited to 30 tabs per 30 days
Bafiertam	Monomethyl Fumarate	95 mg	Capsule Dr	Limited to 120 caps per 30 days
Balcoltra	Levonorgest/Eth.Estradiol/Iron	0.1-0.02mg	Tablet	Limited to 30 tabs per 30 days
Balversa	Erdafitinib	3 mg	Tablet	Limited to 90 tabs per 30 days
Balversa	Erdafitinib	4 mg	Tablet	Limited to 60 tabs per 30 days
Balversa	Erdafitinib	5 mg	Tablet	Limited to 30 tabs per 30 days
Banzel	RUFINAMIDE	200 mg	Tablet	Limited to 240 tabs per 30 days
Banzel	RUFINAMIDE	400 mg	Tablet	Limited to 240 tabs per 30 days
Basaglar Kwikpen U-100	Insulin Glargine,Hum.Rec.Anlog	100/ml (3)	Insuln Pen	Limited To 60ml Per 30 Days
Baxdela	Delafloxacin Meglumine	450 mg	Tablet	Limited to 28 tabs per 14 days
Belsomra	Suvorexant	10 mg	Tablet	Limited to 30 tabs per 30 days
Belsomra	Suvorexant	15 mg	Tablet	Limited to 30 tabs per 30 days
Belsomra	Suvorexant	20 mg	Tablet	Limited to 30 tabs per 30 days
Belsomra	Suvorexant	5 mg	Tablet	Limited to 30 tabs per 30 days
Benlysta	Belimumab	200 mg/ml	Auto Injct	Limited To 4ml Per 28 Days
Benlysta	Belimumab	200 mg/ml	Syringe	Limited To 4ml Per 28 Days
Betaseron	Interferon Beta-1b	0.3 mg	Kit	Limited to 14 syringes per 28 days
Betaseron	Interferon Beta-1b	0.3 mg	Vial	Limited to 14 syringes per 28 days
Bethkis	Tobramycin	300 mg/4ml	Ampul-Neb	Limited To 224ml Per 28 Days
Bevespi Aerosphere	Glycopyrrolate/Formoterol Fum	9-4.8 mcg	Hfa Aer Ad	Limited to 1 canister per 30 days
Binosto	Alendronate Sodium	70 mg	Tablet Eff	Limited to 4 tabs per 28 days
Bionel	Guaifenesin/Dm/Pseudoephedrine	200-15-30	Solution	Limited to 1200 ml per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Blood Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Boniva	Ibandronate Sodium	150 mg	Tablet	Limited to 1 tab per 28 days
Bosulif	Bosutinib	100 mg	Tablet	Limited to 120 tabs per 30 days
Bosulif	Bosutinib	400 mg	Tablet	Limited to 30 tabs per 30 days
Bosulif	Bosutinib	500 mg	Tablet	Limited to 30 tabs per 30 days
Braftovi	Encorafenib	50 mg	Capsule	Limited to 180 caps per 30 days
Braftovi	Encorafenib	75 mg	Capsule	Limited to 120 caps per 30 days
Breeze 2	Blood Sugar Diagnostic, Disc		Strip	Limited to 300 strips per 30 days
Breo Ellipta	Fluticasone/Vilanterol	100-25mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Breo Ellipta	Fluticasone/Vilanterol	200-25 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Breztri Aerosphere	Budesonide/Glycopyr/Formoterol	160-9-4.8	Hfa Aer Ad	Limited to 10.7 grams (1 inhaler) per 30 days
Brilinta	Ticagrelor	60 mg	Tablet	Limited to 60 tabs per 30 days
Brilinta	Ticagrelor	90 mg	Tablet	Limited to 60 tabs per 30 days
Brinzolamide	Brinzolamide	1%	Drops Susp	Limited to 10ml per 30 days
Briviact	Brivaracetam	10 mg/ml	Solution	Limited to 600ml per 30 days
Briviact	Brivaracetam	10 mg	Tablet	Limited to 60 tabs per 30 days
Briviact	Brivaracetam	100 mg	Tablet	Limited to 60 tabs per 30 days
Briviact	Brivaracetam	25 mg	Tablet	Limited to 60 tabs per 30 days
Briviact	Brivaracetam	50 mg	Tablet	Limited to 60 tabs per 30 days
Briviact	Brivaracetam	75 mg	Tablet	Limited to 60 tabs per 30 days
Bronchitol	Mannitol	40 mg	Cap W/Dev	Limited to 560 caps per 28 days
Brotapp	Brompheniramin/Pseudoephedrine	1-15mg/5ml	Liquid	Limited to 2400 ml per 30 days
Brovana	Arformoterol Tartrate	15mcg/2ml	Vial-Neb	Limited to 120ml per 30 days
Brukinsa	Zanubrutinib	80mg	Capsule	Limited to 120 caps per 30 days
Budesonide-Formoterol Fumarate	Budesonide-Formoterol Fumarate	160-4.5mcg	Hfa Aer Ad	Limited to 10.2g per 30 days
Budesonide-Formoterol Fumarate	Budesonide-Formoterol Fumarate	80-4.5 mcg	Hfa Aer Ad	Limited to 10.2g per 30 days
Bupap	Butalbital/Acetaminophen	50mg-300mg	Tablet	Limited to 180 tabs per 30 days
Butalbital-Acetaminophen	Butalbital/Acetaminophen	50mg-300mg	Capsule	Limited to 180 caps per 30 days
Butalbital-Acetaminophen	Butalbital/Acetaminophen	25mg-325mg	Tablet	Limited to 360 tabs per 30 days
Bydureon	Exenatide Microspheres	2 mg	Vial	Limited to 4 vials per 28 days
Bydureon Bcise	Exenatide Microspheres	2mg/0.85ml	Auto Injct	Limited to 4 pens per 28 days
Bydureon Pen	Exenatide Microspheres	2mg/0.65ml	Pen Injctr	Limited to 4 pens per 28 days
Byetta	Exenatide	10mcg/0.04	Pen Injctr	Limited To 2.4ml Per 30 Days
Byetta	Exenatide	5mcg/0.02	Pen Injctr	Limited To 1.2ml Per 30 Days
Bystolic	Nebivolol Hcl	2.5 mg	Tablet	Limited to 30 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Bystolic	Nebivolol Hcl	20 mg	Tablet	Limited to 30 tabs per 30 days
Bystolic	Nebivolol Hcl	5 mg	Tablet	Limited to 30 tabs per 30 days
Byvalson	Nebivolol Hcl/Valsartan	5 mg-80 mg	Tablet	Limited to 30 tabs per 30 days
Cablivi	Caplacizumab-Yhdp	11 mg	Kit	Limited to 28 per 28 days
Cablivi	Caplacizumab-Yhdp	11 mg	Vial	Limited to 28 per 28 days
Cabometyx	Cabozantinib S-Malate	20 mg	Tablet	Limited to 30 tabs per 30 days
Cabometyx	Cabozantinib S-Malate	40 mg	Tablet	Limited to 30 tabs per 30 days
Cabometyx	Cabozantinib S-Malate	60 mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	10 mg-10mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	10 mg-20mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	10 mg-40mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	10 mg-80mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	2.5mg-10mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	2.5mg-20mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	2.5mg-40mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	5 mg-10 mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	5 mg-20 mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	5 mg-40 mg	Tablet	Limited to 30 tabs per 30 days
Caduet	Amlodipine/Atorvastatin	5 mg-80 mg	Tablet	Limited to 30 tabs per 30 days
Calquence	Acalabrutinib	100 mg	Capsule	Limited to 60 caps per 30 days
Capital W-Codeine	Acetaminophen With Codeine	120-12mg/5	Oral Susp	Limited To 990ml Per 30 Days
Caplyta	Lumateperone Tosylate	42 mg	Capsule	Limited to 30 caps per 30 days
Capmist Dm	Guaifenesin/Dm/Pseudoephedrine	400-15-60	Tablet	Limited to 120 tabs per 30 days
Caprelsa	Vandetanib	100 mg	Tablet	Limited to 60 tabs per 30 days
Caprelsa	Vandetanib	300 mg	Tablet	Limited to 30 tabs per 30 days
Caresens N	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Caretouch Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Carvedilol Er	Carvedilol Phosphate	10 mg	Cmp 24hr	Limited to 30 caps per 30 days
Carvedilol Er	Carvedilol Phosphate	20 mg	Cmp 24hr	Limited to 30 caps per 30 days
Carvedilol Er	Carvedilol Phosphate	40 mg	Cmp 24hr	Limited to 30 caps per 30 days
Carvedilol Er	Carvedilol Phosphate	80 mg	Cmp 24hr	Limited to 30 caps per 30 days
Catapres-Tts 1	Clonidine	0.1mg/24hr	Patch Tdwk	Bill 7 day supply or greater for each patch dispensed
Catapres-Tts 2	Clonidine	0.2mg/24hr	Patch Tdwk	Bill 7 day supply or greater for each patch dispensed
Catapres-Tts 3	Clonidine	0.3mg/24hr	Patch Tdwk	Bill 7 day supply or greater for each patch dispensed
Caverject	Alprostadil	10 mcg	Kit	Limited to 6 syringes per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Caverject	Alprostadil	20 mcg	Kit	Limited to 6 syringes per 30 days
Caverject	Alprostadil	10 mcg	Syringe	Limited to 6 syringes per 30 days
Caverject	Alprostadil	20 mcg	Syringe	Limited to 6 syringes per 30 days
Caverject	Alprostadil	20 mcg	Vial	Limited to 6 vials per 30 days
Caverject	Alprostadil	40 mcg	Vial	Limited to 6 vials per 30 days
Cayston	Aztreonam Lysine	75 mg/ml	Vial-Neb	Limited To 84ml Per 28 Days
Celebrex	Celecoxib	100 mg	Capsule	Limited to 60 caps per 30 days
Celebrex	Celecoxib	200 mg	Capsule	Limited to 60 caps per 30 days
Celebrex	Celecoxib	400 mg	Capsule	Limited to 60 caps per 30 days
Celebrex	Celecoxib	50 mg	Capsule	Limited to 60 caps per 30 days
Cerdelga	Eliglustat Tartrate	84 mg	Capsule	Limited to 60 caps per 30 days
Cesamet	Nabilone	1 mg	Capsule	Limited to 30 caps per 30 days
Chantix	Varenicline Tartrate	0.5 (11)-1	Tab Ds Pk	Limited to 60 tabs per 30 days
Chantix	Varenicline Tartrate	0.5 mg	Tablet	Limited to 60 tabs per 30 days
Chantix	Varenicline Tartrate	1 mg	Tablet	Limited to 60 tabs per 30 days
Cheratussin Ac	Codeine Phosphate/Guaifenesin	10-100mg/5	Liquid	Limited To 1200ml Per 30 Days
Children's Sudafed	Pseudoephedrine Hcl	15 mg/5 ml	Liquid	Limited To 2400ml Per 30 Days
Choicedm Clarus Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Cialis	Tadalafil	10 mg	Tablet	Limited to 6 tabs per 30 days
Cialis	Tadalafil	2.5 mg	Tablet	Limited to 30 tabs per 30 days
Cialis	Tadalafil	20 mg	Tablet	Limited to 6 tabs per 30 days
Cialis	Tadalafil	5 mg	Tablet	Limited to 30 tabs per 30 days
Cimzia	Certolizumab Pegol	400 mg	Kit	Limited to 1 kit per 28 days
Cimzia	Certolizumab Pegol	400mg/2ml	Syringekit	Limited to 1 kit per 28 days
Ciprodex	Ciprofloxacin Hcl/Dexameth	0.3 %-0.1%	Drops Susp	Limited to 7.5ml per 28 days
Ciprofloxacin Hcl-Fluocinolone	Ciprofloxacin Hcl/Fluocinolone	0.3-0.025%	Vial	Limited to 1 package per 7 days
Ciprofloxacin-Dexamethasone	Ciprofloxacin Hcl/Dexameth	0.3 %-0.1%	Drops Susp	Limited to 7.5ml per 28 days
Ciprofloxacin-Dexamethasone	Ciprofloxacin Hcl/Dexameth	0.3 %-0.1%	Drops Susp	Limited to 7.5ml per 28 days
Clarinet	Desloratadine	2.5 mg/5ml	Syrup	Limited To 150ml Per 30 Days
Clarinet	Desloratadine	5 mg	Tablet	Limited to 30 tabs per 30 days
Claritin-D 12 Hour	Loratadine/Pseudoephedrine	5 mg-120mg	Tab Er 12h	Limited to 60 tabs per 30 days
Claritin-D 24 Hour	Loratadine/Pseudoephedrine	10mg-240mg	Tab Er 24h	Limited to 30 tabs per 30 days
Clever Choice Micro Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Clever Choice Pro	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Clever Choice Talk	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Clever Choice Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Clever Choice Voice+ Tst Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Clozaril	Clozapine	100 mg	Tablet	Limited to 90 tabs per 30 days
Clozaril	Clozapine	25 mg	Tablet	Limited to 90 tabs per 30 days
Coditussin Ac	Codeine Phosphate/Guaifenesin	10-200mg/5	Liquid	Limited To 1200ml Per 30 Days
Coditussin Dac	Pseudoephed/Codeine/Guaifen	30-10-200	Liquid	Limited To 1200ml Per 30 Days
Combivent Respimat	Ipratropium/Albuterol Sulfate	20-100 mcg	Mist Inhal	Limited to 2 inhalers per 30 days
Cometriq	Cabozantinib S-Malate	100 mg/day	Capsule	Limited to 56 caps per 28 days
Cometriq	Cabozantinib S-Malate	140 mg/day	Capsule	Limited to 112 caps per 28 days
Complera	Emtricitabine/Rilpivirine/Tenof DF	200-25-300	Tablet	Limited to 30 tabs per 30 days
Concerta	Methylphenidate Hcl	18 mg	Tab Er 24	Limited to 60 tabs per 30 days
Concerta	Methylphenidate Hcl	27 mg	Tab Er 24	Limited to 60 tabs per 30 days
Concerta	Methylphenidate Hcl	36 mg	Tab Er 24	Limited to 60 tabs per 30 days
Concerta	Methylphenidate Hcl	54 mg	Tab Er 24	Limited to 30 tabs per 30 days
Conjupri	Levamlodipine Maleate	2.5 mg	Tablet	Limited to 30 tabs per 30 days
Conjupri	Levamlodipine Maleate	5 mg	Tablet	Limited to 30 tabs per 30 days
Consensi	Amlodipine Besylate/Celecoxib	10mg-200mg	Tablet	Limited to 30 tabs per 30 days
Consensi	Amlodipine Besylate/Celecoxib	2.5-200 mg	Tablet	Limited to 30 tabs per 30 days
Consensi	Amlodipine Besylate/Celecoxib	5mg-200mg	Tablet	Limited to 30 tabs per 30 days
Contour Next Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Contour Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Control Ast Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Conzip	Tramadol Hcl	300 mg	Cpbp 17-83	Limited to 90 caps per 30 days
Conzip	Tramadol Hcl	100 mg	Cpbp 25-75	Limited to 90 caps per 30 days
Conzip	Tramadol Hcl	200 mg	Cpbp 25-75	Limited to 90 caps per 30 days
Cool Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Copaxone	Glatiramer Acetate	20 mg/ml	Syringe	Limited To 30ml Per 30 Days
Copaxone	Glatiramer Acetate	40 mg/ml	Syringe	Limited To 12ml Per 28 Days
Copiktra	Duvelisib	15 mg	Capsule	Limited to 56 caps per 28 days
Copiktra	Duvelisib	25 mg	Capsule	Limited to 56 caps per 28 days
Corlanor	Ivabradine Hcl	5 mg/5 ml	Solution	Limited to 450ml per 30 days
Corlanor	Ivabradine Hcl	5 mg	Tablet	Limited to 60 tabs per 30 days
Corlanor	Ivabradine Hcl	7.5 mg	Tablet	Limited to 60 tabs per 30 days
Cosentyx (2 Syringe)	Secukinumab	150 mg/ml	Syringe	Limited to 2 syringes per 56 days
Cosentyx Pen	Secukinumab	150 mg/ml	Pen Injctr	Limited to 2 pens per 56 days
Cosentyx Pen (2 Syringe)	Secukinumab	150 mg/ml	Pen Injctr	Limited to 2 pens per 56 days
Cosentyx Syringe	Secukinumab	150 mg/ml	Syringe	Limited to 2 syringes per 56 days

Brand Name	Generic Name	Strength	Dosage	Details
Cosentyx Syringe	Secukinumab	75mg/0.5ml	Syringe	Limited to 1 syringe per 28 days
Cotempla Xr-Odt	Methylphenidate	17.3 mg	Tab Rap Bp	Limited to 30 tabs per 30 days
Cotempla Xr-Odt	Methylphenidate	25.9 mg	Tab Rap Bp	Limited to 60 tabs per 30 days
Cotempla Xr-Odt	Methylphenidate	8.6 mg	Tab Rap Bp	Limited to 30 tabs per 30 days
Cough-Head Congestion Relief	Guaifenesin/Dm/Pseudoephedrine	67-10	Liquid	Limited To 2400ml Per 30 Days
Crestor	Rosuvastatin Calcium	10 mg	Tablet	Limited to 30 tabs per 30 days
Crestor	Rosuvastatin Calcium	20 mg	Tablet	Limited to 30 tabs per 30 days
Crestor	Rosuvastatin Calcium	40 mg	Tablet	Limited to 30 tabs per 30 days
Crestor	Rosuvastatin Calcium	5 mg	Tablet	Limited to 30 tabs per 30 days
Cutaquig	Immun Glob G(Igg)-Hipp/Maltose	16.50%	Vial	Limited to 576ml per 28 days
Cymbalta	Duloxetine Hcl	20 mg	Capsule Dr	Limited to 60 caps per 30 days
Cymbalta	Duloxetine Hcl	30 mg	Capsule Dr	Limited to 90 caps per 30 days
Cymbalta	Duloxetine Hcl	60 mg	Capsule Dr	Limited to 60 caps per 30 days
Cystadrops	Cysteamine Hcl	0.37%	Drops	Limited to 4 bottles per 28 days
Cystaran	Cysteamine Hcl	0.44%	Drops	Limited To 60ml Per 28 Days
Daklinza	Daclatasvir Dihydrochloride	30 mg	Tablet	Limited to 30 tabs per 30 days
Daklinza	Daclatasvir Dihydrochloride	60 mg	Tablet	Limited to 30 tabs per 30 days
Daklinza	Daclatasvir Dihydrochloride	90 mg	Tablet	Limited to 28 tabs per 28 days
Daliresp	Roflumilast	250 mcg	Tablet	Limited to 30 tabs per 30 days
Daliresp	Roflumilast	500 mcg	Tablet	Limited to 30 tabs per 30 days
Dario Blood Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Daurismo	Glasdegib Maleate	100 mg	Tablet	Limited to 30 tabs per 30 days
Daurismo	Glasdegib Maleate	25 mg	Tablet	Limited to 60 tabs per 30 days
Daytrana	Methylphenidate	10mg/9hr	Patch Td24	Limited to 30 patches per 30 days
Daytrana	Methylphenidate	15mg/9hr	Patch Td24	Limited to 30 patches per 30 days
Daytrana	Methylphenidate	20 mg/9 hr	Patch Td24	Limited to 30 patches per 30 days
Daytrana	Methylphenidate	30mg/9hr	Patch Td24	Limited to 30 patches per 30 days
Dayvigo	Lemborexant	10 mg	Tablet	Limited to 30 tabs per 30 days
Dayvigo	Lemborexant	5 mg	Tablet	Limited to 30 tabs per 30 days
Deferiprone	Deferiprone	500 mg	Tablet	Limited to 60 tabs per 30 days
Delzicol	Mesalamine	400 mg	Cap(Drtab)	Limited to 180 caps per 30 days
Demser	Metyrosine	250 mg	Capsule	Limited to 448 caps per 28 days
Depen	Penicillamine	250 mg	Tablet	Limited to 480 tabs per 30 days
Depo-Provera	Medroxyprogesterone Acetate	150 mg/ml	Syringe	Limited to 1ml per 84 days
Depo-Provera	Medroxyprogesterone Acetate	150 mg/ml	Vial	Limited to 1ml per 84 days
Depo-Provera	Medroxyprogesterone Acetate	400 mg/ml	Vial	Limited to 2.5ml per 84 days

Brand Name	Generic Name	Strength	Dosage	Details
Depo-Subq Provera 104	Medroxyprogesterone Acetate	104mg/0.65	Syringe	Limited to 0.65ml per 84 days
Derma-Smoothe-Fs	Fluocinolone Acetonide	0.01%	Oil	Limited to 120ml per 30 days
Derma-Smoothe-Fs	Fluocinolone/Shower Cap	0.01%	Oil	Limited to 120ml per 30 days
Desgen Dm	Guaifenesin/Dm/Pseudoephedrine	200-10-30	Tablet	Limited to 240 tabs per 30 days
Detrol	Tolterodine Tartrate	1 mg	Tablet	Limited to 60 tabs per 30 days
Detrol	Tolterodine Tartrate	2 mg	Tablet	Limited to 60 tabs per 30 days
Detrol La	Tolterodine Tartrate	2 mg	Cap Er 24h	Limited to 30 caps per 30 days
Detrol La	Tolterodine Tartrate	4 mg	Cap Er 24h	Limited to 30 caps per 30 days
Dexcom G6	Blood-Glucose Transmitter		Each	Limited to 4 transmitters in 365 days
Dexcom G6	Blood-Glucose Sensor		Each	Limited to 3 sensors in 30 days
Dexcom G6	Blood-Glucose Meter,Continuous		Each	Limited to 1 reader in 365 days
Dexedrine	Dextroamphetamine Sulfate	10 mg	Capsule Er	Limited to 120 caps per 30 days
Dexedrine	Dextroamphetamine Sulfate	15 mg	Capsule Er	Limited to 120 caps per 30 days
Dexedrine	Dextroamphetamine Sulfate	5 mg	Capsule Er	Limited to 60 caps per 30 days
Dexilant	Dexlansoprazole	30 mg	Cap Dr Bp	Limited to 30 caps per 30 days
Dexilant	Dexlansoprazole	60 mg	Cap Dr Bp	Limited to 30 caps per 30 days
Diacomit	Stiripentol	250 mg	Capsule	Limited to 180 caps per 30 days
Diacomit	Stiripentol	500 mg	Capsule	Limited to 180 caps per 30 days
Diacomit	Stiripentol	250 mg	Powd Pack	Limited to 180 packets per 30 days
Diacomit	Stiripentol	500 mg	Powd Pack	Limited to 180 packets per 30 days
Diastat	Diazepam	2.5 mg	Kit	Limited to 1 kit per 30 days
Diastat Acudial	Diazepam	12.5-15-20	Kit	Limited to 1 kit per 30 days
Diastat Acudial	Diazepam	5-7.5-10mg	Kit	Limited to 1 kit per 30 days
Diatrue Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Diazoxide	Diazoxide	50 mg/ml	Oral Susp	Limited to 336ml per 30 days
Diclofenac	Diclofenac Submicronized	35 mg	Capsule	Limited to 30 caps per 30 days
Diclotrex	Diclofenac/Menthol/Camphor	1.5 %-10 %	Kit	Limited to 1 kit per 9 days
Dicyclomine Hcl	Dicyclomine Hcl	10 mg/ml	Ampul	Limited to 16ml per 30 days
Dificid	Fidaxomicin	40 mg/ml	Susp Recon	Limited to 136ml per 10 days
Diluent For Vivitrol	Diluent,Naltrexone Microsphere		Vial	Limited to 4ml per 30 days
Dimethyl Fumarate	Dimethyl Fumarate	120 mg	Capsule Dr	Limited to 60 caps per 30 days
Dimethyl Fumarate	Dimethyl Fumarate	120-240 mg	Capsule Dr	Limited to 60 caps per 30 days
Dimethyl Fumarate	Dimethyl Fumarate	240 mg	Capsule Dr	Limited to 60 caps per 30 days
Ditropan XI	Oxybutynin Chloride	10 mg	Tab Er 24	Limited to 60 tabs per 30 days
Ditropan XI	Oxybutynin Chloride	15 mg	Tab Er 24	Limited to 60 tabs per 30 days
Ditropan XI	Oxybutynin Chloride	5 mg	Tab Er 24	Limited to 30 tabs per 30 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Divigel	Estradiol	0.75/0.75g	Gel Packet	Limited to 30 packets per 30 days
Divigel	Estradiol	1.25/1.25g	Gel Packet	Limited to 30 packets per 30 days
Doptelet	Avatrombopag Maleate	20 mg	Tablet	Limited to 15 tabs per 365 days
Doral	Quazepam	15 mg	Tablet	Limited to 30 tabs per 30 days
Dovato	Dolutegravir Sodium/Lamivudine	50mg-300mg	Tablet	Limited to 30 tabs per 30 days
Doxepin Hcl	Doxepin Hcl	3 mg	Tablet	Limited to 30 tabs per 30 days
Doxepin Hcl	Doxepin Hcl	6 mg	Tablet	Limited to 30 tabs per 30 days
Drizalma Sprinkle	Duloxetine Hcl	20 mg	Cap Dr Spr	Limited to 180 caps per 30 days
Drizalma Sprinkle	Duloxetine Hcl	30 mg	Cap Dr Spr	Limited to 120 caps per 30 days
Drizalma Sprinkle	Duloxetine Hcl	40 mg	Cap Dr Spr	Limited to 90 caps per 30 days
Drizalma Sprinkle	Duloxetine Hcl	60 mg	Cap Dr Spr	Limited to 60 caps per 30 days
Droxidopa	Droxidopa	100 mg	Capsule	Limited to 90 caps per 30 days
Droxidopa	Droxidopa	200 mg	Capsule	Limited to 180 caps per 30 days
Droxidopa	Droxidopa	300 mg	Capsule	Limited to 180 caps per 30 days
Duaklir Pressair	Acclidinium Brom/Formoterol Fum	400-12 mcg	Aer Pow Ba	Limited to 1 device per 30 days
Duetact	Pioglitazone Hcl/Glimepiride	30 mg-2 mg	Tablet	Limited to 45 tabs per 30 days
Duetact	Pioglitazone Hcl/Glimepiride	30 mg-4 mg	Tablet	Limited to 45 tabs per 30 days
Dulera	Mometasone/Formoterol	100-5 mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Dulera	Mometasone/Formoterol	200-5 mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Dulera	Mometasone/Formoterol	50mcg-5mcg	Hfa Aer Ad	Limited to 1 inhaler per 30 days
Duobrii	Halobetasol Propion/Tazarotene	0.01-0.045	Lotion	Limited to 1 tube per 30 days
Dupixent	Dupilumab	200mg/1.14	Syringe	Limited to 2 syringes per 28 days
Dupixent	Dupilumab	300 mg/2ml	Syringe	Limited to 2 syringes per 28 days
Dupixent Pen	Dupilumab	300 mg/2ml	Pen Injctr	Limited to 2 pens per 28 days
Duragesic	Fentanyl	100 mcg/hr	Patch Td72	Limited to 15 patches per 30 days
Duragesic	Fentanyl	12 mcg/hr	Patch Td72	Limited to 15 patches per 30 days
Duragesic	Fentanyl	25 mcg/hr	Patch Td72	Limited to 15 patches per 30 days
Duragesic	Fentanyl	50mcg/hr	Patch Td72	Limited to 15 patches per 30 days
Duragesic	Fentanyl	75mcg/hr	Patch Td72	Limited to 15 patches per 30 days
Dyanavel Xr	Amphetamine	2.5 mg/ml	Sus Bp 24h	Limited to 240ml per 30 days
Easy Gluco G2	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Plus li	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Step	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Talk	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Touch Blu Link Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Easy Touch Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Trak	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easy Trak li Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easygluco Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easygluco Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easymax	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Easymax 15	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Edex	Alprostadil	10 mcg	Kit	Limited to 6 cartridges per 30 days
Edex	Alprostadil	20 mcg	Kit	Limited to 6 cartridges per 30 days
Edex	Alprostadil	40 mcg	Kit	Limited to 3 kits per 30 days
Edluar	Zolpidem Tartrate	10 mg	Tab Subl	Limited to 30 tabs per 30 days
Edluar	Zolpidem Tartrate	5 mg	Tab Subl	Limited to 60 tabs per 30 days
Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate	Efavirenz/Emtricitabine/Tenofovir Df	600-200mg	Tablet	Limited to 30 tabs per 30 days
Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate	Efavirenz/Lamivudine/Tenofovir Disop	600-300mg	Tablet	Limited to 30 tabs per 30 days
Element Compact	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Element Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Elepsia Xr	Levetiracetam	1000 mg	Tab Er 24h	Limited to 90 tabs per 30 days
Elepsia Xr	Levetiracetam	1500 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Eluryng	Etonogestrel/Ethinyl Estradiol	.12-.015mg	Vag Ring	Limited to 1 ring per 21 days
Embeda	Morphine Sulfate/Naltrexone	100mg-4mg	Cap Er Po	Limited to 60 caps per 30 days
Embeda	Morphine Sulfate/Naltrexone	20mg-0.8mg	Cap Er Po	Limited to 60 caps per 30 days
Embeda	Morphine Sulfate/Naltrexone	30mg-1.2mg	Cap Er Po	Limited to 60 caps per 30 days
Embeda	Morphine Sulfate/Naltrexone	50 mg-2 mg	Cap Er Po	Limited to 60 caps per 30 days
Embeda	Morphine Sulfate/Naltrexone	60mg-2.4mg	Cap Er Po	Limited to 60 caps per 30 days
Embeda	Morphine Sulfate/Naltrexone	80mg-3.2mg	Cap Er Po	Limited to 60 caps per 30 days
Embrace	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Embrace Evo	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Embrace Pro	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Embrace Pro Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Embrace Talk Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Emgality	Galcanezumab-Gnlm	120 mg/ml	Pen Injctr	Limited to 1ml per 28 days
Emgality Syringe	Galcanezumab-Gnlm	100 mg/ml	Syringe	Limited to 3ml per 30 days
Emgality Syringe	Galcanezumab-Gnlm	120 mg/ml	Syringe	Limited to 1ml per 28 days
Emtricitabine-Tenofovir Disoproxil Fumarate	Emtricitabine/Tenofovir (Tdf)	100-150 mg	Tablet	Limited to 30 tabs per 30 days
Emtricitabine-Tenofovir Disoproxil Fumarate	Emtricitabine/Tenofovir (Tdf)	133-200 mg	Tablet	Limited to 30 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Emtricitabine-Tenofovir Disop	Emtricitabine/Tenofovir (Tdf)	167-250 mg	Tablet	Limited to 30 tabs per 30 days
Emtricitabine-Tenofovir Disop	Emtricitabine/Tenofovir (Tdf)	200-300 mg	Tablet	Limited to 30 tabs per 30 days
Enablex	Darifenacin Hydrobromide	15 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Enablex	Darifenacin Hydrobromide	7.5 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Enbrel	Etanercept	25mg/0.5ml	Syringe	Limited to 4ml per 28 days
Enbrel	Etanercept	50 mg/ml	Syringe	Limited to 4ml per 28 days
Enbrel	Etanercept	25 mg	Vial	Limited to 8ml per 28 days
Enbrel	Etanercept	25mg/0.5ml	Vial	Limited to 4ml per 28 days
Enbrel	Etanercept	25mg/0.5ml	Vial	Limited to 4ml per 28 days
Enbrel Mini	Etanercept	50mg/ml(1)	Cartridge	Limited to 4ml per 28 days
Enbrel Sureclick	Etanercept	50 mg/ml	Pen Injctr	Limited to 4ml per 28 days
Entresto	Sacubitril/Valsartan	24 mg-26mg	Tablet	Limited to 60 tabs per 30 days
Entresto	Sacubitril/Valsartan	49 mg-51mg	Tablet	Limited to 60 tabs per 30 days
Entresto	Sacubitril/Valsartan	97mg-103mg	Tablet	Limited to 60 tabs per 30 days
Epclusa	Sofosbuvir/Velpatasvir	200mg-50mg	Tablet	Limited to 30 tabs per 30 days
Epclusa	Sofosbuvir/Velpatasvir	400-100 mg	Tablet	Limited to 30 tabs per 30 days
Epidiolex	Cannabidiol (CBD) Extract	100 mg/ml	Solution	Limited to 420ml per 30 days
Epinephrine Convenience Kit	Epinephrine	1 mg/ml(1)	Vial	Limited to 2 vials per 30 days
Epipen	Epinephrine	0.3mg/0.3	Auto Injct	Limited to 2 syringes per 30 days
Epipen 2-Pak	Epinephrine	0.3mg/0.3	Auto Injct	Limited to 2 syringes per 30 days
Epipen Jr	Epinephrine	0.15mg/0.3	Auto Injct	Limited to 2 syringes per 30 days
Epipen Jr 2-Pak	Epinephrine	0.15mg/0.3	Auto Injct	Limited to 2 syringes per 30 days
Eplerenone	Eplerenone	25 mg	Tablet	Limited to 60 tabs per 30 days
Eplerenone	Eplerenone	50 mg	Tablet	Limited to 60 tabs per 30 days
Erivedge	Vismodegib	150 mg	Capsule	Limited to 30 caps per 30 days
Erleada	Apalutamide	60 mg	Tablet	Limited to 120 tabs per 30 days
Esgic	Butalb/Acetaminophen/Caffeine	50-325-40	Capsule	Limited to 180 caps per 30 days
Esgic	Butalb/Acetaminophen/Caffeine	50-325-40	Tablet	Limited to 180 tabs per 30 days
Esomeprazole Magnesium	Esomeprazole Magnesium	10 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Esomeprazole Magnesium	Esomeprazole Magnesium	20 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Esomeprazole Magnesium	Esomeprazole Magnesium	40 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Estring	Estradiol	7.5mcg/24h	Vag Ring	Bill 84 days supply or greater.
Estrogel	Estradiol	1.25 g	Gel Md Pmp	Limited to 50 gm per 30 days
Etonogestrel-Ethinyl Estradiol	Etonogestrel/Ethinyl Estradiol	.12-.015mg	Vag Ring	Limited to 1 ring per 21 days
Eucrisa	Crisaborole	2%	Oint. (G)	Limited to 60 gm per 30 days
Evekeo ODT	Amphetamine Sulfate	10 mg	Tab Rapdis	Limited to 60 tabs per 30 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Evekeo ODT	Amphetamine Sulfate	15 mg	Tab Rapdis	Limited to 60 tabs per 30 days
Evekeo ODT	Amphetamine Sulfate	20 mg	Tab Rapdis	Limited to 60 tabs per 30 days
Evencare	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Evencare G2	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Evencare G3	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Evencare Mini Glucose Test Str	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Evencare Proview Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Everolimus	Everolimus	0.25 mg	Tablet	Limited to 60 tabs per 30 days
Everolimus	Everolimus	0.5 mg	Tablet	Limited to 60 tabs per 30 days
Everolimus	Everolimus	0.75 mg	Tablet	Limited to 60 tabs per 30 days
Everolimus	Everolimus	2.5 mg	Tablet	Limited to 28 tabs per 28 days
Everolimus	Everolimus	5 mg	Tablet	Limited to 28 tabs per 28 days
Everolimus	Everolimus	7.5 mg	Tablet	Limited to 28 tabs per 28 days
Eversense Sensor-Holder	Glucose Sensor,Implant/Dexamet		Each	Limited to 1 sensor per 90 days
Eversense Smart Transmitter	Blood-Glucose Transmitter		Each	Limited to 4 transmitters per 365 days
Evolution Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Evzio	Naloxone Hcl	0.4 mg/0.4	Auto Injct	Limited to 2 syringes (0.8ml) per 30 days
Evzio	Naloxone Hcl	2 mg/0.4ml	Auto Injct	Limited to 2 syringes (0.8ml) per 30 days
Exalgo	Hydromorphone Hcl	12 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Exalgo	Hydromorphone Hcl	16 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Exalgo	Hydromorphone Hcl	32 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Exalgo	Hydromorphone Hcl	8 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Exservan	Riluzole	50 mg	Film	Limited to 60 films per 30 days
Extavia	Interferon Beta-1b	0.3 mg	Kit	Limited to 15 syringes per 30 days
Extavia	Interferon Beta-1b	0.3 mg	Vial	Limited to 15 vials per 30 days
Ez Smart	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Ez Smart Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Factive	Gemifloxacin Mesylate	320 mg	Tablet	Limited to 7 tabs per 30 days
Famvir	Famciclovir	125 mg	Tablet	Limited to 60 tabs per 30 days
Famvir	Famciclovir	250 mg	Tablet	Limited to 30 tabs per 10 days
Famvir	Famciclovir	500 mg	Tablet	Limited to 30 tabs per 10 days
Farxiga	Dapagliflozin Propanediol	10 mg	Tablet	Limited to 30 tabs per 30 days
Farxiga	Dapagliflozin Propanediol	5 mg	Tablet	Limited to 30 tabs per 30 days
Farydak	Panobinostat Lactate	10 mg	Capsule	Limited to 6 caps per 21 days
Farydak	Panobinostat Lactate	15 mg	Capsule	Limited to 6 caps per 21 days

Brand Name	Generic Name	Strength	Dosage	Details
Farydak	Panobinostat Lactate	20 mg	Capsule	Limited to 6 caps per 21 days
Fasenra	Benralizumab	30 mg/ml	Syringe	Limited to 1 injector per 56 days
Fasenra Pen	Benralizumab	30 mg/ml	Auto Injtr	Limited to 1 injector per 56 days
Febuxostat	Febuxostat	40 mg	Tablet	Limited to 30 tabs per 30 days
Febuxostat	Febuxostat	80 mg	Tablet	Limited to 30 tabs per 30 days
Femring	Estradiol Acetate	0.05mg/24h	Vag Ring	Bill 84 days supply or greater.
Femring	Estradiol Acetate	0.1mg/24hr	Vag Ring	Bill 84 days supply or greater.
Fentora	Fentanyl Citrate	100 mcg	Tablet Eff	Limited to 120 tabs per 30 days
Fentora	Fentanyl Citrate	200 mcg	Tablet Eff	Limited to 120 tabs per 30 days
Fentora	Fentanyl Citrate	400 mcg	Tablet Eff	Limited to 120 tabs per 30 days
Fentora	Fentanyl Citrate	600 mcg	Tablet Eff	Limited to 120 tabs per 30 days
Fentora	Fentanyl Citrate	800 mcg	Tablet Eff	Limited to 120 tabs per 30 days
Ferriprox	Deferiprone	1000 mg	Tablet	Limited to 30 tabs per 30 days
Ferriprox	Deferiprone	500 mg	Tablet	Limited to 60 tabs per 30 days
Fetzima	Levomilnacipran Hcl	120 mg	Cap Sa 24h	Limited to 30 caps per 30 days
Fetzima	Levomilnacipran Hcl	20 mg	Cap Sa 24h	Limited to 30 caps per 30 days
Fetzima	Levomilnacipran Hcl	40 mg	Cap Sa 24h	Limited to 30 caps per 30 days
Fetzima	Levomilnacipran Hcl	80 mg	Cap Sa 24h	Limited to 30 caps per 30 days
Fetzima	Levomilnacipran Hcl	20-40mg	Cap24hdspk	Limited to 28 caps per 28 days
Fiasp	Insulin Aspart (Niacinamide)	100/ml	Vial	Limited To 60ml per 30 days
Fiasp Flextouch	Insulin Aspart (Niacinamide)	100/ml (3)	Insuln Pen	Limited To 60ml per 30 days
Fiasp Penfill	Insulin Aspart (Niacinamide)	100/ml (3)	Cartridge	Limited to 60ml per 30 days
Fifty50 Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fioricet	Butalb/Acetaminophen/Caffeine	50-300-40	Capsule	Limited to 180 caps per 30 days
Fiorinal	Butalbital/Aspirin/Caffeine	50-325-40	Capsule	Limited to 180 caps per 30 days
Fiorinal With Codeine #3	Codeine/Butalbital/Asa/Caffeine	30-50-325	Capsule	Limited to 180 caps per 30 days
Firazyr	Icatibant Acetate	30 mg/3 ml	Syringe	Limited to 12 syringes per 30 days
Firdapse	Amifampridine Phosphate	10 mg	Tablet	Limited to 240 tabs per 30 days
Firvanq	Vancomycin Hcl	25 mg/ml	Soln Recon	Limited to 140ml per 14 days.
Firvanq	Vancomycin Hcl	50 mg/ml	Soln Recon	Limited to 150ml per 10 days.
Flolipid	Simvastatin	20 mg/5 ml	Oral Susp	Limited to 300ml per 30 days
Flovent Diskus	Fluticasone Propionate	100 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Flovent Diskus	Fluticasone Propionate	250 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Flovent Diskus	Fluticasone Propionate	50 mcg	Blst W/Dev	Limited to 1 inhaler per 30 days
Flovent Hfa	Fluticasone Propionate	110 mcg	Aer W/Adap	Limited to 2 inhaler per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Flovent Hfa	Fluticasone Propionate	220 mcg	Aer W/Adap	Limited to 2 inhaler per 30 days
Flovent Hfa	Fluticasone Propionate	44 mcg	Aer W/Adap	Limited to 2 inhaler per 30 days
Fluocinolone Acetonide	Fluocinolone Acetonide	0.01%	Oil	Limited to 120ml per 30 days
Fluticasone-Salmeterol	Fluticasone/Salmeterol	100-50 mcg	Blst W/Dev	Limited to 1 device per 30 days
Fluticasone-Salmeterol	Fluticasone/Salmeterol	250-50 mcg	Blst W/Dev	Limited to 1 device per 30 days
Fluticasone-Salmeterol	Fluticasone/Salmeterol	500-50 mcg	Blst W/Dev	Limited to 1 device per 30 days
Focalin Xr	Dexmethylphenidate Hcl	10 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	15 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	20 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	25 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	30 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	35 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	40 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Focalin Xr	Dexmethylphenidate Hcl	5 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Fora 6 Connect Glucose Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora D15g	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora D20	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora D40-G31 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora G20	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora G30-Premium V10 Test Strp	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora Gd50 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora Gtel Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora Tn'g Advan Pro Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora Tn'g Voice Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora V10	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora V10-V12-D10-D20	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora V12	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora V20	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fora V30a	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Foracare Gd20	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Foracare Gd40	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Forfivo XI	Bupropion Hcl	450 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Forteo	Teriparatide	20mcg/dose	Pen Injctr	Limited to 2.48ml per 28 days
Fortiscare Glucose Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Fosamax Plus D	Alendronate Sodium/Vitamin D3	70 mg-5600	Tablet	Limited to 4 tabs per 28 days
Fotivda	Tivozanib Hcl	0.89 mg	Capsule	Limited to 21 caps per 28 days
Fotivda	Tivozanib Hcl	1.34 mg	Capsule	Limited to 21 caps per 28 days
Freestyle Insulinx	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Insulinx Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Libre 14 Day Reader	Flash Glucose Scanning Reader		Each	Limited to 1 reader in 365 days
Freestyle Libre 14 Day Sensor	Flash Glucose Sensor		Kit	Limited to 2 sensors in 28 days
Freestyle Libre 2 Reader	Flash Glucose Scanning Reader		Each	Limited to 1 reader in 365 days
Freestyle Libre 2 Sensor	Flash Glucose Sensor		Kit	Limited to 2 sensors in 28 days
Freestyle Lite Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Precision Neo	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Frova	Frovatriptan Succinate	2.5 mg	Tablet	Limited to 10 tabs per 30 days
Fulphila	Pegfilgrastim-Jmdb	6 mg/0.6ml	Syringe	Limited to 2 syringes per 28 days
Galafold	Migalastat Hcl	123 mg	Capsule	Limited to 15 caps per 30 days
Gavreto	Pralsetinib	100 mg	Capsule	Limited to 120 caps per 30 days
Ge100 Blood Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Ge333 Blood Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Gelnique	Oxybutynin Chloride	100 mg/g	Gel Md Pmp	Limited to 30 gm per 30 days
Gelnique	Oxybutynin Chloride	10%	Gel Packet	Limited to 30 packets per 30 days
Gemtesa	Vibegron	75 mg	Tablet	Limited to 30 tabs per 30 days
Generess Fe	Noreth-Ethinyl Estradiol/Iron	0.8-25(24)	Tab Chew	Limited to 84 tabs per 84 days
Genotropin	Somatropin	12 mg/ml	Cartridge	Quantity limit varies
Genotropin	Somatropin	5 mg/ml	Cartridge	Quantity limit varies
Genotropin	Somatropin	0.2mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	0.4mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	0.6mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	0.8mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	1.2mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	1.4mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	1.6mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	1.8mg/0.25	Syringe	Quantity limit varies
Genotropin	Somatropin	1mg/0.25ml	Syringe	Quantity limit varies
Genotropin	Somatropin	2mg/0.25ml	Syringe	Quantity limit varies
Genstrip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Genultimate Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Giazo	Balsalazide Disodium	1.1 g	Tablet	Limited to 180 tabs per 30 days
Gilenya	Fingolimod Hcl	0.25 mg	Capsule	Limited to 30 caps per 30 days
Gilenya	Fingolimod Hcl	0.5 mg	Capsule	Limited to 30 caps per 30 days
Gilotrif	Afatinib Dimaleate	20 mg	Tablet	Limited to 60 tabs per 30 days
Gilotrif	Afatinib Dimaleate	30 mg	Tablet	Limited to 30 tabs per 30 days
Gilotrif	Afatinib Dimaleate	40 mg	Tablet	Limited to 30 tabs per 30 days
Glatiramer Acetate	Glatiramer Acetate	20 mg/ml	Syringe	Limited to 30ml per 30 days
Glatiramer Acetate	Glatiramer Acetate	40 mg/ml	Syringe	Limited to 12ml per 28 days
Glatopa	Glatiramer Acetate	20 mg/ml	Syringe	Limited to 30ml per 30 days
Glatopa	Glatiramer Acetate	40 mg/ml	Syringe	Limited to 12ml per 28 days
Gloperba	Colchicine	0.6mg/5ml	Solution	Limited to 300ml per 30 days
Glucagon Emergency Kit	Glucagon,Human Recombinant	1 mg	Vial	Limited to 2 vials per 30 days
Gluco Navii	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucocard 01 Sensor Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucocard Expression	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucocard Shine	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucocard Vital	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucocard Vital Sensor	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucocom Glucose	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Glyset	Miglitol	100 mg	Tablet	Limited to 90 tabs per 30 days
Glyset	Miglitol	25 mg	Tablet	Limited to 90 tabs per 30 days
Glyset	Miglitol	50 mg	Tablet	Limited to 90 tabs per 30 days
Glyxambi	Empagliflozin/Linagliptin	10 mg-5 mg	Tablet	Limited to 30 tabs per 30 days
Glyxambi	Empagliflozin/Linagliptin	25 mg-5 mg	Tablet	Limited to 30 tabs per 30 days
Gmate Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Goodlife Ac-302 Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Gralise	Gabapentin	300 mg	Tab Er 24h	Limited to 90 tabs per 30 days
Gralise	Gabapentin	300-600 mg	Tab Er 24h	Limited to 90 tabs per 30 days
Gralise	Gabapentin	600 mg	Tab Er 24h	Limited to 90 tabs per 30 days
Gralise	Gabapentin	300-600 mg	Tab24hspk	Limited to 1 dose pack per 30 days
Granix	Tbo-Filgrastim	300mcg/0.5	Syringe	Limited to 14 syringes per 28 days
Granix	Tbo-Filgrastim	480mcg/0.8	Syringe	Limited to 14 syringes per 28 days
Granix	Tbo-Filgrastim	300 mcg/ml	Vial	Limited to 14 vials per 28 days
Granix	Tbo-Filgrastim	480mcg/1.6	Vial	Limited to 14 vials per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Grastek	Grass Pollen-Timothy, Standard	2800 unit	Tab Subl	Limited to 30 tabs per 30 days
Guaiatussin Ac	Codeine Phosphate/Guaifenesin	20-200/10	Liquid	Limited To 3600ml Per 30 Days
Halog	Halcinonide	0.10%	Solution	Limited to 120ml per 30 days
Harmony Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Harvoni	Ledipasvir/Sofosbuvir	33.75-150	Pelet Pack	Limited to 28 packs per 28 days
Harvoni	Ledipasvir/Sofosbuvir	45mg-200mg	Pelet Pack	Limited to 28 packs per 28 days
Harvoni	Ledipasvir/Sofosbuvir	45mg-200mg	Tablet	Limited to 28 tabs per 28 days
Harvoni	Ledipasvir/Sofosbuvir	90mg-400mg	Tablet	Limited to 30 tabs per 30 days
Healthpro Glucose Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Healthpro Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Hemady	Dexamethasone	20 mg	Tablet	Limited to 8 tabs per 30 days
Hetlioz	Tasimelteon	20 mg	Capsule	Limited to 30 caps per 30 days
Hetlioz Lq	Tasimelteon	4 mg/ml	Oral Susp	Limited to 48ml per 30 days
Histex-Ac	Tripolidine/Phenyleph/Codeine	2.5-10-10	Syrup	Limited To 600ml Per 30 Days
Humalog	Insulin Lispro	100/ml	Cartridge	Limited To 60ml Per 30 Days
Humalog	Insulin Lispro	100/ml	Vial	Limited To 60ml Per 30 Days
Humalog Junior Kwikpen	Insulin Lispro	100/ml	Ins Pen Hf	Limited To 60ml Per 30 Days
Humalog Kwikpen U-100	Insulin Lispro	100/ml	Insuln Pen	Limited To 60ml Per 30 Days
Humalog Kwikpen U-200	Insulin Lispro	200/ml (3)	Insuln Pen	Limited To 60ml Per 30 Days
Humalog Mix 50-50	Insulin Lispro Protamin/Lispro	50-50/ml	Vial	Limited To 60ml Per 30 Days
Humalog Mix 50-50 Kwikpen	Insulin Lispro Protamin/Lispro	50-50/ml	Insuln Pen	Limited To 60ml Per 30 Days
Humalog Mix 75-25	Insulin Lispro Protamin/Lispro	75-25/ml	Vial	Limited To 60ml Per 30 Days
Humalog Mix 75-25 Kwikpen	Insulin Lispro Protamin/Lispro	75-25/ml	Insuln Pen	Limited To 60ml Per 30 Days
Humatrope	Somatropin	12 mg	Cartridge	Quantity limit varies
Humatrope	Somatropin	24 mg	Cartridge	Quantity limit varies
Humatrope	Somatropin	6 mg	Cartridge	Quantity limit varies
Humatrope	Somatropin	5 mg	Vial	Quantity limit varies
Humira	Adalimumab	10mg/0.1ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	10mg/0.2ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	20mg/0.2ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	20mg/0.4ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	40mg/0.4ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	40mg/0.8ml	Syringekit	Limited to 2 syringes per 28 days
Humira Pediatric Crohn's	Adalimumab	40mg/0.8ml	Syringekit	Limited to 2 syringes per 28 days
Humira Pediatric Crohn's	Adalimumab	80 mg-40mg	Syringekit	Limited to 2 syringes per 28 days
Humira Pediatric Crohn's	Adalimumab	80mg/0.8ml	Syringekit	Limited to 3 syringes per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Humira Pen	Adalimumab	40mg/0.4ml	Pen Ij Kit	Limited to 2 pens per 28 days
Humira Pen	Adalimumab	40mg/0.8ml	Pen Ij Kit	Limited to 2 pens per 28 days
Humira Pen Crohn-Uc-Hs Starter	Adalimumab	40mg/0.8ml	Pen Ij Kit	Limited to 6 pens per 28 days
Humira Pen Crohn-Uc-Hs Starter	Adalimumab	80mg/0.8ml	Pen Ij Kit	Limited to 3 pens per 28 days
Humira Pen Psoriasis-Uveitis	Adalimumab	40mg/0.8ml	Pen Ij Kit	Limited to 4 pens per 28 days
Humira Pen Psoriasis-Uveitis	Adalimumab	80 mg-40mg	Pen Ij Kit	Limited to 3 pens per 28 days
Humira(Cf)	Adalimumab	10mg/0.1ml	Syringekit	Limited to 2 syringes per 28 days
Humira(Cf)	Adalimumab	20mg/0.2ml	Syringekit	Limited to 2 syringes per 28 days
Humira(Cf)	Adalimumab	40mg/0.4ml	Syringekit	Limited to 2 syringes per 28 days
Humira(Cf) Pediatric Crohn's	Adalimumab	80 mg-40mg	Syringekit	Limited to 2 syringes per 28 days
Humira(Cf) Pediatric Crohn's	Adalimumab	80mg/0.8ml	Syringekit	Limited to 2 syringes per 28 days
Humira(Cf) Pen	Adalimumab	40mg/0.4ml	Pen Ij Kit	Limited to 2 pens per 28 days
Humira(Cf) Pen	Adalimumab	80mg/0.8ml	Pen Ij Kit	Limited to 3 pens per 28 days
Humira(Cf) Pen Crohn's-Uc-Hs	Adalimumab	80mg/0.8ml	Pen Ij Kit	Limited to 3 pens per 28 days
Humira(Cf) Pen Pediatric Uc	Adalimumab	80mg/0.8ml	Pen Ij Kit	Limited to 3 pens per 28 days
Humira(Cf) Pen Psor-Uv-Adol Hs	Adalimumab	80 mg-40mg	Pen Ij Kit	Limited to 3 pens per 28 days
Humulin 70/30 Kwikpen	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Insuln Pen	Limited to 60ml per 30 days
Humulin 70-30	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Vial	Limited to 60ml per 30 days
Humulin N	Insulin Nph Human Isophane	100/ml	Vial	Limited to 60ml per 30 days
Humulin N Kwikpen	Insulin Nph Human Isophane	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Humulin R	Insulin Regular, Human	100/ml	Vial	Limited to 60ml per 30 days
Humulin R U-500	Insulin Regular, Human	500/ml	Vial	Limited to 20ml per 30 days
Humulin R U-500 Kwikpen	Insulin Regular, Human	500/ml (3)	Insuln Pen	Limited to 18ml per 30 days
Hycet	Hydrocodone/Acetaminophen	7.5-325/15	Solution	Limited to 2700ml per 30 days
Hycofenix	Hydrocodone/Pseudoephed/Guaif	2.5-30-200	Solution	Limited to 1200ml per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	10 mg	Cap Er 12h	Limited to 60 caps per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	15 mg	Cap Er 12h	Limited to 60 caps per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	30 mg	Cap Er 12h	Limited to 60 caps per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	40 mg	Cap Er 12h	Limited to 60 caps per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	50 mg	Cap Er 12h	Limited to 60 caps per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	100 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	120 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	20 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	30 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	40 mg	Tab Er 24h	Limited to 30 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	60 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	80 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hydroxyprogesterone Caproate	Hydroxyprogesterone Caproate	250 mg/ml	Vial	Limited to 5 vials per 30 days
Hysingla Er	Hydrocodone Bitartrate	100 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hysingla Er	Hydrocodone Bitartrate	120 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hysingla Er	Hydrocodone Bitartrate	20 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hysingla Er	Hydrocodone Bitartrate	30 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hysingla Er	Hydrocodone Bitartrate	40 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hysingla Er	Hydrocodone Bitartrate	60 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Hysingla Er	Hydrocodone Bitartrate	80 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Ibrance	Palbociclib	100 mg	Capsule	Limited to 21 caps per 28 days
Ibrance	Palbociclib	125 mg	Capsule	Limited to 21 caps per 28 days
Ibrance	Palbociclib	75 mg	Capsule	Limited to 21 caps per 28 days
Ibrance	Palbociclib	100 mg	Tablet	Limited to 21 tabs per 28 days
Ibrance	Palbociclib	125 mg	Tablet	Limited to 21 tabs per 28 days
Ibrance	Palbociclib	75 mg	Tablet	Limited to 21 tabs per 28 days
Ibuprofen Cold	Ibuprofen/Pseudoephedrine Hcl	100-15mg/5	Oral Susp	Limited to 2400ml per 30 days
Ibuprofen Cold & Sinus	Ibuprofen/Pseudoephedrine Hcl	200mg-30mg	Tablet	Limited to 240 tabs per 30 days
Icatibant	Icatibant Acetate	30 mg/3 ml	Syringe	Limited to 36ml per 30 days
Iclusig	Ponatinib Hcl	10 mg	Tablet	Limited to 30 tabs per 30 days
Iclusig	Ponatinib Hcl	15 mg	Tablet	Limited to 60 tabs per 30 days
Iclusig	Ponatinib Hcl	30 mg	Tablet	Limited to 30 tabs per 30 days
Iclusig	Ponatinib Hcl	45 mg	Tablet	Limited to 30 tabs per 30 days
Icosapent Ethyl	Icosapent Ethyl	1g	Capsule	Limited to 120 caps per 30 days
Idhifa	Enasidenib Mesylate	100 mg	Tablet	Limited to 30 tabs per 30 days
Idhifa	Enasidenib Mesylate	50 mg	Tablet	Limited to 30 tabs per 30 days
Iglucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Imbruvica	Ibrutinib	140 mg	Capsule	Limited to 120 caps per 30 days
Imbruvica	Ibrutinib	70 mg	Capsule	Limited to 30 caps per 30 days
Imbruvica	Ibrutinib	140 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	280 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	420 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	560 mg	Tablet	Limited to 30 tabs per 30 days
Imiquimod	Imiquimod	3.75 %	Cream Pack	Limited to 1 pack per 28 days
Imitrex	Sumatriptan Succinate	4 mg/0.5ml	Cartridge	Bill 7-day supply or greater for each kit dispensed

Brand Name	Generic Name	Strength	Dosage	Details
Imitrex	Sumatriptan Succinate	6 mg/0.5ml	Cartridge	Bill 7-day supply or greater for each kit dispensed
Imitrex	Sumatriptan Succinate	4 mg/0.5ml	Pen Injctr	Limited to 8 pens per 30 days
Imitrex	Sumatriptan Succinate	6 mg/0.5ml	Pen Injctr	Limited to 8 pens per 30 days
Imitrex	Sumatriptan	20 mg	Spray	Bill 30 days supply or greater for 6ml (1 package) dispensed
Imitrex	Sumatriptan	5 mg	Spray	Bill 30 days supply or greater for 6ml (1 package) dispensed
Imitrex	Sumatriptan Succinate	100 mg	Tablet	Limited to 9 tabs per 30 days
Imitrex	Sumatriptan Succinate	25 mg	Tablet	Limited to 9 tabs per 30 days
Imitrex	Sumatriptan Succinate	50 mg	Tablet	Limited to 9 tabs per 30 days
Imitrex	Sumatriptan Succinate	6 mg/0.5ml	Vial	Bill 7-day supply or greater for each kit dispensed
Impeklo	Clobetasol Propionate	0.05%	Lot Md Pmp	Limited to 204 grams per 28 days
Inbrija	Levodopa	42 mg	Cap W/Dev	Limited to 120 caps per 30 days
Inbrija	Levodopa	42 mg	Capsule	Limited to 120 caps per 30 days
Incruse Ellipta	Umeclidinium Bromide	62.5 mcg	Blst W/Dev	Limited to 30 blisters per 30 days
Infinity Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Infinity Voice Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Ingrezza	Valbenazine Tosylate	40 mg	Capsule	Limited to 60 caps per 30 days
Ingrezza	Valbenazine Tosylate	60 mg	Capsule	Limited to 30 caps per 30 days
Ingrezza	Valbenazine Tosylate	80 mg	Capsule	Limited to 30 caps per 30 days
Inlyta	Axitinib	1 mg	Tablet	Limited to 180 tabs per 30 days
Inlyta	Axitinib	5 mg	Tablet	Limited to 120 tabs per 30 days
Inspra	Eplerenone	25 mg	Tablet	Limited to 60 tabs per 30 days
Inspra	Eplerenone	50 mg	Tablet	Limited to 60 tabs per 30 days
Insulin Aspart	Insulin Aspart	100/ml	Vial	Limited to 60ml per 30 days
Insulin Aspart Flexpen	Insulin Aspart	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Insulin Aspart Penfill	Insulin Aspart	100/ml	Cartridge	Limited to 60ml per 30 days
Insulin Aspart Prot-Insuln Asp	Insulin Aspart Prot/Insuln Asp	70-30/ml	Insuln Pen	Limited to 60ml per 30 days
Insulin Aspart Prot-Insuln Asp	Insulin Aspart Prot/Insuln Asp	70-30/ml	Vial	Limited to 60ml per 30 days
Insulin Lispro Junior Kwikpen	Insulin Lispro	100/ml	Ins Pen Hf	Limited to 60ml per 30 days
Insulin Lispro Protamine Mix	Insulin Lispro Protamin/Lispro	75-25/ml	Insuln Pen	Limited to 60ml per 30 days
Intermezzo	Zolpidem Tartrate	1.75 mg	Tab Subl	Limited to 20 tabs per 30 days
Intermezzo	Zolpidem Tartrate	3.5 mg	Tab Subl	Limited to 20 tabs per 30 days
Invega	Paliperidone	1.5 mg	Tab Er 24	Limited to 60 tabs per 30 days
Invega	Paliperidone	3 mg	Tab Er 24	Limited to 60 tabs per 30 days
Invega	Paliperidone	6 mg	Tab Er 24	Limited to 60 tabs per 30 days
Invega	Paliperidone	9 mg	Tab Er 24	Limited to 60 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Invokamet	Canagliflozin/Metformin Hcl	150-1000mg	Tablet	Limited to 60 tabs per 30 days
Invokamet	Canagliflozin/Metformin Hcl	150-500 mg	Tablet	Limited to 60 tabs per 30 days
Invokamet	Canagliflozin/Metformin Hcl	50-1000 mg	Tablet	Limited to 60 tabs per 30 days
Invokamet	Canagliflozin/Metformin Hcl	50mg-500mg	Tablet	Limited to 60 tabs per 30 days
Invokamet Xr	Canagliflozin/Metformin Hcl	150-1000mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Invokamet Xr	Canagliflozin/Metformin Hcl	150-500 mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Invokamet Xr	Canagliflozin/Metformin Hcl	50-1000 mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Invokamet Xr	Canagliflozin/Metformin Hcl	50mg-500mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Invokana	Canagliflozin	100 mg	Tablet	Limited to 30 tabs per 30 days
Invokana	Canagliflozin	300 mg	Tablet	Limited to 30 tabs per 30 days
Irenka	Duloxetine Hcl	40 mg	Capsule Dr	Limited to 30 caps per 30 days
Isordil	Isosorbide Dinitrate	40 mg	Tablet	Limited to 90 tabs per 30 days
Isosorbide Dinitrate	Isosorbide Dinitrate	40 mg	Tablet	Limited to 90 tabs per 30 days
Isturisa	Osilodrostat Phosphate	1 mg	Tablet	Limited to 180 tabs per 30 days
Isturisa	Osilodrostat Phosphate	10 mg	Tablet	Limited to 180 tabs per 30 days
Isturisa	Osilodrostat Phosphate	5 mg	Tablet	Limited to 180 tabs per 30 days
Ivermectin	Ivermectin	1%	Cream (G)	Limited to 1 tube per 30 days
Ivermectin	Ivermectin	0.5 %	Lotion	Limited to 1 bottle per 30 days
Jakafi	Ruxolitinib Phosphate	10 mg	Tablet	Limited to 60 tabs per 30 days
Jakafi	Ruxolitinib Phosphate	15 mg	Tablet	Limited to 60 tabs per 30 days
Jakafi	Ruxolitinib Phosphate	20 mg	Tablet	Limited to 60 tabs per 30 days
Jakafi	Ruxolitinib Phosphate	25 mg	Tablet	Limited to 60 tabs per 30 days
Jakafi	Ruxolitinib Phosphate	5 mg	Tablet	Limited to 60 tabs per 30 days
Janumet	Sitagliptin Phos/Metformin Hcl	50-1000 mg	Tablet	Limited to 60 tabs per 30 days
Janumet	Sitagliptin Phos/Metformin Hcl	50mg-500mg	Tablet	Limited to 60 tabs per 30 days
Janumet Xr	Sitagliptin Phos/Metformin Hcl	100-1000mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Janumet Xr	Sitagliptin Phos/Metformin Hcl	50-1000 mg	Tbmp 24hr	Limited to 60 tabs per 30 days
Janumet Xr	Sitagliptin Phos/Metformin Hcl	50mg-500mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Januvia	Sitagliptin Phosphate	100 mg	Tablet	Limited to 30 tabs per 30 days
Januvia	Sitagliptin Phosphate	25 mg	Tablet	Limited to 30 tabs per 30 days
Januvia	Sitagliptin Phosphate	50 mg	Tablet	Limited to 30 tabs per 30 days
Jardiance	Empagliflozin	10 mg	Tablet	Limited to 30 tabs per 30 days
Jardiance	Empagliflozin	25 mg	Tablet	Limited to 30 tabs per 30 days
Jatenzo	Testosterone Undecanoate	158 mg	Capsules	Limited to 120 caps per 30 days
Jatenzo	Testosterone Undecanoate	198 mg	Capsules	Limited to 120 caps per 30 days
Jatenzo	Testosterone Undecanoate	237 mg	Capsules	Limited to 60 caps per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Jentaduetto	Linagliptin/Metformin Hcl	2.5-1000mg	Tablet	Limited to 60 tabs per 30 days
Jentaduetto	Linagliptin/Metformin Hcl	2.5-500 mg	Tablet	Limited to 60 tabs per 30 days
Jentaduetto	Linagliptin/Metformin Hcl	2.5-850 mg	Tablet	Limited to 60 tabs per 30 days
Jentaduetto Xr	Linagliptin/Metformin Hcl	2.5-1000mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Jentaduetto Xr	Linagliptin/Metformin Hcl	5mg-1000mg	Tab Bp 24h	Limited to 30 tabs per 30 days
Jublia	Efinaconazole	10%	Sol W/Appl	Limited to 4ml per 30 days
Juxtapid	Lomitapide Mesylate	10 mg	Capsule	Limited to 30 caps per 30 days
Juxtapid	Lomitapide Mesylate	20 mg	Capsule	Limited to 30 caps per 30 days
Juxtapid	Lomitapide Mesylate	30 mg	Capsule	Limited to 30 caps per 30 days
Juxtapid	Lomitapide Mesylate	40 mg	Capsule	Limited to 30 caps per 30 days
Juxtapid	Lomitapide Mesylate	5 mg	Capsule	Limited to 30 caps per 30 days
Juxtapid	Lomitapide Mesylate	60 mg	Capsule	Limited to 30 caps per 30 days
Jynarque	Tolvaptan	15 mg	Tablet	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	30 mg	Tablet	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	15 mg-15mg	Tablet Seq	Limited to 56 tabs per 28 days
Jynarque	Tolvaptan	30 mg-15mg	Tablet Seq	Limited to 56 tabs per 28 days
Jynarque	Tolvaptan	45 mg-15mg	Tablet Seq	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	60 mg-30mg	Tablet Seq	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	90 mg-30mg	Tablet Seq	Limited to 30 tabs per 30 days
Kadian	Morphine Sulfate	40 mg	Cap Er Pel	Limited to 30 caps per 30 days
Kaletra	Lopinavir/Ritonavir	100mg-25mg	Tablet	Limited to 60 tabs per 30 days
Kaletra	Lopinavir/Ritonavir	200mg-50mg	Tablet	Limited to 120 tabs per 30 days
Kalydeco	Ivacaftor	50 mg	Gran Pack	Limited to 60 packets per 30 days
Kalydeco	Ivacaftor	75 mg	Gran Pack	Limited to 60 packets per 30 days
Kalydeco	Ivacaftor	150 mg	Tablet	Limited to 60 tabs per 30 days
Kapvay	Clonidine Hcl	0.1 mg	Tab Er 12h	Limited to 120 tabs per 30 days
Katerzia	Amlodipine Benzoate	1 mg/ml	Oral Susp	Limited to 150ml per 30 days
Kazano	Alogliptin Benz/Metformin Hcl	12.5-1000	Tablet	Limited to 60 tabs per 30 days
Kazano	Alogliptin Benz/Metformin Hcl	12.5-500mg	Tablet	Limited to 60 tabs per 30 days
Kerydin	Tavaborole	5%	Sol W/Appl	Limited to 10ml per 30 days
Keveyis	Dichlorphenamide	50 mg	Tablet	Limited to 120 tabs per 30 days
Kevzara	Sarilumab	150mg/1.14	Pen Injctr	Quantity limit varies based on indication
Kevzara	Sarilumab	200mg/1.14	Pen Injctr	Quantity limit varies based on indication
Kevzara	Sarilumab	150mg/1.14	Syringe	Quantity limit varies based on indication
Kevzara	Sarilumab	200mg/1.14	Syringe	Quantity limit varies based on indication

Brand Name	Generic Name	Strength	Dosage	Details
Kineret	Anakinra	100mg/0.67	Syringe	Limited To 18.76ml Per 28 Days
Kisqali	Ribociclib Succinate	200 mg/day	Tablet	Limited to 63 tabs per 28 days
Kisqali	Ribociclib Succinate	400 mg/day	Tablet	Limited to 63 tabs per 28 days
Kisqali	Ribociclib Succinate	600 mg/day	Tablet	Limited to 63 tabs per 28 days
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	200-2.5 mg	Tablet	Limited to 91 tabs per 28 days
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	400-2.5 mg	Tablet	Limited to 91 tabs per 28 days
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	600-2.5 mg	Tablet	Limited to 91 tabs per 28 days
Klisyri	Tirbanibulin	1%	Oint Pack	Limited to 5 packs per 5 days
Kombiglyze Xr	Saxagliptin Hcl/Metformin Hcl	2.5-1000mg	Tbmp 24hr	Limited to 60 tabs per 30 days
Kombiglyze Xr	Saxagliptin Hcl/Metformin Hcl	5 mg-500mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Kombiglyze Xr	Saxagliptin Hcl/Metformin Hcl	5mg-1000mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Korlym	Mifepristone	300 mg	Tablet	Limited to 120 tabs per 30 days
Koselugo	Selumetinib/Vitamin E Tpgs	10 mg	Capsule	Limited to 120 caps per 30 days
Koselugo	Selumetinib/Vitamin E Tpgs	25 mg	Capsule	Limited to 120 caps per 30 days
Krintafel	Tafenoquine Succinate	150 mg	Tablet	Limited to 2 tabs per 365 days
Kynamro	Mipomersen Sodium	200 mg/ml	Syringe	Limited to 4ml per 28 days
Lamisil	Terbinafine Hcl	250 mg	Tablet	Limited to 30 tabs per 30 days
Lantus	Insulin Glargine,Hum.Rec.Anlog	100/ml	Vial	Limited to 60ml per 30 days
Lantus Solostar	Insulin Glargine,Hum.Rec.Anlog	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Latuda	Lurasidone Hcl	120 mg	Tablet	Limited to 30 tabs per 30 days
Latuda	Lurasidone Hcl	20 mg	Tablet	Limited to 30 tabs per 30 days
Latuda	Lurasidone Hcl	40 mg	Tablet	Limited to 30 tabs per 30 days
Latuda	Lurasidone Hcl	60 mg	Tablet	Limited to 30 tabs per 30 days
Latuda	Lurasidone Hcl	80 mg	Tablet	Limited to 30 tabs per 30 days
Lazanda	Fentanyl Citrate	100mcg/spr	Spray/Pump	Limited to 15ml per 30 days
Lazanda	Fentanyl Citrate	400mcg/spr	Spray/Pump	Limited to 15ml per 30 days
Ledipasvir-Sofosbuvir	Ledipasvir/Sofosbuvir	90mg-400mg	Tablet	Limited to 30 tabs per 30 days
Lescol Xl	Fluvastatin Sodium	80 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Levemir	Insulin Detemir	100/ml	Vial	Limited to 60ml per 30 days
Levemir Flextouch	Insulin Detemir	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Levitra	Vardenafil Hcl	10 mg	Tablet	Limited to 6 tabs per 30 days
Levitra	Vardenafil Hcl	2.5 mg	Tablet	Limited to 6 tabs per 30 days
Levitra	Vardenafil Hcl	20 mg	Tablet	Limited to 6 tabs per 30 days
Levitra	Vardenafil Hcl	5 mg	Tablet	Limited to 6 tabs per 30 days
Liberty Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Licart	Diclofenac Epolamine	1.30%	Patch Td24	Limited to 30 patches per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Linzess	Linaclotide	145 mcg	Capsule	Limited to 30 caps per 30 days
Linzess	Linaclotide	290 mcg	Capsule	Limited to 30 caps per 30 days
Linzess	Linaclotide	72 mcg	Capsule	Limited to 30 caps per 30 days
Livalo	Pitavastatin Calcium	1 mg	Tablet	Limited to 30 tabs per 30 days
Livalo	Pitavastatin Calcium	2 mg	Tablet	Limited to 30 tabs per 30 days
Livalo	Pitavastatin Calcium	4 mg	Tablet	Limited to 30 tabs per 30 days
Lodrane D	Brompheniramin/Pseudoephedrine	4 mg-60 mg	Capsule	Limited to 120 caps per 30 days
Lokelma	Sodium Zirconium Cyclosilicate	10 g	Powd Pack	Limited to 30 packets per 30 days
Lokelma	Sodium Zirconium Cyclosilicate	5 g	Powd Pack	Limited to 30 packets per 30 days
Lonhala Magnair Refill	Glycopyrrolate/Neb.Accessories	25 mcg/ml	Vial-Neb	Limited to 60ml per 30 days
Lonhala Magnair Starter	Glycopyrrol/Nebulizer/Accessor	25 mcg/ml	Vial-Neb	Limited to 60ml per 365 days
Lonsurf	Trifluridine/Tipiracil Hcl	15-6.14 mg	Tablet	Limited to 80 tabs per 28 days
Lonsurf	Trifluridine/Tipiracil Hcl	20-8.19 mg	Tablet	Limited to 80 tabs per 28 days
Lopinavir-Ritonavir	Lopinavir/Ritonavir	100mg-25mg	Tablet	Limited to 60 tabs per 30 days
Lopinavir-Ritonavir	Lopinavir/Ritonavir	200mg-50mg	Tablet	Limited to 120 tabs per 30 days
Lorbrena	Lorlatinib	100 mg	Tablet	Limited to 30 tabs per 30 days
Lorbrena	Lorlatinib	25 mg	Tablet	Limited to 90 tabs per 30 days
Lortab	Hydrocodone/Acetaminophen	10-300/15	Solution	Limited to 2025ml per 30 days
Lortuss Dm	Doxylamine/Pseudoephedrine/Dm	6.25-30-15	Liquid	Limited to 1200ml per 30 days
Lortuss Lq	Doxylamine/Pseudoephedrine Hcl	6.25-30/5	Liquid	Limited to 1200ml per 30 days
Loseasonique	L-Norgest/E.Estradiol-E.Estrad	100-20(84)	Tbdsbk 3mo	Limited to 91 tabs per 91 days
Lotemax	LOTEPREDNOL ETABONATE	0.50%	Drops Gel	Limited to 5 grams per 28 days
Loteprednol Etabonate	Loteprednol Etabonate	0.50%	Drops Gel	Limited to 5 grams per 28 days
Lubiprostone	Lubiprostone	24mcg	Capsule	Limited to 60 caps per 30 days
Lubiprostone	Lubiprostone	8 mcg	Capsule	Limited to 60 caps per 30 days
Lucemyra	Lofexidine Hcl	0.18 mg	Tablet	Limited to 224 tabs per 14 days
Lunesta	Eszopiclone	1 mg	Tablet	Limited to 30 tabs per 30 days
Lunesta	Eszopiclone	2 mg	Tablet	Limited to 30 tabs per 30 days
Lunesta	Eszopiclone	3 mg	Tablet	Limited to 30 tabs per 30 days
Lupkynis	Voclosporin	7.9 mg	Capsule	Limited to 180 caps per 30 days
Lyrica	Pregabalin	100 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	150 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	200 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	225 mg	Capsule	Limited to 60 caps per 30 days
Lyrica	Pregabalin	25 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	300 mg	Capsule	Limited to 60 caps per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Lyrica	Pregabalin	50 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	75 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	20 mg/ml	Solution	Limited to 900ml per 30 days
Lyrica CR	Pregabalin	165 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Lyrica CR	Pregabalin	330 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Lyrica CR	Pregabalin	82.5 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Lysteda	Tranexamic Acid	650 mg	Tablet	Limited to 180 tabs per 30 days
Makena	Hydroxyprogesterone Caproat/Pf	275 mg/1.1	Auto Injct	Limited to 4.4ml per 28 days
Makena	Hydroxyprogesterone Caproate	250 mg/ml	Vial	Limited to 5 vials per 30 days
Mar-Cof Cg	Codeine Phosphate/Guaifenesin	7.5-225/5	Liquid	Limited to 1590ml per 30 days
Mavenclad	Cladribine	10mg	Tablet	Limited to 1 box per 26 days; 2 boxes per 331 days
Mavyret	Glecaprevir/Pibrentasvir	100mg-40mg	Tablet	Limited to 84 tabs per 28 days
Maxalt	Rizatriptan Benzoate	10 mg	Tablet	Limited to 12 tabs per 30 days
Maxalt	Rizatriptan Benzoate	5 mg	Tablet	Limited to 12 tabs per 30 days
Maxalt Mlt	Rizatriptan Benzoate	10 mg	Tab Rapdis	Limited to 12 tabs per 30 days
Maxalt Mlt	Rizatriptan Benzoate	5 mg	Tab Rapdis	Limited to 12 tabs per 30 days
Mayzent	Siponimod	0.25 mg(12)	Tab Ds Pk	Limited to 12 tabs per 5 days
Mayzent	Siponimod	0.25 mg	Tablet	Limited to 112 tabs per 28 days
Mayzent	Siponimod	2 mg	Tablet	Limited to 30 tabs per 30 days
M-Clear Wc	Codeine Phosphate/Guaifenesin	6.3-100/5	Liquid	Limited to 3600ml per 30 days
Mekinist	Trametinib Dimethyl Sulfoxide	0.5 mg	Tablet	Limited to 30 tabs per 30 days
Mekinist	Trametinib Dimethyl Sulfoxide	2 mg	Tablet	Limited to 30 tabs per 30 days
Mektovi	Binimetinib	15 mg	Tablet	Limited to 180 tabs per 30 days
Meloxicam	Meloxicam, Submicronized	10 mg	Capsule	Limited to 30 caps per 30 days
Meloxicam	Meloxicam, Submicronized	5 mg	Capsule	Limited to 30 caps per 30 days
Memantine Hcl Er	Memantine Hcl	14 mg	Cap Spr 24	Limited to 30 caps per 30 days
Memantine Hcl Er	Memantine Hcl	21 mg	Cap Spr 24	Limited to 30 caps per 30 days
Memantine Hcl Er	Memantine Hcl	28 mg	Cap Spr 24	Limited to 30 caps per 30 days
Memantine Hcl Er	Memantine Hcl	7 mg	Cap Spr 24	Limited to 30 caps per 30 days
M-End Dmx	Dexbromphen/Pseudoephedrine/Dm	0.667-20/5	Liquid	Limited to 1800ml per 30 days
M-End Pe	Brompheniramine/P-Eph/Codeine	3.33-6.3/5	Liquid	Limited to 2700ml per 30 days
Mesalamine	Mesalamine	1000mg	Rect Sup	Limited to 30 suppositories per 30 days
Mesalamine	Mesalamine	1.2g	Tablet	Limited to 120 tabs per 30 days
Mesalamine Er	Mesalamine	0.375g	Cap Er 24h	Limited to 120 caps per 30 days
Metadate Cd	Methylphenidate Hcl	10 mg	Cpbp 30-70	Limited to 60 caps per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Metadate Cd	Methylphenidate Hcl	20 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Metadate Cd	Methylphenidate Hcl	30 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Metadate Cd	Methylphenidate Hcl	40 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Metadate Cd	Methylphenidate Hcl	50 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Metadate Cd	Methylphenidate Hcl	60 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylin	Methylphenidate Hcl	10 mg/5 ml	Solution	Limited to 900ml per 30 days
Methylin	Methylphenidate Hcl	5 mg/5 ml	Solution	Limited to 1800ml per 30 days
Metyrosine	Metyrosine	250 mg	Capsule	Limited to 448 caps per 28 days
Micro	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Microdot	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Microdot Xtra	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Migranal	Dihydroergotamine Mesylate	0.5mg/spry	Spray/Pump	Limited to 8ml per 28 days
Minastrin 24 Fe	Norethindrone-E.Estradiol-Iron	1mg-20(24)	Tab Chew	Limited to 28 tabs per 28 days
Motegrity	Prucalopride Succinate	1 mg	Tablet	Limited to 30 tabs per 30 days
Motegrity	Prucalopride Succinate	2 mg	Tablet	Limited to 30 tabs per 30 days
Movantik	Naloxegol Oxalate	12.5 mg	Tablet	Limited to 30 tabs per 30 days
Movantik	Naloxegol Oxalate	25 mg	Tablet	Limited to 30 tabs per 30 days
Moviprep	Peg3350/Sod Sul/Nacl/Kcl/Asb/C	7.5-2.691g	Powd Pack	Limited to 1 per fill
Moxeza	Moxifloxacin Hcl	0.50%	Drops Visc	Limited to 3ml (1 bottle) per 7 days
Moxifloxacin	Moxifloxacin Hcl	0.50%	Drops	Limited to 3ml (1 bottle) per 7 days
Moxifloxacin	Moxifloxacin Hcl	0.50%	Drops Visc	Limited to 3ml (1 bottle) per 7 days
Mulpleta	Lusutrombopag	3 mg	Tablet	Limited to 21 tabs per 365 days
Muse	Alprostadil	1000 mcg	Supp.Ureth	Limited to 6 suppositories per 30 days
Muse	Alprostadil	125 mcg	Supp.Ureth	Limited to 6 suppositories per 30 days
Muse	Alprostadil	250 mcg	Supp.Ureth	Limited to 6 suppositories per 30 days
Muse	Alprostadil	500 mcg	Supp.Ureth	Limited to 6 suppositories per 30 days
Mydayis	Dextroamphetamine/Amphetamine	12.5 mg	Cptp 24hr	Limited to 30 caps per 30 days
Mydayis	Dextroamphetamine/Amphetamine	25 mg	Cptp 24hr	Limited to 30 caps per 30 days
Mydayis	Dextroamphetamine/Amphetamine	37.5 mg	Cptp 24hr	Limited to 30 caps per 30 days
Mydayis	Dextroamphetamine/Amphetamine	50 mg	Cptp 24hr	Limited to 30 caps per 30 days
Myfembree	Relugolix/Estradiol/Norethindr	40-1-0.5mg	Tablet	Limited to 28 tabs per 28 days
Myglucohealth	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Myrbetriq	Mirabegron	25 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Myrbetriq	Mirabegron	50 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Mytesi	Crofelemer	125 mg	Tablet Dr	Limited to 60 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Nalocet	Oxycodone Hcl/Acetaminophen	2.5-300 mg	Tablet	Limited to 360 tabs per 30 days
Namenda Xr	Memantine Hcl	14 mg	Cap Spr 24	Limited to 30 caps per 30 days
Namenda Xr	Memantine Hcl	21 mg	Cap Spr 24	Limited to 30 caps per 30 days
Namenda Xr	Memantine Hcl	28 mg	Cap Spr 24	Limited to 30 caps per 30 days
Namenda Xr	Memantine Hcl	7 mg	Cap Spr 24	Limited to 30 caps per 30 days
Namzaric	Memantine Hcl/Donepezil Hcl	14mg-10mg	Cap Spr 24	Limited to 30 caps per 30 days
Namzaric	Memantine Hcl/Donepezil Hcl	21 mg-10mg	Cap Spr 24	Limited to 30 caps per 30 days
Namzaric	Memantine Hcl/Donepezil Hcl	28 mg-10mg	Cap Spr 24	Limited to 30 caps per 30 days
Namzaric	Memantine Hcl/Donepezil Hcl	7 mg-10 mg	Cap Spr 24	Limited to 30 caps per 30 days
Namzaric	Memantine Hcl/Donepezil Hcl	7-10/14-10	Cap24 Dspk	Limited to 30 caps per 30 days
Nasal Decon (Pseudoephedrine)	Pseudoephedrine Hcl	30 mg/5 ml	Liquid	Limited To 1200ml Per 30 Days
Nasal Decongestant	Pseudoephedrine Hcl	30 mg	Capsule	Limited to 240 caps per 30 days
Nasal Decongest-Antihistamine	Triprolidine/Pseudoephedrine	2.5mg-60mg	Tablet	Limited to 120 tabs per 30 days
Natesto	Testosterone	5.5/0.122	Gel Md Pmp	Limited to 3 bottles per 30 days
Natpara	Parathyroid Hormone	100 mcg	Cartridge	Limited to 2 cartridges per 28 days
Natpara	Parathyroid Hormone	25mcg/dose	Cartridge	Limited to 2 cartridges per 28 days
Natpara	Parathyroid Hormone	50mcg/dose	Cartridge	Limited to 2 cartridges per 28 days
Natpara	Parathyroid Hormone	75mcg/dose	Cartridge	Limited to 2 cartridges per 28 days
Nebupent	Pentamidine Isethionate	300 mg	Vial-Neb	Limited to 1 vial per 30 days
Nesina	Alogliptin Benzoate	12.5mg	Tablet	Limited to 30 tabs per 30 days
Nesina	Alogliptin Benzoate	25mg	Tablet	Limited to 30 tabs per 30 days
Nesina	Alogliptin Benzoate	6.25mg	Tablet	Limited to 30 tabs per 30 days
Neulasta	Pegfilgrastim	6 mg/0.6ml	Syr W/ Inj	Limited to 2 syringes per 28 days
Neulasta	Pegfilgrastim	6 mg/0.6ml	Syringe	Limited to 2 syringes per 28 days
Neupogen	Filgrastim	300mcg/0.5	Syringe	Limited to 14 syringes per 28 days
Neupogen	Filgrastim	480mcg/0.8	Syringe	Limited to 14 syringes per 28 days
Neupogen	Filgrastim	300 mcg/ml	Vial	Limited to 14 vials per 28 days
Neupogen	Filgrastim	480mcg/1.6	Vial	Limited to 14 vials per 28 days
Neupro	Rotigotine	1 mg/24 hr	Patch Td24	Limited to 30 patches per 30 days
Neupro	Rotigotine	3 mg/24 hr	Patch Td24	Limited to 30 patches per 30 days
Neupro	Rotigotine	8 mg/24 hr	Patch Td24	Limited to 30 patches per 30 days
Neutek 2tek Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Nexafed	Pseudoephedrine Hcl	30 mg	Tablet	Limited to 240 tabs per 30 days
Nexafed Sinus Pressure-Pain	Pseudoephedrine/Acetaminophen	30mg-325mg	Tablet	Limited to 240 tabs per 30 days
Nexium	Esomeprazole Magnesium	20 mg	Capsule Dr	Limited to 30 caps per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Nexium	Esomeprazole Magnesium	40 mg	Capsule Dr	Limited to 30 caps per 30 days
Nexium	Esomeprazole Magnesium	10 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Nexium	Esomeprazole Magnesium	2.5 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Nexium	Esomeprazole Magnesium	20 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Nexium	Esomeprazole Magnesium	40 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Nexium	Esomeprazole Magnesium	5 mg	Suspdr Pkt	Limited to 30 packets per 30 days
Nexletol	Bempedoic Acid	180mg	Tablet	Limited to 30 tabs per 30 days
Nexlizet	Bempedoic Acid/Ezetimibe	180mg-10mg	Tablet	Limited to 30 tabs per 30 days
Nilutamide	Nilutamide	150 mg	Tablet	Limited to 60 tabs per 30 days
Ninjacof-Xg	Codeine Phosphate/Guaifenesin	8-200 mg/5	Liquid	Limited to 1800ml per 30 days
Nitazoxanide	Nitazoxanide	500 mg	Tablet	Limited to 6 tabs per 3 days
Nivestym	Filgrastim-Aafi	300mcg/0.5	Syringe	Limited to 14 syringes per 28 days
Nivestym	Filgrastim-Aafi	480mcg/0.8	Syringe	Limited to 14 syringes per 28 days
Nivestym	Filgrastim-Aafi	300 mcg/ml	Vial	Limited to 14 vials per 28 days
Nivestym	Filgrastim-Aafi	480mcg/1.6	Vial	Limited to 14 vials per 28 days
Norco	Hydrocodone/Acetaminophen	10mg-325mg	Tablet	Limited to 360 tabs per 30 days
Norco	Hydrocodone/Acetaminophen	5 mg-325mg	Tablet	Limited to 360 tabs per 30 days
Norco	Hydrocodone/Acetaminophen	7.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Norditropin Flexpro	Somatropin	10mg/1.5ml	Pen Injctr	Quantity limit varies
Norditropin Flexpro	Somatropin	15mg/1.5ml	Pen Injctr	Quantity limit varies
Norditropin Flexpro	Somatropin	30 mg/3 ml	Pen Injctr	Quantity limit varies
Norditropin Flexpro	Somatropin	5 mg/1.5ml	Pen Injctr	Quantity limit varies
Northera	Droxidopa	100 mg	Capsule	Limited to 90 caps per 30 days
Northera	Droxidopa	200 mg	Capsule	Limited to 180 caps per 30 days
Northera	Droxidopa	300 mg	Capsule	Limited to 180 caps per 30 days
Nova Max Glucose Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Novolin 70-30	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Vial	Limited to 60ml per 30 days
Novolin 70-30 Flexpen	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Insuln Pen	Limited to 60ml per 30 days
Novolin N	Insulin Nph Human Isophane	100/ml	Vial	Limited to 60ml per 30 days
Novolin N Flexpen	Insulin Regular, Human	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Novolin R	Insulin Regular, Human	100/ml	Vial	Limited to 60ml per 30 days
Novolin R Flexpen	Insulin Regular, Human	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Novolog	Insulin Aspart	100/ml	Cartridge	Limited to 60ml per 30 days
Novolog	Insulin Aspart	100/ml	Vial	Limited to 60ml per 30 days
Novolog Flexpen	Insulin Aspart	100/ml	Insuln Pen	Limited to 60ml per 30 days
Novolog Mix 70-30	Insulin Aspart Prot/Insuln Asp	70-30/ml	Vial	Limited to 60ml per 30 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Novolog Mix 70-30 Flexpen	Insulin Aspart Prot/Insuln Asp	70-30/ml	Insuln Pen	Limited to 60ml per 30 days
Nucala	Mepolizumab	100 mg/ml	Auto Injct	Limited to 1 pen per 28 days
Nucala	Mepolizumab	100 mg/ml	Syringe	Limited to 1 syringe per 28 days
Nucala	Mepolizumab	100 mg	Vial	Limited to 1 vial per 28 days
Nucynta Er	Tapentadol Hcl	100 mg	Tab Er 12h	Limited to 60 tabs per 30 days
Nucynta Er	Tapentadol Hcl	150 mg	Tab Er 12h	Limited to 60 tabs per 30 days
Nucynta Er	Tapentadol Hcl	200 mg	Tab Er 12h	Limited to 60 tabs per 30 days
Nucynta Er	Tapentadol Hcl	250 mg	Tab Er 12h	Limited to 60 tabs per 30 days
Nucynta Er	Tapentadol Hcl	50 mg	Tab Er 12h	Limited to 60 tabs per 30 days
Nuedexta	Dextromethorphan Hbr/Quinidine	20 mg-10mg	Capsule	Limited to 60 caps per 30 days
Nuplazid	Pimavanserin Tartrate	34 mg	Capsule	Limited to 30 caps per 30 days
Nuplazid	Pimavanserin Tartrate	10 mg	Tablet	Limited to 30 tabs per 30 days
Nuplazid	Pimavanserin Tartrate	17 mg	Tablet	Limited to 60 tabs per 30 days
Nurtec Odt	Rimegepant Sulfate	75 mg	Tab Rapdis	Limited to 9 tabs per 30 days
Nutropin Aq	Somatropin	10 mg/2 ml	Cartridge	Quantity limit varies
Nutropin Aq	Somatropin	20 mg/2 ml	Cartridge	Quantity limit varies
Nutropin Aq Nuspin	Somatropin	10 mg/2 ml	Pen Injctr	Quantity limit varies
Nutropin Aq Nuspin	Somatropin	20 mg/2 ml	Pen Injctr	Quantity limit varies
Nutropin Aq Nuspin	Somatropin	5 mg/2 ml	Pen Injctr	Quantity limit varies
Nuvaring	Etonogestrel/Ethinyl Estradiol	.12-.015mg	Vag Ring	Limited to 1 ring per 21 days
Nuvigil	Armodafinil	150 mg	Tablet	Limited to 30 tabs per 30 days
Nuvigil	Armodafinil	250 mg	Tablet	Limited to 30 tabs per 30 days
Nuvigil	Armodafinil	50 mg	Tablet	Limited to 30 tabs per 30 days
Nuzyra	Omadacycline Tosylate	150 mg	Tablet	Limited to 30 tabs per 14 days
Nuzyra	Omadacycline Tosylate	100 mg	Vial	Limited to 30ml per 14 days
Nymalize	Nimodipine	30 mg/5 ml	Syringe	Limited to 1260ml per 21 days
Nymalize	Nimodipine	60 mg/10ml	Syringe	Limited to 1260ml per 21 days
Nyvepria	Pegfilgrastim-Apgf	6 mg/0.6ml	Syringe	Limited to 1.2ml per 30 days
Ocaliva	Obeticholic Acid	10 mg	Tablet	Limited to 30 tabs per 30 days
Ocaliva	Obeticholic Acid	5 mg	Tablet	Limited to 30 tabs per 30 days
Ocrevus	Ocrelizumab	300mg/10ml	Vial	Limited to 60ml per 365 days
Odactra	Mite,D.Farinae-D.Pteronyssinus	12 sq-hdm	Tab Subl	Limited to 30 tabs per 30 days
Odomzo	Sonidegib Phosphate	200 mg	Capsule	Limited to 30 caps per 30 days
Olumiant	Baricitinib	1 mg	Tablet	Limited to 30 tabs per 30 days
Olumiant	Baricitinib	2 mg	Tablet	Limited to 30 tabs per 30 days
Olysio	Simeprevir Sodium	150 mg	Capsule	Limited to 30 caps per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Omeppi	Omeprazole/Sodium Bicarbonate	20mg-1.1g	Capsule	Limited to 60 caps per 30 days
Omeppi	Omeprazole/Sodium Bicarbonate	40mg-1.1g	Capsule	Limited to 60 caps per 30 days
Omnipod	Insulin Pump Cartridge		Cartridge	Limited to 15 cartridges per 30 days
Omnipod	Subcutaneous Insulin Pump		Each	Limited to 1 kit per 365 days
Omnipod Dash 5 Pack Pod	Insulin Pump Cartridge		Cartridge	Limited to 15 cartridges per 30 days
Omnipod Dash Pdm Kit	Insulin Pump Controller		Each	Limited to 1 kit per 365 days
Omnitrope	Somatropin	10mg/1.5ml	Cartridge	Limited to 7.5ml per 28 days
Omnitrope	Somatropin	5 mg/1.5ml	Cartridge	Limited to 13ml per 28 days
Omnitrope	Somatropin	5.8 mg	Vial	Limited to 8ml per 28 days
On Call Express Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
On Call Plus Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
On Call Vivid Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Onetouch Ultra Blue Test Strp	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Onetouch Verio	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Ongentys	Opicapone	25 mg	Capsule	Limited to 30 caps per 30 days
Ongentys	Opicapone	50 mg	Capsule	Limited to 30 caps per 30 days
Onglyza	Saxagliptin Hcl	2.5 mg	Tablet	Limited to 30 tabs per 30 days
Onglyza	Saxagliptin Hcl	5 mg	Tablet	Limited to 30 tabs per 30 days
Onmel	Itraconazole	200 mg	Tablet	Limited to 30 tabs per 30 days
Onureg	Azacitidine	200 mg	Tablet	Limited to 14 tabs per 28 days
Onureg	Azacitidine	300 mg	Tablet	Limited to 14 tabs per 28 days
Onzetra Xsail	Sumatriptan Succinate	11 mg	Aer Pow Ba	Limited to 1 kit per 30 days
Opana Er	Oxymorphone Hcl	10 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Opana Er	Oxymorphone Hcl	15 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Opana Er	Oxymorphone Hcl	20 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Opana Er	Oxymorphone Hcl	30 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Opana Er	Oxymorphone Hcl	40 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Opana Er	Oxymorphone Hcl	5 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Opana Er	Oxymorphone Hcl	7.5 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Optium	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Optium Ez	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Optumrx	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Oralair	Gr Pol-Orc/Sw Ver/Rye/Kent/Tim	100 ir	Tab Subl	Limited to 90 tabs per 30 days
Oralair	Gr Pol-Orc/Sw Ver/Rye/Kent/Tim	300 ir	Tab Subl	Limited to 30 tabs per 30 days
Orencia	Abatacept	125 mg/ml	Syringe	Limited to 4ml per 28 days
Orencia	Abatacept	50mg/0.4ml	Syringe	Limited to 1.6ml per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Orencia	Abatacept	87.5mg/0.7	Syringe	Limited to 2.8ml per 28 days
Orencia Clickject	Abatacept	125 mg/ml	Auto Injct	Limited to 4ml per 28 days
Orenitram Er	Treprostinil Diolamine	0.125 mg	Tablet Er	Limited to 90 tabs per 30 days
Orenitram Er	Treprostinil Diolamine	0.25 mg	Tablet Er	Limited to 90 tabs per 30 days
Orenitram Er	Treprostinil Diolamine	1 mg	Tablet Er	Limited to 90 tabs per 30 days
Orenitram Er	Treprostinil Diolamine	2.5 mg	Tablet Er	Limited to 90 tabs per 30 days
Orenitram Er	Treprostinil Diolamine	5 mg	Tablet Er	Limited to 90 tabs per 30 days
Orgovyx	Relugolix	120 mg	Tablet	Limited to 28 tabs per 28 days
Oriahnn	Elagolix/Estradiol/Norethindr	300-1-0.5	Cap Seq	Limited to 56 caps per 28 days
Orilissa	Elagolix Sodium	150 mg	Tablet	Limited to 30 tabs per 30 days
Orilissa	Elagolix Sodium	200 mg	Tablet	Limited to 60 tabs per 30 days
Orkambi	Lumacaftor/Ivacaftor	100-125 mg	Gran Pack	Limited to 60 packs per 30 days
Orkambi	Lumacaftor/Ivacaftor	150-188 mg	Gran Pack	Limited to 60 packs per 30 days
Orkambi	Lumacaftor/Ivacaftor	100-125 mg	Tablet	Limited to 120 tabs per 30 days
Orkambi	Lumacaftor/Ivacaftor	200-125mg	Tablet	Limited to 120 tabs per 30 days
Orladeyo	Bertralstat Hydrochloride	110 mg	Capsule	Limited to 28 caps per 28 days
Orladeyo	Bertralstat Hydrochloride	110 mg	Capsule	Limited to 28 tabs per 28 days
Orladeyo	Bertralstat Hydrochloride	150 mg	Capsule	Limited to 28 caps per 28 days
Orladeyo	Bertralstat Hydrochloride	150 mg	Capsule	Limited to 28 tabs per 28 days
Ortikos	Budesonide	6 mg	Capsule Er	Limited to 30 caps per 30 days
Ortikos	Budesonide	9 mg	Capsule Er	Limited to 30 caps per 30 days
Oseni	Alogliptin Benz/Pioglitazone	12.5-15 mg	Tablet	Limited to 30 tabs per 30 days
Oseni	Alogliptin Benz/Pioglitazone	12.5-30 mg	Tablet	Limited to 30 tabs per 30 days
Oseni	Alogliptin Benz/Pioglitazone	12.5-45 mg	Tablet	Limited to 30 tabs per 30 days
Oseni	Alogliptin Benz/Pioglitazone	25 mg-15mg	Tablet	Limited to 30 tabs per 30 days
Oseni	Alogliptin Benz/Pioglitazone	25 mg-30mg	Tablet	Limited to 30 tabs per 30 days
Oseni	Alogliptin Benz/Pioglitazone	25 mg-45mg	Tablet	Limited to 30 tabs per 30 days
Osmolex Er	Amantadine Hcl	129 mg	Tab Bp 24h	Limited to 30 tabs per 30 days
Osmolex Er	Amantadine Hcl	322 mg/day	Tab Bp 24h	Limited to 30 tabs per 30 days
Osphena	Ospemifene	60 mg	Tablet	Limited to 30 tabs per 30 days
Otezla	Apremilast	10-20-30mg	Tab Ds Pk	Limited to 27 tabs per 14 days
Otezla	Apremilast	30 mg	Tablet	Limited to 60 tabs per 30 days
Oxbryta	Voxelotor	500 mg	Tablet	Limited to 90 tabs per 30 days
Oxervate	Cenegermin-Bkbj	0.00%	Drops	Limited to 28ml per 28 days. Up to 2 fills per lifetime.
Oxycontin	Oxycodone Hcl	10 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone Hcl	15 mg	Tab Er 12h	Limited to 90 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Oxycontin	Oxycodone Hcl	20 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone Hcl	30 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone Hcl	40 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone Hcl	60 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone Hcl	80 mg	Tab Er 12h	Limited to 90 tabs per 30 days
Oxytrol	Oxybutynin	3.9mg/24hr	Patch Tdsw	Limited to 10 patches per 30 days
Ozempic	Semaglutide	0.25 or .5	Pen Injctr	Limited to 3ml per 28 days
Ozempic	Semaglutide	1/0.75 (3)	Pen Injctr	Limited to 3ml per 28 days
Ozempic	Semaglutide	1mg/0.75ml	Pen Injctr	Limited to 3ml per 28 days
Ozobax	Baclofen	5 mg/5 ml	Solution	Limited to 2400ml per 30 days
Palforzia	Peanut Allergen Powder-Dnfp	0.5 to 6mg	Cap Sprink	Limited to 13 caps per 1 day
Palforzia	Peanut Allergen Powder-Dnfp	12 mg	Cap Sprink	Limited to 45 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	120 mg	Cap Sprink	Limited to 30 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	160 mg	Cap Sprink	Limited to 60 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	20 mg	Cap Sprink	Limited to 15 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	200 mg	Cap Sprink	Limited to 30 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	240 mg	Cap Sprink	Limited to 60 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	3 mg	Cap Sprink	Limited to 45 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	40 mg	Cap Sprink	Limited to 30 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	6 mg	Cap Sprink	Limited to 90 caps per 15 days
Palforzia	Peanut Allergen Powder-Dnfp	80 mg	Cap Sprink	Limited to 60 caps per 15 days
Palforzia (15 Pack)	Peanut Allergen Powder-Dnfp	300 mg	Powd Pack	Limited to 15 caps per 15 days
Palforzia (30 Pack)	Peanut Allergen Powder-Dnfp	300 mg	Powd Pack	Limited to 30 caps per 15 days
Palynziq	Pegvaliase-Pqpz	10mg/0.5ml	Syringe	Limited to 60ml per 30 days
Palynziq	Pegvaliase-Pqpz	2.5 mg/0.5	Syringe	Limited to 60ml per 30 days
Palynziq	Pegvaliase-Pqpz	20 mg/ml	Syringe	Limited to 60ml per 30 days
Patanase	Olopatadine Hcl	0.60%	Spray/Pump	Limited to 30.5 gm per 30 days
Pedia Relief Infant	Pseudoephedrine Hcl	9.4mg/ml	Drops	Limited to 750ml per 30 days
Peg3350-Sod Sul-Nacl-Kcl-Asb-C	Peg3350/Sod Sul/Nacl/Kcl/Asb/C	7.5-2.691g	Powd Pack	Limited to 1 per fill
Pegasys	Peginterferon Alfa-2a	180mcg/0.5	Syringe	Limited to 2ml per 28 days
Pegasys Proclick	Peginterferon Alfa-2a	135mcg/0.5	Pen Injctr	Limited to 2ml per 28 days
Pegasys Proclick	Peginterferon Alfa-2a	180mcg/0.5	Pen Injctr	Limited to 2ml per 28 days
Pegintron Redipen	Peginterferon Alfa-2b	120mcg/0.5	Pen Ij Kit	Limited to 5 pens per 30 days
Pemazyre	Pemigatinib	13.5 mg	Tablet	Limited to 14 tabs per 21 days
Pemazyre	Pemigatinib	4.5 mg	Tablet	Limited to 14 tabs per 21 days
Pemazyre	Pemigatinib	9 mg	Tablet	Limited to 14 tabs per 21 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Penicillamine	Penicillamine	250 mg	Tablet	Limited to 480 tabs per 30 days
Pentasa	Mesalamine	250 mg	Capsule Er	Limited to 480 caps per 30 days
Pentasa	Mesalamine	500 mg	Capsule Er	Limited to 240 caps per 30 days
Percocet	Oxycodone Hcl/Acetaminophen	10mg-325mg	Tablet	Limited to 360 tabs per 30 days
Percocet	Oxycodone Hcl/Acetaminophen	2.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Percocet	Oxycodone Hcl/Acetaminophen	5 mg-325mg	Tablet	Limited to 360 tabs per 30 days
Percocet	Oxycodone Hcl/Acetaminophen	7.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Perforomist	Formoterol Fumarate	20 mcg/2ml	Vial-Neb	Limited To 120ml Per 30 Days
Pharmacist Choice	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Picato	Ingenol Mebutate	0.02%	Gel (Ea)	Limited to 3 tubes per 60 days
Picato	Ingenol Mebutate	0.05%	Gel (Ea)	Limited to 2 tubes per 60 days
Pioglitazone-Metformin	Pioglitazone Hcl/Metformin Hcl	15mg-500mg	Tablet	Limited to 90 tabs per 30 days
Pioglitazone-Metformin	Pioglitazone Hcl/Metformin Hcl	15mg-850mg	Tablet	Limited to 90 tabs per 30 days
Piqray	Alpelisib	200 mg/day	Tablet	Limited to 28 tabs per 30 days
Piqray	Alpelisib	250 mg/day	Tablet	Limited to 56 tabs per 30 days
Piqray	Alpelisib	300 mg/day	Tablet	Limited to 56 tabs per 30 days
Plegridy	Peginterferon Beta-1a	125mcg/0.5	Syringe	Limited to 1 kit per 30 days
Plegridy	Peginterferon Beta-1a	63-94 mcg	Syringe	Limited to 1 kit per 30 days
Plegridy Pen	Peginterferon Beta-1a	125mcg/0.5	Pen Injctr	Limited to 1 kit per 30 days
Plegridy Pen	Peginterferon Beta-1a	63-94 mcg	Pen Injctr	Limited to 1 kit per 30 days
Poly-Tussin Ac	Brompheniramine/P-Eph/Codeine	4-10-10/5	Liquid	Limited To 900ml Per 30 Days
Poly-Vent Dm	Guaifenesin/Dm/Pseudoephedrine	380-20-60	Tablet	Limited to 120 tabs per 30 days
Pomalyst	Pomalidomide	1 mg	Capsule	Limited to 21 caps per 28 days
Pomalyst	Pomalidomide	2 mg	Capsule	Limited to 21 caps per 28 days
Pomalyst	Pomalidomide	3 mg	Capsule	Limited to 21 caps per 28 days
Pomalyst	Pomalidomide	4 mg	Capsule	Limited to 21 caps per 28 days
Ponstel	Mefenamic Acid	250 mg	Capsule	Limited to 112 caps per 28 days
Ponvory	Ponesimod	2 mg-10 mg	Tab Ds Pk	Limited to 14 tabs per 14 days
Ponvory	Ponesimod	20 mg	Tablet	Limited to 30 tabs per 30 days
Posaconazole	Posaconazole	200 mg/5ml	Oral Susp	Limited to 600ml per 30 days
Posaconazole	Posaconazole	100 mg	Tablet Dr	Limited to 240 tabs per 30 days
Potiga	Ezogabine	200 mg	Tablet	Limited to 90 tabs per 30 days
Potiga	Ezogabine	300 mg	Tablet	Limited to 90 tabs per 30 days
Potiga	Ezogabine	400 mg	Tablet	Limited to 90 tabs per 30 days
Potiga	Ezogabine	50 mg	Tablet	Limited to 180 tabs per 30 days
Precision Pcx	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Precision Pcx Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Precision Point Of Care	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Precision Q-I-D	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Precision Xtra	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Precose	Acarbose	100 mg	Tablet	Limited to 90 tabs per 30 days
Precose	Acarbose	25 mg	Tablet	Limited to 90 tabs per 30 days
Precose	Acarbose	50 mg	Tablet	Limited to 90 tabs per 30 days
Pregabalin	Pregabalin	100 mg	Capsule	Limited to 90 caps per 30 days
Pregabalin	Pregabalin	150 mg	Capsule	Limited to 90 caps per 30 days
Pregabalin	Pregabalin	200 mg	Capsule	Limited to 90 caps per 30 days
Pregabalin	Pregabalin	225 mg	Capsule	Limited to 60 caps per 30 days
Pregabalin	Pregabalin	25 mg	Capsule	Limited to 90 caps per 30 days
Pregabalin	Pregabalin	300 mg	Capsule	Limited to 60 caps per 30 days
Pregabalin	Pregabalin	50 mg	Capsule	Limited to 90 caps per 30 days
Pregabalin	Pregabalin	75 mg	Capsule	Limited to 90 caps per 30 days
Pregabalin	Pregabalin	20 mg/ml	Solution	Limited to 900ml per 30 days
Pregabalin Er	Pregabalin	165 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Pregabalin Er	Pregabalin	330 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Pregabalin Er	Pregabalin	82.5 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Premier Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Premium Blood Glucose Test	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Premium V10	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Prestalia	Perindopril Arg/Amlodipine Bes	14mg-10mg	Tablet	Limited to 30 tabs per 30 days
Prestalia	Perindopril Arg/Amlodipine Bes	3.5-2.5 mg	Tablet	Limited to 30 tabs per 30 days
Prestalia	Perindopril Arg/Amlodipine Bes	7 mg-5 mg	Tablet	Limited to 30 tabs per 30 days
Pretomanid	Pretomanid	200 mg	Tablet	Limited to 30 tabs per 30 days
Prevacid	Lansoprazole	15 mg	Capsule Dr	Limited to 60 caps per 30 days
Prevacid	Lansoprazole	30 mg	Capsule Dr	Limited to 60 caps per 30 days
Prevacid	Lansoprazole	15 mg	Tab Rap Dr	Limited to 60 tabs per 30 days
Prevacid	Lansoprazole	30 mg	Tab Rap Dr	Limited to 60 tabs per 30 days
Prevymis	Letermovir	240 mg	Tablet	Limited to 100 tabs per 365 days
Prevymis	Letermovir	480 mg	Tablet	Limited to 100 tabs per 365 days
Prezista	Darunavir Ethanolate	800 mg	Tablet	Limited to 30 tabs per 30 days
Prilosec	Omeprazole Magnesium	10 mg	Suspdr Pkt	Limited to 60 packets per 30 days
Prilosec	Omeprazole Magnesium	2.5 mg	Suspdr Pkt	Limited to 60 packets per 30 days
Primlev	Oxycodone Hcl/Acetaminophen	10mg-300mg	Tablet	Limited to 390 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Primlev	Oxycodone Hcl/Acetaminophen	5 mg-300mg	Tablet	Limited to 390 tabs per 30 days
Primlev	Oxycodone Hcl/Acetaminophen	7.5-300 mg	Tablet	Limited to 390 tabs per 30 days
Pro Voice V8-V9 Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Proair Digihaler	Albuterol Sulfate	90 mcg	Aer Pw Bas	Limited to 2 inhalers per 30 days
Proair Hfa	Albuterol Sulfate	90 mcg	Hfa Aer Ad	Limited to 17 gm per 30 days
Proair Respiclick	Albuterol Sulfate	90 mcg	Aer Pow Ba	Limited to 2 inhalers per 30 days
Procentra	Dextroamphetamine Sulfate	5 mg/5 ml	Solution	Limited To 1200ml Per 30 Days
Prodigy No Coding	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Prolate	Oxycodone Hcl/Acetaminophen	10-300mg/5	Solution	Limited to 2010ml per 30 days
Promacta	Eltrombopag Olamine	25 mg	Powd Pack	Limited to 180 packs per 30 days
Pro-Red Ac	Dexchlorphen/Phenyleph/Codeine	1-5-9 mg/5	Liquid	Limited To 1800ml Per 30 Days
Protonix	Pantoprazole Sodium	40 mg	Granpkt Dr	Limited to 30 packets per 30 days
Proventil Hfa	Albuterol Sulfate	90 mcg	Hfa Aer Ad	Limited to 13.4 gm per 30 days
Pulmicort Flexhaler	Budesonide	180 mcg	Aer Pow Ba	Limited to 2 inhalers per 30 days
Pulmicort Flexhaler	Budesonide	90 mcg	Aer Pow Ba	Bill 15-day supply or greater for each inhaler dispensed Limited to 30 towelettes per 30 days
Qbrexza	Glycopyrronium Tosylate	2.40%	Towelette	Limited to 30 towelettes per 30 days
Qdolo	Tramadol Hcl	5 mg/ml	Solution	Limited to 2400ml per 30 days
Qelbree	Viloxazine Hcl	100 mg	Cap Er 24h	Limited to 30 caps per 30 days
Qelbree	Viloxazine Hcl	150 mg	Cap Er 24h	Limited to 30 caps per 30 days
Qelbree	Viloxazine Hcl	200 mg	Cap Er 24h	Limited to 30 caps per 30 days
Qtern	Dapagliflozin/Saxagliptin Hcl	10 mg-5 mg	Tablet	Limited to 30 tabs per 30 days
Qtern	Dapagliflozin/Saxagliptin Hcl	5 mg-5 mg	Tablet	Limited to 30 tabs per 30 days
Quartette	L-Norgest/E.Estradiol-E.Estrad	0.15mg(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Quillichew Er	Methylphenidate Hcl	20 mg	Tab Cbp24h	Limited to 90 tabs per 30 days
Quillichew Er	Methylphenidate Hcl	30 mg	Tab Cbp24h	Limited to 60 tabs per 30 days
Quillichew Er	Methylphenidate Hcl	40 mg	Tab Cbp24h	Limited to 30 tabs per 30 days
Quillivant Xr	Methylphenidate Hcl	5 mg/ml	Su Er Rc24	Limited To 60ml Per 30 Days
Quintet	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Quintet Ac	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Qvar	Beclomethasone Dipropionate	40 mcg	Aer W/Adap	Limited to 8.7 gm per 10 days/26.1 gm per 30 days
Qvar	Beclomethasone Dipropionate	80 mcg	Aer W/Adap	Limited to 8.7 gm per 10 days/26.1 gm per 30 days
Ragwitek	Weed Pollen-Short Ragweed	12 unit	Tab Subl	Limited to 30 tabs per 30 days
Ramelteon	Ramelteon	8 mg	Tablet	Limited to 30 tabs per 30 days
Ranexa	Ranolazine	1000 mg	Tab Er 12h	Limited to 120 tabs per 30 days
Ranexa	Ranolazine	500 mg	Tab Er 12h	Limited to 120 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Ravicti	Glycerol Phenylbutyrate	1.1gram/ml	Liquid	Limited To 500ml Per 30 Days
Rayaldee	Calcifediol	30 mcg	Cap Sa 24h	Limited to 30 caps per 30 days
Razadyne	Galantamine Hbr	12 mg	Tablet	Limited to 60 tabs per 30 days
Razadyne	Galantamine Hbr	4 mg	Tablet	Limited to 60 tabs per 30 days
Razadyne	Galantamine Hbr	8 mg	Tablet	Limited to 60 tabs per 30 days
Razadyne Er	Galantamine Hbr	16 mg	Cap24h Pel	Limited to 30 caps per 30 days
Razadyne Er	Galantamine Hbr	24 mg	Cap24h Pel	Limited to 30 caps per 30 days
Razadyne Er	Galantamine Hbr	8 mg	Cap24h Pel	Limited to 30 caps per 30 days
Rebif	Interferon Beta-1a/Albumin	22mcg/.5ml	Syringe	Limited To 6ml Per 28 Days
Rebif	Interferon Beta-1a/Albumin	44mcg/.5ml	Syringe	Limited To 6ml Per 28 Days
Rebif	Interferon Beta-1a/Albumin	8.8-22(6)	Syringe	Limited To 4.2ml Per 28 Days
Rebif Rebidose	Interferon Beta-1a/Albumin	22mcg/.5ml	Pen Injctr	Limited To 6ml Per 28 Days
Rebif Rebidose	Interferon Beta-1a/Albumin	44mcg/.5ml	Pen Injctr	Limited To 6ml Per 28 Days
Rebif Rebidose	Interferon Beta-1a/Albumin	8.8-22(6)	Pen Injctr	Limited To 4.2ml Per 28 Days
Refuah Plus	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Relafen DS	Nabumetone	1000 mg	Tablet	Limited to 60 tabs per 30 days
Relenza	Zanamivir	5 mg	Blst W/Dev	Limited to 20 blisters per fill
Relexxii	Methylphenidate Hcl	72 mg	Tab Er 24	Limited to 30 tabs per 30 days
Relion Confirm-Micro	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Relion Prime Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Relistor	Methylnaltrexone Bromide	12mg/0.6ml	Syringe	Limited to 30 syringes per 30 days
Relistor	Methylnaltrexone Bromide	8 mg/0.4ml	Syringe	Limited to 30 syringes per 30 days
Relistor	Methylnaltrexone Bromide	150 mg	Tablet	Limited to 90 tabs per 30 days
Relistor	Methylnaltrexone Bromide	12mg/0.6ml	Vial	Limited to 30 vials per 30 days
Relpax	Eletriptan Hydrobromide	20 mg	Tablet	Limited to 9 tabs per 30 days
Relpax	Eletriptan Hydrobromide	40 mg	Tablet	Limited to 9 tabs per 30 days
Reltone	Ursodiol	200 mg	Capsule	Limited to 300 caps per 30 days
Reltone	Ursodiol	400 mg	Capsule	Limited to 300 caps per 30 days
Restasis	Cyclosporine	0.05%	Droperette	Limited to 60 vials per 30 days
Restasis Multidose	Cyclosporine	0.05%	Drops	Limited to 5.5 ml per 28 days
Retacrit	Epoetin Alfa-Epbx	20000/ml	Vial	Limited to 4 vials per 30 days
Retevmo	Selpercatinib	40 mg	Capsule	Limited to 180 tabs per 30 days
Retevmo	Selpercatinib	80 mg	Capsule	Limited to 120 tabs per 30 days
Revatio	Sildenafil Citrate	10 mg/ml	Susp Recon	Limited To 224ml Per 30 Days
Revatio	Sildenafil Citrate	20 mg	Tablet	Limited to 90 tabs per 30 days
Reveal Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Rexulti	Brexpiprazole	0.25 mg	Tablet	Limited to 30 tabs per 30 days
Rexulti	Brexpiprazole	0.5 mg	Tablet	Limited to 30 tabs per 30 days
Rexulti	Brexpiprazole	1 mg	Tablet	Limited to 30 tabs per 30 days
Rexulti	Brexpiprazole	2 mg	Tablet	Limited to 30 tabs per 30 days
Rexulti	Brexpiprazole	3 mg	Tablet	Limited to 30 tabs per 30 days
Rexulti	Brexpiprazole	4 mg	Tablet	Limited to 4 tabs per 30 days
Reyvow	Lasmiditan Succinate	100 mg	Tablet	Limited to 8 tabs per 30 days
Reyvow	Lasmiditan Succinate	50 mg	Tablet	Limited to 4 tabs per 30 days
Rightest Gs100 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Gs250s Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Gs260 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Gs300 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Gs550 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Gs700 Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Gt333 Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rightest Max Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Rilutek	Riluzole	50 mg	Tablet	Limited to 60 tabs per 30 days
Rinvoq Er	Upadacitinib	15 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Riomet Er	Metformin Hcl	500 mg/5ml	Sus Er Rec	Limited to 480ml per 30 days
Risperdal	Risperidone	1 mg/ml	Solution	Limited to 240ml per 30 Days
Ritalin La	Methylphenidate Hcl	10 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Ritalin La	Methylphenidate Hcl	20 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Ritalin La	Methylphenidate Hcl	30 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Ritalin La	Methylphenidate Hcl	40 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Ritifed	Tripolidine/Pseudoephedrine	1.25-30/5	Syrup	Limited To 1200ml Per 30 Days
Roszet	Ezetimibe/Rosuvastatin Calcium	10 mg-10mg	Tablet	Limited to 30 tabs per 30 days
Roszet	Ezetimibe/Rosuvastatin Calcium	10 mg-20mg	Tablet	Limited to 30 tabs per 30 days
Roszet	Ezetimibe/Rosuvastatin Calcium	10 mg-40mg	Tablet	Limited to 30 tabs per 30 days
Roszet	Ezetimibe/Rosuvastatin Calcium	10 mg-5 mg	Tablet	Limited to 30 tabs per 30 days
Rozerem	Ramelteon	8 mg	Tablet	Limited to 30 tabs per 30 days
Rubraca	Rucaparib Camsylate	200 mg	Tablet	Limited to 120 tabs per 30 days
Rubraca	Rucaparib Camsylate	300 mg	Tablet	Limited to 120 tabs per 30 days
Ruconest	C1 Esterase Inhibitor, Recomb	2100 unit	Vial	Limited to 2 vials per 30 days
Rufinamide	Rufinamide	40 mg/ml	Oral Susp	Limited to 2,240ml per 28 days
Rufinamide	Rufinamide	200 mg	Tablet	Limited to 240 tabs per 30 days
Rufinamide	Rufinamide	400 mg	Tablet	Limited to 240 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Ruzurgi	Amifampridine	10 mg	Tablet	Limited to 240 tabs per 30 days
Rybelsus	Semaglutide	14 mg	Tablet	Limited to 30 tabs per 30 days
Rybelsus	Semaglutide	3 mg	Tablet	Limited to 30 tabs per 30 days
Rybelsus	Semaglutide	7 mg	Tablet	Limited to 30 tabs per 30 days
Rynex Pse	Brompheniramin/Pseudoephedrine	1-15mg/5ml	Liquid	Limited To 2400ml Per 30 Days
Safyral	Drospir/Eth Estra/Levomefol Ca	3-0.03(21)	Tablet	Limited to 28 tabs per 28 days
Saizen	Somatropin	8.8mg/1.51	Cartridge	Quantity limit varies
Saizen	Somatropin	5 mg	Vial	Quantity limit varies
Saizen	Somatropin	8.8 mg	Vial	Quantity limit varies
Saizen-Saizenprep	Somatropin	8.8mg/1.51	Cartridge	Quantity limit varies
Samsca	Tolvaptan	30 mg	Tablet	Limited to 60 tabs per 30 days
Sancuso	Granisetron	3.1mg/24hr	Patch Tdwk	Limited to 4 patches per 28 days
Scopolamine	Scopolamine	1 mg/3 day	Patch Td 3	Limited to 10 patches per 30 days
Seasonique	L-Norgest/E.Estradiol-E.Estrad	150-30(84)	Tbdspk 3mo	Bill 84 days supply or greater.
Secuado	Asenapine	3.8mg/24hr	Patch Td24	Limited to 30 patches per 30 days
Secuado	Asenapine	5.7mg/24hr	Patch Td24	Limited to 30 patches per 30 days
Secuado	Asenapine	7.6mg/24hr	Patch Td24	Limited to 30 patches per 30 days
Segluromet	Ertugliflozin/Metformin	2.5-1000mg	Tablet	Limited to 60 tabs per 30 days
Segluromet	Ertugliflozin/Metformin	2.5-500 mg	Tablet	Limited to 120 tabs per 30 days
Segluromet	Ertugliflozin/Metformin	7.5-1000mg	Tablet	Limited to 60 tabs per 30 days
Segluromet	Ertugliflozin/Metformin	7.5-500 mg	Tablet	Limited to 60 tabs per 30 days
Semglee	Insulin Glargine,Hum.Rec.Anlog	100/ml	Vial	Limited to 60ml per 30 days
Semglee Pen	Insulin Glargine,Hum.Rec.Anlog	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Semglee Pen	Insulin Glargine,Hum.Rec.Anlog	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Seroquel	Quetiapine Fumarate	100 mg	Tablet	Limited to 90 tabs per 30 days
Seroquel	Quetiapine Fumarate	200 mg	Tablet	Limited to 90 tabs per 30 days
Seroquel	Quetiapine Fumarate	25 mg	Tablet	Limited to 90 tabs per 30 days
Seroquel	Quetiapine Fumarate	300 mg	Tablet	Limited to 90 tabs per 30 days
Seroquel	Quetiapine Fumarate	400 mg	Tablet	Limited to 90 tabs per 30 days
Seroquel	Quetiapine Fumarate	50 mg	Tablet	Limited to 90 tabs per 30 days
Seroquel Xr	Quetiapine Fumarate	150 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Seroquel Xr	Quetiapine Fumarate	200 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Seroquel Xr	Quetiapine Fumarate	300 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Seroquel Xr	Quetiapine Fumarate	400 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Seroquel Xr	Quetiapine Fumarate	50 mg	Tab Er 24h	Limited to 60 tabs per 30 days
Serostim	Somatropin	4 mg	Vial	Quantity limit varies

Brand Name	Generic Name	Strength	Dosage	Details
Serostim	Somatropin	5 mg	Vial	Quantity limit varies
Serostim	Somatropin	6 mg	Vial	Quantity limit varies
Shingrix	Varicella-Zoster Ge/As01b/Pf	50 mcg/0.5	Kit	Limited to 2 injections per lifetime.
Shingrix Adjuvant Component	Adjuvant As01b/Pf, Vial 1 Of 2		Vial	Limited to 2 injections per lifetime.
Shingrix Ge Antigen Component	Varicella-Zoster Ge Vac,2 Of 2	50 mcg	Vial	Limited to 2 injections per lifetime.
Signifor	Pasireotide Diaspartate	0.3 mg/ml	Ampul	Limited to 60ml per 30 days
Signifor	Pasireotide Diaspartate	0.6 mg/ml	Ampul	Limited to 60ml per 30 days
Signifor	Pasireotide Diaspartate	0.9 mg/ml	Ampul	Limited to 60ml per 30 days
Silenor	Doxepin Hcl	3 mg	Tablet	Limited to 30 tabs per 30 days
Silenor	Doxepin Hcl	6 mg	Tablet	Limited to 30 tabs per 30 days
Siliq	Brodalumab	210 mg/1.5	Syringe	Limited to 2 syringes per 28 days
Simponi	Golimumab	100 mg/ml	Pen Injctr	Limited to 1 pen per 28 days
Simponi	Golimumab	50mg/0.5ml	Pen Injctr	Limited To 0.5ml Per 28 Days
Simponi	Golimumab	100 mg/ml	Syringe	Limited to 1 syringe per 28 days
Simponi	Golimumab	50mg/0.5ml	Syringe	Limited To 0.5ml Per 28 Days
Simvastatin	Simvastatin	20 mg/5 ml	Oral Susp	Limited to 300ml per 30 days
Sinus Headache	Pseudoephedrine/Acetaminophen	30mg-500mg	Tablet	Limited to 240 tabs per 30 days
Sitavig	Acyclovir	50 mg	Ma Buc Tab	Limited to 8 tabs per 30 days
Skyrizi	Risankizumab-Rzaa	150mg/ml	Pen Injctr	Limited to 1 pen per 84 days
Skyrizi	Risankizumab-Rzaa	150mg/ml	Syringe	Limited to 1 syringe per 84 days
Skyrizi	Risankizumab-Rzaa	150mg/1.66	Syringekit	Limited to 1 kit per 84 days
Slynd	Drospirenone	4 mg (28)	Tablet	Limited to 1 pack per 24 days
Smart Sense Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Smartest Test	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Soliqua 100-33	Insulin Glargine/Lixisenatide	100-33/ml	Insuln Pen	Limited to 18ml per 30 days
Solodyn	Minocycline Hcl	115mg	Tab Er 24h	Limited to 30 tabs per 30 days
Solodyn	Minocycline Hcl	65 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Solosec	Secnidazole	2 g	Grandr Pkt	Limited to 1 packet per 14 days
Solus V2 Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Sonata	Zaleplon	10 mg	Capsule	Limited to 60 caps per 30 days
Sonata	Zaleplon	5 mg	Capsule	Limited to 60 caps per 30 days
Soolantra	Ivermectin	1%	Cream (G)	Limited to 1 tube per 30 days
Sorilux	Calcipotriene	0.01%	Foam	Limited to 60 grams per 30 days
Sovaldi	Sofosbuvir	150 mg	Pelet Pack	Limited to 28 packs per 28 days
Sovaldi	Sofosbuvir	200 mg	Pelet Pack	Limited to 28 packs per 28 days
Sovaldi	Sofosbuvir	200 mg	Tablet	Limited to 28 tabs per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Sovaldi	Sofosbuvir	400 mg	Tablet	Limited to 28 tabs per 28 days
Spiriva	Tiotropium Bromide	18 mcg	Cap W/Dev	Limited to 1 inhaler per 30 days
Spiriva Respimat	Tiotropium Bromide	1.25 mcg	Mist Inhal	Limited to 1 inhaler per 30 days
Spiriva Respimat	Tiotropium Bromide	2.5 mcg	Mist Inhal	Limited to 1 inhaler per 30 days
Spravato	Esketamine Hcl	28 mg	Spray	Limited to 4 per 30 days
Spravato	Esketamine Hcl	56 mg	Spray	Limited to 4 per 30 day
Spravato	Esketamine Hcl	84 mg	Spray	Limited to 4 per 30 days
Sprix	Ketorolac Tromethamine	15.75 mg	Spray	Limited to 5ml per 30 days
Stahist Ad	Chlorcyclizine/Pseudoephedrine	25-60mg/5	Liquid	Limited to 600ml per 30 days
Stahist Ad	Chlorcyclizine/Pseudoephedrine	25 mg-60mg	Tablet	Limited to 120 tabs per 30 days
Staxyn	Vardenafil Hcl	10 mg	Tab Rapdis	Limited to 6 tabs per 30 days
Steglatro	Ertugliflozin Pidoate	15 mg	Tablet	Limited to 30 tabs per 30 days
Steglatro	Ertugliflozin Pidoate	5 mg	Tablet	Limited to 60 tabs per 30 days
Stelara	Ustekinumab	45mg/0.5ml	Syringe	Quantity limit varies based on indication
Stelara	Ustekinumab	90 mg/ml	Syringe	Quantity limit varies based on indication
Stelara	Ustekinumab	45mg/0.5ml	Vial	Quantity limit varies based on indication
Stendra	Avanafil	100 mg	Tablet	Limited to 6 tabs per 30 days
Stendra	Avanafil	200 mg	Tablet	Limited to 6 tabs per 30 days
Stendra	Avanafil	50 mg	Tablet	Limited to 6 tabs per 30 days
Stiolto Respimat	Tiotropium Br/Olodaterol Hcl	2.5-2.5mcg	Mist Inhal	Limited to 1 inhaler per 30 days
Stivarga	Regorafenib	40 mg	Tablet	Limited to 84 tabs per 28 days
Strattera	Atomoxetine Hcl	10 mg	Capsule	Limited to 60 caps per 30 days
Strattera	Atomoxetine Hcl	100 mg	Capsule	Limited to 30 caps per 30 days
Strattera	Atomoxetine Hcl	18 mg	Capsule	Limited to 60 caps per 30 days
Strattera	Atomoxetine Hcl	25 mg	Capsule	Limited to 60 caps per 30 days
Strattera	Atomoxetine Hcl	40 mg	Capsule	Limited to 60 caps per 30 days
Strattera	Atomoxetine Hcl	60 mg	Capsule	Limited to 30 caps per 30 days
Strattera	Atomoxetine Hcl	80 mg	Capsule	Limited to 30 caps per 30 days
Strensiq	Asfotase Alfa	18mg/.45ml	Vial	Limited to 10.8ml per 28 days
Strensiq	Asfotase Alfa	28mg/0.7ml	Vial	Limited to 16.8ml per 28 days
Strensiq	Asfotase Alfa	40 mg/ml	Vial	Limited to 24ml per 28 days
Strensiq	Asfotase Alfa	80mg/0.8ml	Vial	Limited to 19.2ml per 28 days
Striant	Testosterone	30 mg	Muc Er 12h	Limited to 60 buccal systems per 30 days
Stribild	Elviteg/Cob/Emtri/Tenofo Disop	150-200 mg	Tablet	Limited to 30 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Striverdi Respimat	Olodaterol Hcl	2.5 mcg	Mist Inhal	Limited to 4 gm per 30 days
Subsys	Fentanyl	100mcg/spr	Spray	Limited to 180 sprays per 30 days
Subsys	Fentanyl	1200 mcg	Spray	Limited to 180 sprays per 30 days
Subsys	Fentanyl	1600 mcg	Spray	Limited to 180 sprays per 30 days
Subsys	Fentanyl	200 mcg	Spray	Limited to 180 sprays per 30 days
Subsys	Fentanyl	400mcg/spr	Spray	Limited to 180 sprays per 30 days
Subsys	Fentanyl	600 mcg	Spray	Limited to 180 sprays per 30 days
Subsys	Fentanyl	800 mcg	Spray	Limited to 180 sprays per 30 days
Sudafed	Pseudoephedrine Hcl	30 mg	Tablet	Limited to 240 tabs per 30 days
Sudafed 12 Hour	Pseudoephedrine Hcl	120 mg	Tablet Er	Limited to 60 tabs per 30 days
Sudafed 12-Hour	Pseudoephedrine Hcl	120 mg	Tablet Er	Limited to 60 tabs per 30 days
Sudafed 24-Hour	Pseudoephedrine Hcl	240 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Sudogest	Pseudoephedrine Hcl	60 mg	Tablet	Limited to 120 tabs per 30 days
Sumatriptan Succinate	Sumatriptan Succinate	6 mg/0.5ml	Syringe	Limited to 8ml per 30 days
Sumavel Dosepro	Sumatriptan Succinate	4 mg/0.5ml	Ndl Fr Inj	Limited to 3ml per 30 days
Sumavel Dosepro	Sumatriptan Succinate	6 mg/0.5ml	Ndl Fr Inj	Limited to 3ml per 30 days
Sunosi	Solriamfetol Hcl	150 mg	Tablet	Limited to 30 tabs per 30 days
Sunosi	Solriamfetol Hcl	75 mg	Tablet	Limited to 60 tabs per 30 days
Sure-Test Easyplus Mini	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Sutab	Sod Sulf/Pot Chloride/Mag Sulf	1.479 g	Tablet	Limited to 24 tabs per 2 days and 2 fills per 365 days
Symbicort	Budesonide-Formoterol Fumarate	160-4.5mcg	Hfa Aer Ad	Limited to 10.2 grams per 30 days
Symbicort	Budesonide-Formoterol Fumarate	80-4.5 mcg	Hfa Aer Ad	Limited to 10.2 grams per 30 days
Symdeko	Tezacaftor/Ivacaftor	100-150 mg	Tablet Seq	Limited to 56 tabs per 28 days
Symdeko	Tezacaftor/Ivacaftor	50 mg-75mg	Tablet Seq	Limited to 56 tabs per 28 days
Symproic	Naldemedine Tosylate	0.2 mg	Tablet	Limited to 30 tabs per 30 days
Synalgos-Dc	Aspirin/Caffein/Dihydrocodeine	356-30-16	Capsule	Limited to 360 caps per 30 days
Synjardy	Empagliflozin/Metformin Hcl	12.5-1000	Tablet	Limited to 60 tabs per 30 days
Synjardy	Empagliflozin/Metformin Hcl	12.5-500mg	Tablet	Limited to 60 tabs per 30 days
Synjardy	Empagliflozin/Metformin Hcl	5 mg-500mg	Tablet	Limited to 120 tabs per 30 days
Synjardy	Empagliflozin/Metformin Hcl	5mg-1000mg	Tablet	Limited to 120 tabs per 30 days
Synjardy Xr	Empagliflozin/Metformin Hcl	10-1000 mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Synjardy Xr	Empagliflozin/Metformin Hcl	12.5-1000	Tab Bp 24h	Limited to 60 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Synjardy Xr	Empagliflozin/Metformin Hcl	25-1000 mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Synjardy Xr	Empagliflozin/Metformin Hcl	5mg-1000mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Tabloid	Thioguanine	40 mg	Tablet	Limited to 120 tabs per 30 days
Tabrecta	Capmatinib Hydrochloride	150 mg	Tablet	Limited to 112 tabs per 28 days
Tabrecta	Capmatinib Hydrochloride	200 mg	Tablet	Limited to 112 tabs per 28 days
Taclonex	Calcipotriene/Betamethasone	0.005-.064	Suspension	Limited to 400 grams per 30 days
Tafinlar	Dabrafenib Mesylate	50 mg	Capsule	Limited to 120 caps per 30 days
Tafinlar	Dabrafenib Mesylate	75 mg	Capsule	Limited to 120 caps per 30 days
Takhzyro	Lanadelumab-Flyo	300 mg/2ml	Vial	Limited to 4ml per 28 days
Talicia	Omeprazole/Amoxicill/Rifabutin	10mg-250mg	Cap Ir Dr	Limited to 168 caps per 14 days
Taltz Autoinjector	Ixekizumab	80 mg/ml	Auto Injct	Quantity limit varies based on indication
Taltz Autoinjector (2 Pack)	Ixekizumab	80 mg/ml	Auto Injct	Quantity limit varies based on indication
Taltz Autoinjector (3 Pack)	Ixekizumab	80 mg/ml	Auto Injct	Quantity limit varies based on indication
Taltz Syringe	Ixekizumab	80 mg/ml	Syringe	Quantity limit varies based on indication
Taltz Syringe (2 Pack)	Ixekizumab	80 mg/ml	Syringe	Quantity limit varies based on indication
Taltz Syringe (3 Pack)	Ixekizumab	80 mg/ml	Syringe	Quantity limit varies based on indication
Talzenna	Talazoparib Tosylate	0.25 mg	Capsule	Limited to 90 caps per 30 days
Talzenna	Talazoparib Tosylate	1 mg	Capsule	Limited to 30 caps per 30 days
Tamiflu	Oseltamivir Phosphate	30 mg	Capsule	Limited to 28 caps per 90 days Limited to 1 fill every flu season
Tamiflu	Oseltamivir Phosphate	45 mg	Capsule	Limited to 14 caps per 90 days Limited to 1 fill every flu season
Tamiflu	Oseltamivir Phosphate	75 mg	Capsule	Limited to 14 caps per 90 days Limited to 1 fill every flu season
Tamiflu	Oseltamivir Phosphate	6 mg/ml	Susp Recon	Limited To 252ml Per 90 Days Limited to 1 fill every flu season
Tanzeum	Albiglutide	30mg/0.5ml	Pen Injctr	Limited to 2ml per 28 days
Tanzeum	Albiglutide	50mg/0.5ml	Pen Injctr	Limited to 2ml per 28 days
Tasigna	Nilotinib Hcl	50 mg	Capsule	Limited to 60 caps per 30 days
Tavaborole	Tavaborole	5%	Sol W/Apl	Limited to 10ml per 30 days
Tavalisse	Fostamatinib Disodium	100 mg	Tablet	Limited to 60 tabs per 30 days
Tavalisse	Fostamatinib Disodium	150 mg	Tablet	Limited to 60 tabs per 30 days
Tazarotene	Tazarotene	0.10%	Foam	Limited to 50 gm per 30 days
Tazverik	Tazemetostat Hydrobromide	200 mg	Tablet	Limited to 240 tabs per 30 days
Td Gold Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Technivie	Ombitasvir/Paritaprev/Ritonav	12.5-75 mg	Tablet	Limited to 56 tabs per 28 days
Tegsedi	Inotersen Sodium	284 mg/1.5	Syringe	Limited to 6ml per 28 days
Telcare	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Temixys	Lamivudine/Tenofovir Disop Fum	300-300 mg	Tablet	Limited to 30 tabs per 30 days
Tepmetko	Tepotinib Hcl	225 mg	Tablet	Limited to 60 tabs per 30 days
Tepmetko	Tepotinib Hcl	225 mg	Tablet	Limited to 60 tabs per 30 days
Terazol 7	Terconazole	0.40%	Cream/Appl	Limited to 45 gm per 30 days
Teriparatide	Teriparatide	20mcg/dose	Pen Injctr	Limited to 2.48ml per 28 days
Test N'go	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Testim	Testosterone	50 mg (1%)	Gel (Gram)	Limited to 300 gm per 30 days
Thiola EC	Tiopronin	100 mg	Tablet Dr	Limited to 240 tabs per 30 days
Thiola EC	Tiopronin	300 mg	Tablet Dr	Limited to 60 tabs per 30 days
Tibsovo	Ivosidenib	250 mg	Tablet	Limited to 60 tabs per 30 days
Tiopronin	Tiopronin	100 mg	Tablet	Limited to 450 tabs per 30 days
Tivicay Pd	Dolutegravir Sodium	5 mg	Tab Susp	Limited to 180 tabs per 30 days
Tivorbex	Indomethacin, Submicronized	20 mg	Capsule	Limited to 90 caps per 30 days
Tobi	Tobramycin In 0.225% Sod Chlor	300 mg/5ml	Ampul-Neb	Limited To 280ml Per 28 Days
Tobi Podhaler	Tobramycin	28 mg	Cap W/Dev	Limited to 224 caps per 28 days
Tobi Podhaler	Tobramycin	28 mg	Capsule	Limited to 224 caps per 28 days
Tobramcyin	Tobramcyin	300 mg/4ml	Ampul-Neb	Limited to 224ml per 28 days
Tobramcyin	Tobramcyin	300 mg/5ml	Ampul-Neb	Limited to 280ml per 28 days
Tolsura	Itraconazole	65 mg	Cap Sd Dsp	Limited to 120 caps per 30 days
Tolvaptan	Tolvaptan	15 mg	Tablet	Limited to 60 tabs per 30 days
Tolvaptan	Tolvaptan	30 mg	Tablet	Limited to 60 tabs per 30 days
Tosymra	Sumatriptan	10 mg	Spray	Limited to 6ml per 30 days
Toujeo Max Solostar	Insulin Glargine,Hum.Rec.Anlog	300/ml (3)	Insuln Pen	Limited To 18ml Per 30 Days
Toujeo Solostar	Insulin Glargine,Hum.Rec.Anlog	300/ml	Insuln Pen	Limited To 18ml Per 30 Days
Toviaz	Fesoterodine Fumarate	4 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Toviaz	Fesoterodine Fumarate	8 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Tradjenta	Linagliptin	5 mg	Tablet	Limited to 30 tabs per 30 days
Tramadol Hcl	Tramadol Hcl	100 mg	Tablet	Limited to 120 tabs per 30 days
Trelegy Ellipta	Fluticasone/Umeclidin/Vilanter	100-62.5	Blst W/Dev	Limited to 1 device per 30 days
Trelegy Ellipta	Fluticasone/Umeclidin/Vilanter	200-62.5	Blst W/Dev	Limited to 1 device per 30 days
Tremfya	Guselkumab	100 mg/ml	Auto Injct	Quantity limit varies based on indication
Tremfya	Guselkumab	100 mg/ml	Syringe	Quantity limit varies based on indication
Tresiba	Insulin Degludec	100/ml	Vial	Limited to 60ml per 30 days
Tresiba Flextouch U-100	Insulin Degludec	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Tresiba Flextouch U-200	Insulin Degludec	200/ml (3)	Insuln Pen	Limited to 30ml per 30 days
Treximet	Sumatriptan Succ/Naproxen Sod	10 mg-60mg	Tablet	Limited to 9 tabs per 30 days
Treximet	Sumatriptan Succ/Naproxen Sod	85mg-500mg	Tablet	Limited to 9 tabs per 30 days
Trezix	Acetaminophen/Caff/Dihydrocod	320.5-30mg	Capsule	Limited to 300 caps per 30 days
Trijardy Xr	Empaglifloz/Linaglip/Metformin	10-5-1000	Tab Bp 24h	Limited to 60 tabs per 30 days
Trijardy Xr	Empaglifloz/Linaglip/Metformin	12.5-2.5mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Trijardy Xr	Empaglifloz/Linaglip/Metformin	25-5-1000	Tab Bp 24h	Limited to 60 tabs per 30 days
Trijardy Xr	Empaglifloz/Linaglip/Metformin	5-2.5-1000	Tab Bp 24h	Limited to 60 tabs per 30 days
Trikafta	Elexacaftor/Tezacaftor/Ivacaft	100-50-75	Tablet Seq	Limited to 84 tabs per 28 days
Trispec Pse	Guaifenesin/Dm/Pseudoephedrine	187-10-30	Liquid	Limited To 1200ml Per 30 Days
True Metrix Glucose Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
True Metrix Pro Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Truetest Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Truetrack Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Trulance	Plecanatide	3 mg	Tablet	Limited to 30 tabs per 30 days
Trulicity	Dulaglutide	0.75mg/0.5	Pen Injctr	Limited To 2ml Per 28 Days
Trulicity	Dulaglutide	1.5 mg/0.5	Pen Injctr	Limited To 2ml Per 28 Days
Trulicity	Dulaglutide	3 mg/0.5ml	Pen Injctr	Limited to 2ml per 28 days
Trulicity	Dulaglutide	4.5 mg/0.5	Pen Injctr	Limited to 2ml per 28 days
Truvada	Emtricitabine/Tenofovir (Tdf)	100-150 mg	Tablet	Limited to 30 tabs per 30 days
Truvada	Emtricitabine/Tenofovir (Tdf)	133-200 mg	Tablet	Limited to 30 tabs per 30 days
Truvada	Emtricitabine/Tenofovir (Tdf)	167-250 mg	Tablet	Limited to 30 tabs per 30 days
Truvada	Emtricitabine/Tenofovir (Tdf)	200-300 mg	Tablet	Limited to 30 tabs per 30 days
Tudorza Pressair	Acclidinium Bromide	400 mcg	Aer Pow Ba	Limited to 1 inhaler per 30 days
Tukysa	Tucatinib	150 mg	Tablet	Limited to 120 tabs per 30 days
Tukysa	Tucatinib	50 mg	Tablet	Limited to 60 tabs per 30 days
Tusnel	Guaifenesin/Dm/Pseudoephedrine	200-15-30	Solution	Limited To 1200ml Per 30 Days
Tusnel	Guaifenesin/Dm/Pseudoephedrine	400-30-60	Tablet	Limited to 120 tabs per 30 days
Tusnel C	Pseudoephed/Codeine/Guaifen	30-10-100	Syrup	Limited To 1200ml Per 30 Days
Tusnel Dm Pediatric	Guaifenesin/Dm/Pseudoephedrine	2.5-7.5/ml	Drops	Limited To 960ml Per 30 Days
Tusnel Pediatric	Guaifenesin/Dm/Pseudoephedrine	50-5-15/5	Liquid	Limited To 2400ml Per 30 Days
Tussin Cf	Guaifenesin/Dm/Pseudoephedrine	100-10-30	Syrup	Limited To 1200ml Per 30 Days
Tuxarin Er	Chlorpheniramine/Codeine Phos	8mg-54.3mg	Tab Er 12h	Limited to 600ml per 30 days
Tydemy	Drospir/Eth Estra/Levomefol Ca	3-0.03(21)	Tablet	Limited to 28 tabs per 28 days
Tylenol-Codeine No.3	Acetaminophen With Codeine	300mg-30mg	Tablet	Limited to 360 tabs per 30 days
Tylenol-Codeine No.4	Acetaminophen With Codeine	300mg-60mg	Tablet	Limited to 180 tabs per 30 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Tymlos	Abaloparatide	80mcg/dose	Pen Injctr	Limited to 1 pen per 30 days
Ubrelyv	Ubrogepant	100 mg	Tablet	Limited to 16 tabs per 30 days
Ubrelyv	Ubrogepant	50 mg	Tablet	Limited to 8 tabs per 30 days
Udenyca	Pegfilgrastim-Cbqv	6 mg/0.6ml	Syringe	Limited to 2 syringes per 30 days
Ukoniq	Umbralisib Tosylate	200 mg	Tablet	Limited to 120 tabs per 30 days
Ultima	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Ultracet	Tramadol Hcl/Acetaminophen	37.5-325mg	Tablet	Limited to 180 tabs per 30 days
Ultratrak	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Ultratrak Ultimate	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Unistrip1	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Vanatol Lq	Butalb/Acetaminophen/Caffeine	50-325/15	Solution	Limited To 2700ml Per 30 Days
Vanatol S	Butalb/Acetaminophen/Caffeine	50-325/15	Solution	Limited To 2700ml Per 30 Days
Vancomycin Hcl	Vancomycin Hcl	50 mg/ml	Soln Recon	Limited to 140ml per 14 days
Vardenafil Hcl	Vardenafil Hcl	10 mg	Tab Rapdis	Limited to 6 tabs per 30 days
Vardenafil Hcl	Vardenafil Hcl	10 mg	Tablet	Limited to 6 tabs per 30 days
Vardenafil Hcl	Vardenafil Hcl	2.5 mg	Tablet	Limited to 6 tabs per 30 days
Vardenafil Hcl	Vardenafil Hcl	20 mg	Tablet	Limited to 6 tabs per 30 days
Vardenafil Hcl	Vardenafil Hcl	5 mg	Tablet	Limited to 6 tabs per 30 days
Vascepa	Icosapent Ethyl	0.5 gram	Capsule	Limited to 120 caps per 30 days
Vascepa	Icosapent Ethyl	1g	Capsule	Limited to 120 caps per 30 days
Vemlidy	Tenofovir Alafenamide Fumarate	25 mg	Tablet	Limited to 30 tabs per 30 days
Venclexta	Venetoclax	10 mg	Tablet	Limited to 30 tabs per 30 days
Venclexta	Venetoclax	100 mg	Tablet	Limited to 30 tabs per 30 days
Venclexta	Venetoclax	50 mg	Tablet	Limited to 30 tabs per 30 days
Venclexta Starting Pack	Venetoclax	10-50-100	Tab Ds Pk	Limited to 42 tabs per 28 days
Ventolin Hfa	Albuterol Sulfate	90 mcg	Hfa Aer Ad	Limited to 2 inhalers per 30 days
Verasens Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Verdrocet	Hydrocodone/Acetaminophen	2.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Veregen	Sinecatechins	15%	Oint. (G)	Limited To 30gm Per 30 Days
Verquvo	Vericiguat	10 mg	Tablet	Limited to 30 tabs per 30 days
Verquvo	Vericiguat	2.5 mg	Tablet	Limited to 30 tabs per 30 days
Verquvo	Vericiguat	5 mg	Tablet	Limited to 30 tabs per 30 days
Verzenio	Abemaciclib	100 mg	Tablet	Limited to 56 tabs per 28 days
Verzenio	Abemaciclib	150 mg	Tablet	Limited to 56 tabs per 28 days
Verzenio	Abemaciclib	200 mg	Tablet	Limited to 56 tabs per 28 days
Verzenio	Abemaciclib	50 mg	Tablet	Limited to 56 tabs per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Vesicare	Solifenacin Succinate	10 mg	Tablet	Limited to 30 tabs per 30 days
Vesicare	Solifenacin Succinate	5 mg	Tablet	Limited to 30 tabs per 30 days
Vfend	Voriconazole	200 mg/5ml	Susp Recon	Limited To 450ml Per 30 Days
Vfend	Voriconazole	200 mg	Tablet	Limited to 90 tabs per 30 days
Vfend	Voriconazole	50 mg	Tablet	Limited to 90 tabs per 30 days
Viagra	Sildenafil Citrate	100 mg	Tablet	Limited to 6 tabs per 30 days
Viagra	Sildenafil Citrate	25 mg	Tablet	Limited to 6 tabs per 30 days
Viagra	Sildenafil Citrate	50 mg	Tablet	Limited to 6 tabs per 30 days
Victoza 2-Pak	Liraglutide	0.6 mg/0.1	Pen Injctr	Limited to 6ml (2 pens) per 30 days
Victoza 3-Pak	Liraglutide	0.6 mg/0.1	Pen Injctr	Limited to 9ml (3 pens) per 30 days
Viekira Xr	Ombita/Paritap/Riton/Dasabuvir	8.33-50 mg	Tab Bp 24h	Limited to 84 tabs per 28 days
Vimovo	Naproxen/Esomeprazole Mag	375mg-20mg	Tab Ir Dr	Limited to 30 tabs per 30 days
Vimovo	Naproxen/Esomeprazole Mag	500mg-20mg	Tab Ir Dr	Limited to 30 tabs per 30 days
Vimpat	Lacosamide	10 mg/ml	Solution	Limited to 1200ml per 30 days
Vimpat	Lacosamide	100 mg	Tablet	Limited to 60 tabs per 30 days
Vimpat	Lacosamide	150 mg	Tablet	Limited to 60 tabs per 30 days
Vimpat	Lacosamide	200 mg	Tablet	Limited to 60 tabs per 30 days
Vimpat	Lacosamide	50 mg	Tablet	Limited to 60 tabs per 30 days
Viramune Xr	Nevirapine	100 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Viramune Xr	Nevirapine	400 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Vitrakvi	Larotrectinib Sulfate	100 mg	Capsule	Limited to 60 caps per 30 days
Vitrakvi	Larotrectinib Sulfate	25 mg	Capsule	Limited to 240 caps per 30 days
Vitrakvi	Larotrectinib Sulfate	20 mg/ml	Solution	Limited to 300ml per 30 days
Vivaguard Ino Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Vivaguard Ino Test Strip	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Vizimpro	Dacomitinib	15 mg	Tablet	Limited to 30 tabs per 30 days
Vizimpro	Dacomitinib	30 mg	Tablet	Limited to 30 tabs per 30 days
Vizimpro	Dacomitinib	45 mg	Tablet	Limited to 30 tabs per 30 days
Vogelxo	Testosterone	50 mg (1%)	Gel (Gram)	Limited to 300 gm per 30 days
Vogelxo	Testosterone	12.5/1.25g	Gel Md Pmp	Limited to 300 gm per 30 days
Vosevi	Sofosbuvir/Velpatas/Voxilaprev	400-100 mg	Tablet	Limited to 30 tabs per 30 days
Vumerity	Diroximel Fumarate	231mg	Capsule Dr	Limited to 120 caps per 30 days
Vyndamax	Tafamidis	20 mg	Capsule	Limited to 30 caps per 30 days
Vyndamax	Tafamidis	61 mg	Capsule	Limited to 30 caps per 30 days
Vyndaqel	Tafamidis Meglumine	20 mg	Capsule	Limited to 30 caps per 30 days
Vytorin	Ezetimibe/Simvastatin	10 mg-10mg	Tablet	Limited to 30 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Vytorin	Ezetimibe/Simvastatin	10 mg-20mg	Tablet	Limited to 30 tabs per 30 days
Vytorin	Ezetimibe/Simvastatin	10 mg-40mg	Tablet	Limited to 30 tabs per 30 days
Vytorin	Ezetimibe/Simvastatin	10 mg-80mg	Tablet	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	10 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	20 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	30 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	40 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	50 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	60 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	70 mg	Capsule	Limited to 30 caps per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	10 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	20 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	30 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	40 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	50 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	60 mg	Tab Chew	Limited to 30 tabs per 30 days
Wavesense Jazz	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Wavesense Presto	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Wellbutrin XL	Bupropion Hcl	150 mg	Tab Er 24h	Limited to 90 tabs per 30 days
Wellbutrin XL	Bupropion Hcl	300 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Winlevi	Clascoterone	1%	Cream (G)	Limited to 60 grams per 30 days
Wixela Inhub	Fluticasone/Salmeterol	100-50 mcg	Blst W/Dev	Limited to 1 device per 30 days
Wixela Inhub	Fluticasone/Salmeterol	250-50 mcg	Blst W/Dev	Limited to 1 device per 30 days
Wixela Inhub	Fluticasone/Salmeterol	500-50 mcg	Blst W/Dev	Limited to 1 device per 30 days
Wynzora	Calcipotriene/Betamethasone	0.005-.064	Cream (G)	Limited to 420 grams per 28 days
Xadago	Safinamide Mesylate	100 mg	Tablet	Limited to 30 tabs per 30 days
Xadago	Safinamide Mesylate	50 mg	Tablet	Limited to 30 tabs per 30 days
Xartemis Xr	Oxycodone Hcl/Acetaminophen	7.5-325 mg	Tab Ir Ero	Limited to 360 tabs per 30 days
Xcopri	Cenobamate	12.5-25mg	Tab Ds Pk	Limited to 28 tabs per 28 days
Xcopri	Cenobamate	150-200 mg	Tab Ds Pk	Limited to 28 tabs per 28 days
Xcopri	Cenobamate	50mg-100mg	Tab Ds Pk	Limited to 28 tabs per 28 days
Xcopri	Cenobamate	100 mg	Tablet	Limited to 30 tabs per 30 days
Xcopri	Cenobamate	150 mg	Tablet	Limited to 30 tabs per 30 days
Xcopri	Cenobamate	200 mg	Tablet	Limited to 30 tabs per 30 days
Xcopri	Cenobamate	250 mg/day	Tablet	Limited to 56 tabs per 28 days
Xcopri	Cenobamate	350 mg/day	Tablet	Limited to 56 tabs per 28 days

Brand Name	Generic Name	Strength	Dosage	Details
Xcopri	Cenobamate	50 mg	Tablet	Limited to 30 tabs per 30 days
Xeljanz	Tofacitinib Citrate	1 mg/ml	Solution	Limited to 300ml per 30 days
Xeljanz	Tofacitinib Citrate	10 mg	Tablet	Limited to 60 tabs per 30 days
Xeljanz	Tofacitinib Citrate	5 mg	Tablet	Limited to 60 tabs per 30 days
Xeljanz Xr	Tofacitinib Citrate	11 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Xeljanz Xr	Tofacitinib Citrate	22 mg	Tab Er 24h	Limited to 30 tabs per 30 days
Xepi	Ozenoxacin	1%	Cream (G)	Limited to 30 grams per 30 days
Xermelo	Telotristat Etiprate	250 mg	Tablet	Limited to 90 tabs per 30 days
Xifaxan	Rifaximin	200 mg	Tablet	Limited to 90 tabs per 30 days
Xifaxan	Rifaximin	550 mg	Tablet	Limited to 60 tabs per 30 days
Xigduo Xr	Dapagliflozin/Metformin Hcl	10-1000 mg	Tab Bp 24h	Limited to 30 tabs per 30 days
Xigduo Xr	Dapagliflozin/Metformin Hcl	10mg-500mg	Tab Bp 24h	Limited to 30 tabs per 30 days
Xigduo Xr	Dapagliflozin/Metformin Hcl	2.5-1000mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Xigduo Xr	Dapagliflozin/Metformin Hcl	5 mg-500mg	Tab Bp 24h	Limited to 30 tabs per 30 days
Xigduo Xr	Dapagliflozin/Metformin Hcl	5mg-1000mg	Tab Bp 24h	Limited to 60 tabs per 30 days
Xiidra	Lifitegrast	5%	Droperette	Limited to 60 vials per 30 days
Ximino	Minocycline Hcl	135 mg	Cap Er 24h	Limited to 30 caps per 30 days
Ximino	Minocycline Hcl	45 mg	Cap Er 24h	Limited to 30 caps per 30 days
Ximino	Minocycline Hcl	90 mg	Cap Er 24h	Limited to 30 caps per 30 days
Xodol 10-300	Hydrocodone/Acetaminophen	10mg-300mg	Tablet	Limited to 390 tabs per 30 days
Xodol 5-300	Hydrocodone/Acetaminophen	5 mg-300mg	Tablet	Limited to 390 tabs per 30 days
Xodol 7.5-300	Hydrocodone/Acetaminophen	7.5-300 mg	Tablet	Limited to 390 tabs per 30 days
Xofluza	Baloxavir Marboxil	20 mg	Tablet	Limited to 2 tabs per 120 days
Xofluza	Baloxavir Marboxil	40 mg	Tablet	Limited to 2 tabs per 120 days
Xolair	Omalizumab	150 mg/ml	Syringe	Limited to 1 syringe per 28 days
Xolair	Omalizumab	75 mg/0.5ml	Syringe	Limited to 1 syringe per 28 days
Xolair	Omalizumab	150 mg	Vial	Limited to 1 vial per 28 days
Xopenex	Levalbuterol Hcl	0.31mg/3ml	Vial-Neb	Limited To 288ml Per 30 Days
Xopenex	Levalbuterol Hcl	0.63mg/3ml	Vial-Neb	Limited To 288ml Per 30 Days
Xopenex	Levalbuterol Hcl	1.25mg/3ml	Vial-Neb	Limited To 288ml Per 30 Days
Xopenex Concentrate	Levalbuterol Hcl	1.25mg/0.5	Vial-Neb	Limited To 288ml Per 30 Days
Xopenex Hfa	Levalbuterol Tartrate	45 mcg	Hfa Aer Ad	Limited to 30 gm per 30 days
Xospata	Gilteritinib Fumarate	40 mg	Tablet	Limited to 90 tabs per 30 days
Xpovio	Selinexor	100 mg/week	Tablet	Limited to 32 tabs per 28 days
Xpovio	Selinexor	40 mg/week	Tablet	Limited to 32 tabs per 28 days
Xpovio	Selinexor	60 mg/week	Tablet	Limited to 32 tabs per 28 days

2021.3 (7/1/2021).

For prior effective dates, please contact Moda Health.

Brand Name	Generic Name	Strength	Dosage	Details
Xpovio	Selinexor	80 mg/week	Tablet	Limited to 32 tabs per 28 days
Xtampza Er	Oxycodone Myristate	13.5 mg	Cap Spr 12	Limited to 90 caps per 30 days
Xtampza Er	Oxycodone Myristate	18 mg	Cap Spr 12	Limited to 90 caps per 30 days
Xtampza Er	Oxycodone Myristate	27 mg	Cap Spr 12	Limited to 90 caps per 30 days
Xtampza Er	Oxycodone Myristate	36 mg	Cap Spr 12	Limited to 90 caps per 30 days
Xtampza Er	Oxycodone Myristate	9 mg	Cap Spr 12	Limited to 90 caps per 30 days
Xtandi	Enzalutamide	40 mg	Capsule	Limited to 120 caps per 30 days
Xtandi	Enzalutamide	80 mg	Capsule	Limited to 60 caps per 30 days
Xultophy 100-3.6	Insulin Degludec/Liraglutide	100-3.6/ml	Insuln Pen	Limited to 15ml per 30 days
Xywav	Sodium,Calcium,Mag,Pot Oxybate	0.5g/ml	Solution	Limited to 540ml per 30 days
Xyzal	Levocetirizine Dihydrochloride	2.5 mg/5ml	Solution	Limited to 150ml per 30 days
Xyzal	Levocetirizine Dihydrochloride	5 mg	Tablet	Limited to 30 tabs per 30 days
Yupelri	Revefenacin	175mcg/3ml	Vial-Neb	Limited to 90ml per 30 days
Zamicet	Hydrocodone/Acetaminophen	10-325/15	Solution	Limited to 5400ml per 30 days
Zanaflex	Tizanidine Hcl	2 mg	Capsule	Limited to 180 caps per 30 days
Zanaflex	Tizanidine Hcl	4 mg	Capsule	Limited to 180 caps per 30 days
Zanaflex	Tizanidine Hcl	6 mg	Capsule	Limited to 180 caps per 30 days
Zarxio	Filgrastim-Sndz	300mcg/0.5	Syringe	Limited to 14 syringes per 28 days
Zarxio	Filgrastim-Sndz	480mcg/0.8	Syringe	Limited to 14 syringes per 28 days
Zcort	Dexamethasone	1.5 mg(25)	Tab Ds Pk	Limited to 1 pack per 7 days
Zegerid	Omeprazole/Sodium Bicarbonate	20mg-1.1g	Capsule	Limited to 60 caps per 30 days
Zegerid	Omeprazole/Sodium Bicarbonate	40mg-1.1g	Capsule	Limited to 60 caps per 30 days
Zegerid	Omeprazole/Sodium Bicarbonate	20-1680mg	Packet	Limited to 30 packets per 30 days
Zegerid	Omeprazole/Sodium Bicarbonate	40-1680mg	Packet	Limited to 30 packets per 30 days
Zejula	Niraparib Tosylate	100 mg	Capsule	Limited to 90 caps per 30 days
Zelboraf	Vemurafenib	240 mg	Tablet	Limited to 240 tabs per 30 days
Zembrace Symtouch	Sumatriptan Succinate	3 mg/0.5ml	Pen Injctr	Limited to 4 pens per 28 days
Zepatier	Elbasvir/Grazoprevir	50mg-100mg	Tablet	Limited to 30 tabs per 30 days
Zeposia	Ozanimod Hydrochloride	0.23-0.46	Cap Ds Pk	Limited to 7 caps per 7 days
Zeposia	Ozanimod Hydrochloride	0.23-0.92	Cap Ds Pk	Limited to 37 caps per 37 days
Zeposia	Ozanimod Hydrochloride	0.92 mg	Capsule	Limited to 30 caps per 30 days
Ziextenzo	Pegfilgrastim-Bmez	6 mg/0.6ml	Syringe	Limited to 2 syringe per 28 days
Zilxi	Minocycline Hcl	1.50%	Foam	Limited to 30ml per 30 days
Zinbryta	Daclizumab	150 mg/ml	Syringe	Limited to 1 syringe per 28 days
Zocor	Simvastatin	40 mg	Tablet	Limited to 30 tabs per 30 days
Zocor	Simvastatin	80 mg	Tablet	Limited to 30 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage	Details
Zodryl Ac 25	Chlorpheniramine/Codeine Phos	1-3mg/3ml	Oral Susp	Limited to 2160ml per 30 days
Zodryl Ac 30	Chlorpheniramine/Codeine Phos	1-3.5/3.5	Oral Susp	Limited to 2160ml per 30 days
Zodryl Ac 35	Chlorpheniramine/Codeine Phos	1-4mg/4ml	Oral Susp	Limited to 2160ml per 30 days
Zodryl Ac 40	Chlorpheniramine/Codeine Phos	1-4.5/4.5	Oral Susp	Limited to 2160ml per 30 days
Zodryl Ac 50	Chlorpheniramine/Codeine Phos	2mg-5mg/5	Oral Susp	Limited to 1800ml per 30 days
Zodryl Ac 60	Chlorpheniramine/Codeine Phos	2-7.5/7.5	Oral Susp	Limited to 2700ml per 30 days
Zodryl Ac 80	Chlorpheniramine/Codeine Phos	2-10mg/10	Oral Susp	Limited to 3600ml per 30 days
Zodryl Dac 25	Chlorphen/Pseudoephed/Codeine	1-15-3mg/3	Oral Susp	Limited to 1440ml per 30 days
Zodryl Dac 30	Chlorphen/Pseudoephed/Codeine	1-15mg/3.5	Oral Susp	Limited to 2400ml per 30 days
Zodryl Dac 35	Chlorphen/Pseudoephed/Codeine	1-15-4mg/4	Oral Susp	Limited to 1920ml per 30 days
Zodryl Dac 40	Chlorphen/Pseudoephed/Codeine	1-15mg/4.5	Oral Susp	Limited to 2400ml per 30 days
Zodryl Dac 80	Chlorphen/Pseudoephed/Codeine	2-30-10/10	Oral Susp	Limited to 1200ml per 30 days
Zodryl Dec 25	Pseudoephed/Codeine/Guaifen	15-3-60/3	Oral Susp	Limited to 1440ml per 30 days
Zodryl Dec 30	Pseudoephed/Codeine/Guaifen	15-3.5/3.5	Oral Susp	Limited to 1680ml per 30 days
Zodryl Dec 35	Pseudoephed/Codeine/Guaifen	15-4-80/4	Oral Susp	Limited to 1920ml per 30 days
Zodryl Dec 40	Pseudoephed/Codeine/Guaifen	15-4.5/4.5	Oral Susp	Limited to 2160ml per 30 days
Zodryl Dec 50	Pseudoephed/Codeine/Guaifen	30-5-100/5	Oral Susp	Limited to 1200ml per 30 days
Zodryl Dec 80	Pseudoephed/Codeine/Guaifen	30-10mg/10	Oral Susp	Limited to 2400ml per 30 days
Zofran	Ondansetron Hcl	4 mg/5 ml	Solution	Limited to 150ml per 30 days
Zofran	Ondansetron Hcl	4 mg	Tablet	Limited to 180 tabs per 30 days
Zofran	Ondansetron Hcl	8 mg	Tablet	Limited to 90 tabs per 30 days
Zofran Odt	Ondansetron	4 mg	Tab Rapdis	Limited to 180 tabs per 30 days
Zofran Odt	Ondansetron	8 mg	Tab Rapdis	Limited to 90 tabs per 30 days
Zohydro Er	Hydrocodone Bitartrate	10 mg	Cap Er 12h	Limited to 60 caps per 30 days
Zohydro Er	Hydrocodone Bitartrate	15 mg	Cap Er 12h	Limited to 60 caps per 30 days
Zohydro Er	Hydrocodone Bitartrate	20 mg	Cap Er 12h	Limited to 60 caps per 30 days
Zohydro Er	Hydrocodone Bitartrate	30 mg	Cap Er 12h	Limited to 60 caps per 30 days
Zohydro Er	Hydrocodone Bitartrate	40 mg	Cap Er 12h	Limited to 60 caps per 30 days
Zohydro Er	Hydrocodone Bitartrate	50 mg	Cap Er 12h	Limited to 120 caps per 30 days
Zolmitriptan	Zolmitriptan	2.5 mg	Spray	Limited to 6ml per 30 days
Zolmitriptan	Zolmitriptan	5 mg	Spray	Limited to 6ml per 30 days
Zolpidem Tartrate Er	Zolpidem Tartrate	12.5 mg	Tab Mphase	Limited to 30 tabs per 30 days
Zolpidem Tartrate Er	Zolpidem Tartrate	6.25 mg	Tab Mphase	Limited to 30 tabs per 30 days
Zolpimist	Zolpidem Tartrate	5 mg/spray	Spray/Pump	Limited to 7.7ml per 30 days
Zomacton	Somatropin	10 mg	Vial	Quantity limit varies
Zomacton	Somatropin	5 mg	Vial	Quantity limit varies

Brand Name	Generic Name	Strength	Dosage	Details
Zomig	Zolmitriptan	2.5 mg	Spray	Limited to 6ml per 30 days
Zomig	Zolmitriptan	5 mg	Spray	Limited to 6ml per 30 days
Zomig	Zolmitriptan	2.5 mg	Tablet	Limited to 9 tabs per 30 days
Zomig	Zolmitriptan	5 mg	Tablet	Limited to 9 tabs per 30 days
Zomig Zmt	Zolmitriptan	2.5 mg	Tab Rapdis	Limited to 9 tabs per 30 days
Zomig Zmt	Zolmitriptan	5 mg	Tab Rapdis	Limited to 9 tabs per 30 days
Zontivity	Vorapaxar Sulfate	2.08 mg	Tablet	Limited to 30 tabs per 30 days
Zorbtive	Somatropin	8.8 mg	Vial	Quantity limit varies
Zostavax	Zoster Vaccine Live/Pf	19400 unit	Vial	Limited to 1 injection per lifetime
Z-Tuss Ac	Chlorpheniramine/Codeine Phos	2 mg-9mg/5	Liquid	Limited to 1800ml per 30 days
Zuplenz	Ondansetron	4 mg	Film	Limited to 90 films per 30 days
Zuplenz	Ondansetron	8 mg	Film	Limited to 90 films per 30 days
Zurampic	Lesinurad	200 mg	Tablet	Limited to 30 tabs per 30 days
Zydelig	Idelalisib	100 mg	Tablet	Limited to 60 tabs per 30 days
Zydelig	Idelalisib	150 mg	Tablet	Limited to 60 tabs per 30 days
Zykadia	Ceritinib	150 mg	Capsule	Limited to 150 caps per 30 days
Zykadia	Ceritinib	150 mg	Tablet	Limited to 150 tabs per 30 days
Zypitamag	Pitavastatin Magnesium	1 mg	Tablet	Limited to 30 tabs per 30 days
Zypitamag	Pitavastatin Magnesium	2 mg	Tablet	Limited to 30 tabs per 30 days
Zypitamag	Pitavastatin Magnesium	4 mg	Tablet	Limited to 30 tabs per 30 days
Zyrtec-D	Cetirizine Hcl/Pseudoephedrine	5 mg-120mg	Tab Er 12h	Limited to 60 tabs per 30 days

Step therapy

Step therapy requires you to try one or more “first-line” medications before proceeding to higher cost alternative treatments.

Brand Name	Generic Name	Dosage	Details
Abilify Mycite	Aripiprazole	Tabssnsstr	Must try/fail at least two of the following: aripiprazole tab/ODT/sol, Abilify Maintena, aristada, Rexulti, haloperidol lactate oral conc/vial or haloperidol tab, droperidol vial, geodon vial*, clozapine ODT/tab, fanapt tab, latuda tab, olanzapine ODT/tab, paliperidone ER tab, quetiapine fumarate IR/ER tab, risperidone tab/ tab rapdis/ soln, saphris SL, or ziprasidone cap.
Abilify Mycite	Aripiprazole	Tabsenstpd	Must try/fail at least two of the following: aripiprazole tab/ODT/sol, Abilify Maintena, aristada, Rexulti, haloperidol lactate oral conc/vial or haloperidol tab, droperidol vial, geodon vial*, clozapine ODT/tab, fanapt tab, latuda tab, olanzapine ODT/tab, paliperidone ER tab, quetiapine fumarate IR/ER tab, risperidone tab/ tab rapdis/ soln, saphris SL, or ziprasidone cap.
Absorica	Isotretinoin	Capsule	Must try/fail at least one of the following: Amnesteem, Claravis, Myorisan, or Isotretinoin.
Absorica LD	Isotretinoin, Micronized	Capsule	Must try/fail the following: Amnesteem, Claravis, Myorisan, and Isotretinoin.
Acanya	Clindamycin Phos/Benzoyl Perox	Gel W/Pump	Must try/fail generic topical clindamycin/benzoyl peroxide gel.
Actonel	Risedronate Sodium	Tablet	Must try/fail generic alendronate.
Actoplus Met Xr	Pioglitazone Hcl/Metformin Hcl	Tbmp 24hr	Must try/fail generic metformin.
Aczone	Dapsone	Gel W/Pump	Must try/fail at least one of the following generics: clindamycin phosphate gel or sulfacetamide suspension
Adapalene	Adapalene	Solution	Must try/fail generic adapalene gel/cream or generic tretinoin.
Adhansia XR	Methylphenidate Hcl	Cpbp 20-80	Must try/fail at least one of the following: dextroamphetamine/amphetamine ER, Metadate ER 20mg, methylphenidate ER tab 10mg or 20mg
Adlyxin	Lixisenatide	Pen Injctr	Must try/fail at least two of the following: metformin, SFU OR TZD AND at least one of the following: Ozempic, Trulicity or Victoza.
Adzenys Er	Amphetamine	Sus Bp 24h	Must try/fail generic dextroamphetamine/amphetamine ER or methylphenidate ER. For members unable to swallow tablets/capsules dextroamphetamine/ amphetamine ER capsules can be opened and sprinkled in applesauce

Brand Name	Generic Name	Dosage	Details
Airduo Respiclick	Fluticasone/Salmeterol	Aer Pow Ba	Must try/fail Advair Diskus HFA and Breo Ellipta.
Aklief	Trifarotene	Cream (G)	Must try/fail tretinoin and adapalene.
Akynzeo	Netupitant/Palonosetron Hcl	Capsule	Must try/fail at least two of the following: ondansetron, Anzemet, Emend, or granisetron.
Ala-Scalp	Hydrocortisone	Lotion	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.
Alclometasone Dipropionate	Alclometasone Dipropionate	Cream (G)	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Alclometasone Dipropionate	Alclometasone Dipropionate	Oint. (G)	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Aliskiren	Aliskiren Hemifumarate	Tablet	Must try/fail losartan potassium or losartan/HCTZ
Almotriptan Malate	Almotriptan Malate	Tablet	Must try/fail at least two of the following generics: naratriptan, rizatriptan, or sumatriptan.
Alogliptin	Alogliptin Benzoate	Tablet	Must try/fail metformin.
Alogliptin-Metformin	Alogliptin Benz/Metformin Hcl	Tablet	Must try/fail metformin.
Alogliptin-Pioglitazone	Alogliptin Benz/Pioglitazone	Tablet	Must try/fail metformin or pioglitazone and one of the following: Tradjenta, Jentadueto or Jentadueto Xr.
Altreno	Tretinoin	Lotion	Must try/fail adapalene or tretinoin.
Amcinonide	Amcinonide	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint or triderm 0.5% crm.
Amcinonide	Amcinonide	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.
Amitiza	Lubiprostone	Capsule	Must try/fail Trulance or both Movantik and Symproic.

Brand Name	Generic Name	Dosage	Details
Amphetamine	Amphetamine	Sus Bp 24h	Must try/fail dextroamphetamine/amphetamine ER or methylphenidate ER. For members unable to swallow tablets/capsules dextroamphetamine/amphetamine ER capsules can be opened and sprinkled in applesauce.
Amrix	Cyclobenzaprine Hcl	Cap Er 24h	Must try/fail generic cyclobenzaprine IR.
Amzeeq	Minocycline Hcl	Foam	Must try/fail generic adapalene or tretinoin.
Anusol-Hc	Hydrocortisone	Crm/Pe App	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.
Anzemet	Dolasetron Mesylate	Tablet	Must try/fail at least one of the following: generic ondansetron or Anzemet.
Aplenzin	Bupropion Hbr	Tab Er 24h	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Arazlo	Tazarotene	Lotion	Must try/fail generic tretinoin and generic adapalene
Arcapta Neohaler	Indacaterol Maleate	Cap W/Dev	Must try/fail at least one of the following: Serevent Diskus or Striverdi Respimat.
Armonair Digihaler	Fluticasone Propionate	Aer Pw Bas	Must try/fail Qvar Redihaler, Arnuity Ellipta, Flovent Diskus, or Flovent HFA.
Atacand	Candesartan Cilexetil	Tablet	Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).
Atacand Hct	Candesartan/Hydrochlorothiazid	Tablet	Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).
Atelvia	Risedronate Sodium	Tablet Dr	Must try/fail generic alendronate or Binosto.
Atralin	Tretinoin	Gel (Gram)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Avage	Tazarotene	Cream (G)	Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).
Azelastine (205.5mcg)	Azelastine Hcl	Spray	Must try/fail Azelastine 137mcg nasal spray
Azor	Amlodipine Bes/Olmesartan Med	Tablet	Must try/fail at least one of the following: irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ.

Brand Name	Generic Name	Dosage	Details
Banzel	Rufinamide	Tablet	Must try/fail at least two of the following: valproate, lamotrigine, topiramate, pregabalin, or levetiracetam.
Basaglar Kwikpen U-100	Insulin Glargine, Hum.Rec.Anlog	Insuln Pen	Must try/fail Lantus or Toujeo.
Benicar Hct	Olmесartan/Hydrochlorothiazide	Tablet	Must try/fail at least one of the following: irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ.
Beser	Fluticasone Propionate	Lotion	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Betamethasone Diprop Augmented	Betamethasone Dipropionate	Gel (Gram)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Bimatoprost	Bimatoprost	Drops	Must try/fail generic latanoprost
Binosto	Alendronate Sodium	Tablet Eff	Must try/fail generic alendronate and ibandronate.
Brimonidine Tartrate	Brimonidine Tartrate	Drops	Must try/fail Brimonidine 0.20%
Brinzolamide	Brinzolamide	Drops Susp	Must try/fail dorzolamide drops or dorzolamide-timolol drops AND at least one of the following: latanoprost drops, bimatoprost 0.03% drops*, or travoprost drops
Brovana	Arformoterol Tartrate	Vial-Neb	Must try/fail at least one of the following: Serevent or Serevent Diskus
Bryhali	Halobetasol Propionate	Lotion	Must try/fail at least one of the following:
Budesonide-Formoterol Fumarate	Budesonide-Formoterol Fumarate	Hfa Aer Ad	Must try/fail fluticasone-salmeterol.
Butalbital-Acetaminophen	Butalbital/Acetaminophen	Tablet	Must try/fail butalbital-acetaminophen 50/325mg tablets
Bydureon	Exenatide Microspheres	Vial	Must try/fail generic metformin and Ozempic, Victoza or Trulicity.
Bydureon Bcise	Exenatide Microspheres	Auto Injct	Must try/fail at least two of the following: metformin, SFU or TZD AND at least one of the following: Ozempic, Trulicity or Victoza.
Bydureon Pen	Exenatide Microspheres	Pen Injctr	Must try/fail at least two of the following: metformin, SFU or TZD AND at least one of the following: Ozempic, Trulicity or Victoza.

Brand Name	Generic Name	Dosage	Details
Byetta	Exenatide	Pen Injctr	Must try/fail at least two of the following: metformin, SFU or TZD AND at least one of the following: Ozempic, Trulicity or Victoza.
Caplyta	Lumateperone Tosylate	Capsule	Must try/fail aripiprazole.
Captopril	Captopril	Tablet	Must try/fail at least two of the following: ramipril, perindopril, enalapril, benazepril, moxipril, fosinopril, lisinopril, trandolapril, enalaprilat, or quinapril.
Captopril-Hydrochlorothiazide	Captopril/Hydrochlorothiazide	Tablet	Must try/fail at least two of the following: ramipril, perindopril, enalapril, benazepril, moxipril, fosinopril, lisinopril, trandolapril, enalaprilat, or quinapril.
Cesamet	Nabilone	Capsule	Must try/fail at least one of the following: generic ondansetron or Zuplenz.
Chlorzoxazone	Chlorzoxazone	Tablet	Must try/fail at least two of the following: baclofen tablet, methocarbamol tablet, chlorzoxazone 500mg tablet, cyclobenzaprine (5mg, 10mg) tablet, orphenadrine citrate tablet ER, tizanidine tablet.
Ciprodex	Ciprofloxacin Hcl/Dexameth	Drops Susp	Must try/fail at least one of the following: neomycin-polymixin-HC, acetic acid/hydrocortisone, ofloxacin, or ciprofloxacin.
Ciprofloxacin Hcl-Fluocinolone	Ciprofloxacin Hcl/Fluocinolone	Vial	Must try/fail at least one of the following: neomycin-polymyxin-hydrocort otic or neomycin-polymyxin-HC otic.
Ciprofloxacin-Dexamethasone	Ciprofloxacin Hcl/Dexameth	Drops Susp	Must try/fail at least one of the following: neomycin-polymixin-HC, acetic acid/hydrocortisone, ofloxacin, or ciprofloxacin.
Ciprofloxacin-Dexamethasone	Ciprofloxacin Hcl/Dexameth	Drops Susp	Must try/fail one of the followings: neomycin-polymixin-HC, acetic acid/hydrocortisone, ofloxacin, or ciprofloxacin.
Clindacin Etz	Clindamycin Phos/Skin Clnsr 19	Kit	Must try/fail generic clindamycin phosphate.
Clindacin Pac	Clindamycin Phos/Skin Clnsr 19	Kit	Must try/fail generic clindamycin phosphate.
Clindagel	Clindamycin Phosphate	Gel (Ml)	Must try/fail generic clindamycin phosphate.
Clobetasol Emollient	Clobetasol Propionate/Emoll	Cream (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Clobetasol Emollient	Clobetasol Propionate	Foam	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Clobetasol Emulsion	Clobetasol Propionate/Emoll	Foam	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.

Brand Name	Generic Name	Dosage	Details
Clobex	Clobetasol Propionate	Lotion	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Clobex	Clobetasol Propionate	Shampoo	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Clobex	Clobetasol Propionate	Spray	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Clodan	Clobetasol Propionate	Shampoo	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Cloderm	Clocortolone Pivalate	Cream (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Combigan	Brimonidine Tartrate/Timolol	Drops	Must try/fail dorzolamide/timolol maleate drops (generic for Cosopt)
Conjupri	Levamlodipine Maleate	Tablet	Must try/fail at least two of the following: amlodipine, nifedipine, nicardipine, felodipine, isradipine.
Consensi	Amlodipine Besylate/Celecoxib	Tablet	Must try/fail amlodipine, nifedipine or felodipine and ibuprofen, diclofenac, or celecoxib
Conzip	Tramadol Hcl	Cpbp 17-83	Must try/fail generic tramadol HCl IR.
Conzip	Tramadol Hcl	Cpbp 25-75	Must try/fail generic tramadol HCl IR.
Cordran	Flurandrenolide	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Cordran	Flurandrenolide	Lotion	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Cordran	Flurandrenolide	Oint. (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Cosopt Pf	Dorzolamide/Timolol/Pf	Droperette	Must try/fail generic dorzolamide/timolol.
Crestor	Rosuvastatin Calcium	Tablet	Must try/fail generic atorvastatin.
Cutivate	Fluticasone Propionate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.

Brand Name	Generic Name	Dosage	Details
Cutivate	Fluticasone Propionate	Lotion	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Cycloset	Bromocriptine Mesylate	Tablet	Must try/fail generic metformin.
Dantrium	Dantrolene Sodium	Capsule	Must try/fail tizanidine tablets.
Dapsone	Dapsone	Gel W/Pump	Must try/fail clindamycin phosphate gel or sulfacetamide suspension
Dayvigo	Lemborexant	Tablet	Must try/fail at least four of the following: zolpidem IR/ER, zaleplon, eszopiclone, doxepin, trazodone, triazolam temazepam, lorazepam, estazolam.
Depen	Penicillamine	Tablet	Must try/fail generic penicillamine tablets.
Derma-Smoothe-Fs	Fluocinolone Acetonide	Oil	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% crm/lot.
Dermatop	Prednicarbate	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Desonide	Desonide	Cream (G)	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Desonide	Desonide	Gel (Gram)	Must try/fail Desonide cream, oint, or lotion.
Desonide	Desonide	Lotion	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Desonide	Desonide	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Desowen	Desonide	Cream (G)	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Desowen	Desonide	Lotion	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Desoximetasone	Desoximetasone	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/ointment or triderm 0.5% crm.

Brand Name	Generic Name	Dosage	Details
Desoximetasone	Desoximetasone	Gel (Gram)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.
Desoximetasone	Desoximetasone	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint or triderm 0.5% crm.
Desvenlafaxine Er	Desvenlafaxine	Tab Er 24h	Must try/fail at least one generic SSRI.
Desvenlafaxine Fumarate Er	Desvenlafaxine Fumarate	Tab Er 24	Must try/fail at least one generic SSRI.
Dexabliss	Dexamethasone	Tab Ds Pk	Must try/fail at least two oral corticosteroids (e.g. dexamethasone tablets, prednisone tablets, hydrocortisone tablets).
Dexilant	Dexlansoprazole	Cap Dr Bp	Must try/fail generic omeprazole
Diclofenac	Diclofenac Submicronized	Capsule	Must try/fail at least one of the following generics: diclofenac tabs, celecoxib, indomethacin, naproxen or nabumetone.
Diclofenac Sodium	Diclofenac Sodium	Gel (Gram)	Must try/fail imiquimod
Dicyclomine Hcl	Dicyclomine Hcl	Ampul	Must try/fail oral dicyclomine tablet, capsule or solution.
Differin	Adapalene	Cream (G)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Differin	Adapalene	Gel (Gram)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Differin	Adapalene	Gel W/Pump	Must try/fail at least one of the following generics: tretinoin or adapalene.
Differin	Adapalene	Lotion	Must try/fail at least one of the following generics: tretinoin or adapalene.
Dificid	Fidaxomicin	SUSP RECON	Must try/fail oral vancomycin
Dificid	Fidaxomicin	Tablet	Must try/fail generic oral metronidazole and vancomycin.

Brand Name	Generic Name	Dosage	Details
Diprolene	Betamethasone/Propylene Glyc	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Dm2	Metformin/Blood Sugar Diagnost	Cmbtabstrp	Must try/fail generic metformin.
Doryx	Doxycycline Hyclate	Tablet Dr	Must try/fail generic doxycycline monohydrate.
Doryx Mpc	Doxycycline Hyclate	Tablet Dr	Must try/fail generic doxycycline monohydrate.
Doxepin Hcl	Doxepin Hcl	Tablet	Must try/fail three of the following generics: zolpidem tartrate IR, eszopiclone and zaleplon
Drizalma Sprinkle	Duloxetine Hcl	Cap Dr Spr	Must try/fail at least two SSRIs or two of the following: gabapentin, pregabalin, or amitriptyline.
Duaklir Pressair	Acidinium Brom/Formoterol Fum	Aer Pow Ba	Must try/fail Anoro Ellipta.
Duetact	Pioglitazone Hcl/Glimepiride	Tablet	Must try/fail generic metformin.
Duobrii	Halobetasol Propion/Tazarotene	Lotion	Must try/fail one high potency topical steroid.
Dutoprol	Metoprolol Su/Hydrochlorothiaz	Tab Er 24h	Must try/fail at least two of the following generics: bisoprolol/HCTZ, propranolol/HCTZ, metoprolol/HCTZ, nadolol/HCTZ, metoprolol ER.
Edarbi	Azilsartan Medoxomil	Tablet	Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).
Edarbyclor	Azilsartan Med/Chlorthalidone	Tablet	Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).
Edluar	Zolpidem Tartrate	Tab Subl	Must try/fail all of the following generics: zolpidem IR AND zaleplon.
Elepsia Xr	Levetiracetam	Tab Er 24h	Must try/fail generic levetiracetam ER 500 mg or 750 mg tablet
Elocon	Mometasone Furoate	Cream (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Emend	Aprepitant	Cap Ds Pk	Must try/fail generic ondansetron.

Brand Name	Generic Name	Dosage	Details
Emend	Aprepitant	Capsule	Must try/fail generic ondansetron.
Enablex	Darifenacin Hydrobromide	Tab Er 24h	Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.
Epiduo Forte	Adapalene/Benzoyl Peroxide	Gel W/Pump	Must try/fail at least one of the following generics: tretinoin or adapalene.
Epinephrine Convenience Kit	Epinephrine	Vial	Must try/fail all of the following: epinephrine 1mg/ml vial, ampule, or kit, epinephrine 0.1 mg/ml syringe, and epinephrine 0.15mg, 0.3 mg auto injectors
Eskata	Hydrogen Peroxide	Sol W/Appl	Must try/fail generic tretinoin and imiquimod.
Eucrisa	Crisaborole	Oint. (G)	Must try/fail at least two of the following generics: topical corticosteroids and topical calcinerin.
Evekeo	Amphetamine Sulfate	Tablet	Must try/fail dextroamphetamine IR AND amphetamine/dextroamphetamine IR
Evekeo ODT	Amphetamine Sulfate	Tab Rapdis	Must try/fail dextroamphetamine IR AND amphetamine/dextroamphetamine IR
Evzio	Naloxone Hcl	Auto Injct	Must try/fail at least two of the following: naloxone HCL and Narcan
Exelderm	Sulconazole Nitrate	Cream (G)	Must try/fail topical ketoconazole and topical ciclopirox
Exelderm	Sulconazole Nitrate	Solution	Must try/fail topical ketoconazole and topical ciclopirox
Ezallor Sprinkle	Rosuvastatin Calcium	Cap Sprink	Must try/fail at least two of the following generics: rosuvastatin, lovastatin, simvastatin, fluvastatin, or atorvastatin
Fabior	Tazarotene	Foam	Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).
Famotidine	Famotidine	Oral Susp	Must try/fail at least one of the following: Ranitidine 15mg/ml, Cimetidine 300mg/5ml or Nizatidine 150mg/10ml
Fenofibrate	Fenofibrate Nanocrystallized	Tablet	Must try/fail at least one of the following: generic fenofibrate or fenofibrate nanocrystallized 48 mg or 145 mg
Fenortho	Fenoprofen Calcium	Capsule	Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.

Brand Name	Generic Name	Dosage	Details
Fetzima	Levomilnacipran Hcl	Cap Sa 24h	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI)
Fetzima	Levomilnacipran Hcl	Cap24hdsbk	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI)
Flector	Diclofenac Epolamine	Patch Td12	Must try/fail one generic oral NSAID and topical Voltaren 1% gel.
Flolipid	Simvastatin	Oral Susp	Must try/fail two of the following: atorvastatin tablets, rosuvastatin tablets or simvastatin tablets
Fluocinolone Acetonide	Fluocinolone Acetonide	Cream (G)	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.
Fluocinolone Acetonide	Fluocinolone Acetonide	Oint. (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Fluocinonide	Fluocinonide	Gel (Gram)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.
Fluocinonide-E	Fluocinonide/Emollient Base	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint or triderm 0.5% crm.
Fluoxetine (60mg)	Fluoxetine	Tablet	Must try/fail fluoxetine 20mg
Flurbiprofen Sodium	Flurbiprofen Sodium	Drops	Must try/fail at least one of the following generics: diclofenac 1% drops or 0.5% ketorolac drops
Fluticasone-Salmeterol	Fluticasone/Salmeterol	Blst W/Dev	Must try/fail Wixela
Foradil	Formoterol Fumarate	Cap W/Dev	Must try/fail at least one of the following: Serevent or Serevent Diskus
Forfivo XI	Bupropion Hcl	Tab Er 24h	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Fosamax Plus D	Alendronate Sodium/Vitamin D3	Tablet	Must try/fail at least two of the following generics: alendronate tablet, ibandronate tablet or risedronate tablet.
Frova	Frovatriptan Succinate	Tablet	Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.

Brand Name	Generic Name	Dosage	Details
Gelnique	Oxybutynin Chloride	Gel Md Pmp	Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.
Gelnique	Oxybutynin Chloride	Gel Packet	Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.
Gemtesa	Vibegron	Tablet	Must try/fail at least two of the following: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER.
Giazo	Balsalazide Disodium	Tablet	Must try/fail generic balsalazide.
Gloperba	Colchicine	Solution	Must try/fail generic colchicine.
Glumetza	Metformin Hcl	Tabergr24h	Must try/fail generic metformin.
Glycate	Glycopyrrolate	Tablet	Must try/fail glycopyrrolate 1mg or 2mg.
Glyxambi	Empagliflozin/Linagliptin	Tablet	Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.
Halcinonide	Halcinonide	Cream (G)	Must try/fail at least two of the following: betamethasone cream/ointment, desoximetasone cream/ointment, or fluocinonide cream/ointment/solution
Halog	Halcinonide	Solution	Must try/fail at least two of the following: desonide lotion, betamethasone valerate lotion, fluocinonide solution, clobetasol solution, mometasone solution, triamcinolone lotion.
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	Cap Er 12h	Must try/fail morphine sulfate ER
Hydrocodone Bitartrate Er	Hydrocodone Bitartrate	Tab Er 24h	Must try/fail morphine sulfate ER and hydrocodone ER cap (generic Zohydro ER)
Hydrocortisone	Hydrocortisone	Crm/Pe App	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint
Hydrocortisone Butyrate	Hydrocortisone Butyrate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Hydrocortisone Butyrate	Hydrocortisone Butyrate	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Hydrocortisone Valerate	Hydrocortisone Valerate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val

Brand Name	Generic Name	Dosage	Details
			0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Hydrocortisone Valerate	Hydrocortisone Valerate	Oint. (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Hysingla Er	Hydrocodone Bitartrate	Tab Er 24h	Must try/fail morphine sulfate ER and hydrocodone ER cap (generic Zohydro ER)
Imiquimod	Imiquimod	Cream Pack	Must try/fail at least two of the following: imiquimod 5% cream, podophyllum resin, fluorouracil cream, or topical solution.
Impeklo	Clobetasol Propionate	Lot Md Pmp	Must try/fail at least two of the following: generic clobetasol propionate 0.05% lotion, clobetasol propionate 0.05% ointment, clobetasol propionate 0.05% gel, betamethasone diprop augmented 0.05% lotion.
Impoyz	Clobetasol Propionate	Cream (G)	Must try/fail at least one of the following generics: clobetasol, betamethasone, halobetasol, fluocinonide, or desoximetasone.
Invokamet	Canagliflozin/Metformin Hcl	Tablet	Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.
Invokamet Xr	Canagliflozin/Metformin Hcl	Tab Bp 24h	Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.
Invokana	Canagliflozin	Tablet	Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.
Irenka	Duloxetine Hcl	Capsule Dr	Must try/fail generic duloxetine HCl.
Isordil (40mg)	Isosorbide Dinitrate	Tablet	Must try/fail isosorbide dinitrate IR 20 mg or isosorbide dinitrate ER 40 mg
Isosorbide Dinitrate (40mg)	Isosorbide Dinitrate	Tablet	Must try/fail isosorbide dinitrate IR 20 mg or isosorbide dinitrate ER 40 mg
Ivermectin	Ivermectin	Cream (G)	Must try/fail doxycycline and metronidazole gel or cream.
Jalyn	Dutasteride/Tamsulosin Hcl	Cpmp 24hr	Must try/fail generic finasteride and tamsulosin.
Janumet	Sitagliptin Phos/Metformin Hcl	Tablet	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Janumet Xr	Sitagliptin Phos/Metformin Hcl	Tbmp 24hr	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.

Brand Name	Generic Name	Dosage	Details
Januvia	Sitagliptin Phosphate	Tablet	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Jentadueto	Linagliptin/Metformin Hcl	Tablet	Must try/fail generic metformin.
Jentadueto Xr	Linagliptin/Metformin Hcl	Tab Bp 24h	Must try/fail generic metformin.
Jublia	Efinaconazole	Sol W/Appl	Must try/fail at least two of the following: ciclopirox topical solution, oral itraconazole cap, or oral terbinafine tab. Then must try/fail tavaborole topical solution.
Kadian	Morphine Sulfate	Cap Er Pel	Must try/fail morphine sulfate ER tablet
Katerzia	Amlodipine Benzoate	Oral Susp	Must try/fail generic amlodipine tablets, which may be crushed or chewed for ease of administration
Kazano	Alogliptin Benz/Metformin Hcl	Tablet	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Kenalog	Triamcinolone Acetonide	Aerosol	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Kerydin	Tavaborole	Sol W/Appl	Must try/fail at least two of the following: ciclopirox topical solution, oral itraconazole cap, or oral terbinafine tab.
Khedezla	Desvenlafaxine	Tab Er 24	Must try/fail at least one generic SSRI.
Kombiglyze Xr	Saxagliptin Hcl/Metformin Hcl	Tbmp 24hr	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Levemir	Insulin Detemir	Vial	Must try/fail at least one of the following: Lantus or Toujeo.
Levemir Flextouch	Insulin Detemir	Insuln Pen	Must try/fail at least one of the following: Lantus or Toujeo.
Levorphanol Tartrate	Levorphanol Tartrate	Tablet	Must try/fail at least one of the following generics: hydromorphone IR, oxycodone, oxycodone/acetaminophen, oxycodone/ibuprofen, oxycodone/aspirin, hydrocodone/acetaminophen, or hydrocodone ibuprofen.
Levothyroxine	Levothyroxine Sodium	Capsule	Must try/fail generic levothyroxine tablets and Euthyrox tablets
Lexette	Halobetasol Propionate	Foam	Must try/fail at least one of the following: clobetasol, betamethasone, halobetasol, or flunisolide.

Brand Name	Generic Name	Dosage	Details
Licart	Diclofenac Epolamine	Patch Td24	Must try/fail at least two of the following: diclofenac gel, lidocaine solution/ointment/cream/jelly, diclofenac tablets, meloxicam tablets, piroxicam capsules, etodolac tablets, indomethacin capsules, or celecoxib capsules.
Linzess	Linaclotide	Capsule	Must try/fail Trulance.
Locoid	Hydrocortisone Butyrate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Locoid	Hydrocortisone Butyrate	Lotion	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Locoid	Hydrocortisone Butyrate	Solution	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Locoid Lipocream	Hydrocortisone Butyrate/Emoll	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Lokelma	Sodium Zirconium Cyclosilicate	Powd Pack	Must try/fail at least one of the following: loop diuretics (e.g. furosemide, torsemide), thiazide diuretics (e.g. hydrochlorothiazide, chlorthalidone) or sodium polystyrene sulfonate.
Loteprednol Etabonate	Loteprednol Etabonate	Drops Gel	Must try/fail prednisolone 1% solution or suspension
Lubiprostone	Lubiprostone	Capsule	Must try/fail Trulance or both Movantik and Symproic.
Lumigan	Bimatoprost	Drops	Must try/fail at least two of the following: latanoprost drops, travoprost drops, or bimatoprost 0.03% drops
Luxiq	Betamethasone Valerate	Foam	Must try/fail at least two of the following: Betamethasone Diprop 0.05% Crm, Betamethasone Val 0.1% Oint, Fluticasone Prop 0.05% Oint, Mometasone Fur 0.1% Oint, Triamcinolone Acet 0.5% Crm/Oint, Or Triderm 0.5% Crm.
Lyrica	Pregabalin	Capsule	Must try/fail gabapentin and pregabalin
Lyrica	Pregabalin	Solution	Must try/fail gabapentin and pregabalin
Lyrica CR	Pregabalin	Tab Er 24h	Must try/fail gabapentin and pregabalin
Marplan	Isocarboxazid	Tablet	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).

Brand Name	Generic Name	Dosage	Details
Memantine Hcl Er	Memantine Hcl	Cap Spr 24	Must try/fail generic Memantine IR
Metaxalone	Metaxalone	Tablet	Must try/fail at least one of the following generics: orphenadrine, methocarbamol, baclofen, tizanidine, or chlorzoxazone, cyclobenzaprine
Methazolamide	Methazolamide	Tablet	Must try/fail acetazolamide.
Methylphenidate Er	Methylphenidate Hcl	Csbp 40-60	Must try/fail dextroamphetamine, amphetamine ER and one of the following: methylphenidate ER tab 10 mg/20 mg or Metadate ER tab.
Micardis	Telmisartan	Tablet	Must try/fail at least two of the following generics: irbesartan or irbesartan/hctz, losartan or losartan hctz and valsartan or valsartan/hctz.
Micardis Hct	Telmisartan/Hydrochlorothiazid	Tablet	Must try/fail at least two of the following generics: irbesartan or irbesartan/hctz, losartan or losartan hctz and valsartan or valsartan/hctz.
Migranal	Dihydroergotamine Mesylate	Spray/Pump	Must try/fail generic sumatriptan tablets and rizatriptan tablets.
Minocycline Hcl ER (80mg And 105 Mg)	Minocycline Hcl	Tab Er 24h	Must try/fail minocycline IR
Minolira Er	Minocycline Hcl	Tab Bp 24h	Must try/fail minocycline IR
Mirapex Er	Pramipexole Di-Hcl	Tab Er 24h	Must try/fail generic pramipexole IR tablets.
Motegrity	Prucalopride Succinate	Tablet	Must try/fail Trulance.
Moxeza	Moxifloxacin Hcl	Drops Visc	Must try/fail at least two of the following: ciprofloxacin drops, levofloxacin drops, or ofloxacin drops.
Moxifloxacin	Moxifloxacin Hcl	Drops	Must try/fail at least two of the following: ciprofloxacin drops, levofloxacin drops, or ofloxacin drops.
Moxifloxacin	Moxifloxacin Hcl	Drops Visc	Must try/fail at least two of the following: ciprofloxacin drops, levofloxacin drops, or ofloxacin drops.
Myrbetriq	Mirabegron	Tab Er 24h	Member under the age of 65 must try/fail at least two of the following generics: oxybutynin IR/ER, tolterodine IR/ER or trospium IR/ER.
Nalfon	Fenoprofen Calcium	Capsule	Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.

Brand Name	Generic Name	Dosage	Details
Nalfon	Fenoprofen Calcium	Tablet	Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.
Nalocet	Oxycodone Hcl/Acetaminophen	Tablet	Must try/fail generic oxycodone/acetaminophen.
Namenda	Memantine Hcl	Solution	Must try/fail generic memantine IR.
Namenda	Memantine Hcl	Tab Ds Pk	Must try/fail generic memantine IR.
Namenda	Memantine Hcl	Tablet	Must try/fail generic memantine IR.
Namenda Xr	Memantine Hcl	Cap Spr 24	Must try/fail generic memantine IR.
Namenda Xr	Memantine Hcl	Cap24 Dspk	Must try/fail generic memantine IR.
Namzaric	Memantine Hcl/Donepezil Hcl	Cap Spr 24	Must try/fail at least two of the following: generic donepezil, memantine or Namenda XR.
Namzaric	Memantine Hcl/Donepezil Hcl	Cap24 Dspk	Must try/fail at least two of the following: generic donepezil, memantine or Namenda XR.
NAPROXEN SODIUM CR (750mg)	NAPROXEN SODIUM	TBMP 24HR	Must try/fail generic naproxen IR AND one of the following: diclofenac tabs, etodolac tabs, indomethacin caps, or ketoprofen tabs.
Nayzilam	Midazolam	Spray	Must try/fail midazolam vial with atomizer
Nesina	Alogliptin Benzoate	Tablet	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Nexium	Esomeprazole Magnesium	Capsule Dr	Must try/fail generic omeprazole and pantoprazole.
Nexium	Esomeprazole Magnesium	Suspdr Pkt	Must try/fail at least one of the following: first-omeprazole or first-lansoprazole.
Nitazoxanide	Nitazoxanide	Tablet	Must try/fail metronidazole or paromomycin
Noctiva	Desmopressin Acetate	Spray/Pump	Must try/fail generic desmopressin and flavoxate.

Brand Name	Generic Name	Dosage	Details
Nolix	Flurandrenolide	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Nolix	Flurandrenolide	Lotion	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Nurtec Odt	Rimegepant Sulfate	Tab Rapdis	Must try/fail at least two of the following generics: sumatriptan, naratriptan or rizatriptan
Nymalize	Nimodipine	Solution	Must try/fail nimodipine capsules.
Nymalize	Nimodipine	Syringe	Must try/fail nimodipine capsules.
Olux	Clobetasol Propionate	Foam	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Olux-E	Clobetasol Propionate/Emoll	Foam	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Onexton	Clindamycin Phos/Benzoyl Perox	Gel W/Pump	Must try/fail generic topical clindamycin/benzoyl peroxide gel.
Ongentys	Opicapone	Capsule	Must try/fail Entacapone AND at least one of the following: dopamine agonist (e.g. pramipexole, ropinirole) OR MAO-I (e.g. rasagiline, selegiline).
Onglyza	Saxagliptin Hcl	Tablet	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Onmel	Itraconazole	Tablet	Must try/fail generic oral itraconazole.
Onzetra Xsail	Sumatriptan Succinate	Aer Pow Ba	Must try/fail at least one of the following generics: naratriptan, sumatriptan or rizatriptan.
Oracea	Doxycycline Monohydrate	Cap Ir Dr	Must try/fail at least one of the following generics: doxycycline monohydrate or doxycycline hyclate.
Oseni	Alogliptin Benz/Pioglitazone	Tablet	Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.
Osmolex Er	Amantadine Hcl	Tab Bp 24h	Must try/fail generic amantadine IR.
Osmolex Er	Amantadine Hcl	Tab Bp 24h	Must try/fail amanitidine IR tablets/capsules.

Brand Name	Generic Name	Dosage	Details
Oxazepam	Oxazepam	Capsule	Must try/fail at least two of the following: Alprazolam IR, Diazepam tablet or solution, lorazepam tablet or solution, or Chlordiazepoxide tablet.
Oxycontin	Oxycodone Hcl	Tab Er 12h	Must try/fail morphine ER tabs.
Oxytrol	Oxybutynin	Patch Tdsw	Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.
Ozempic	Semaglutide	Pen Injctr	Must try/fail generic metformin, SFU or TZD.
Ozobax	Baclofen	Solution	Must try/fail generic baclofen and one additional muscle relaxant (e.g. cyclobenzaprine, methocarbamol, tizanidine, orphenadrine)
Patanase	Olopatadine Hcl	Spray/Pump	Must try/fail at least one of the following generics: fluticasone or flunisolide.
Penicillamine	Penicillamine	Capsule	Must try/fail generic penicillamine tablets.
Pennsaid	Diclofenac Sodium	Sol Md Pmp	Must try/fail at least one oral NSAID and topical diclofenac sodium.
Pennsaid	Diclofenac Sodium	Soln Pk(G)	Must try/fail at least one oral NSAID and generic topical diclofenac sodium 1% gel.
Perforomist	Formoterol Fumarate	Vial-Neb	Must try/fail at least one of the following: Serevent or Serevent Diskus.
Pexeva	Paroxetine Mesylate	Tablet	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Plixda	Adapalene	Med. Swab	Must try/fail generic tretinoin or generic adapalene.
Posaconazole	Posaconazole	Oral Susp	Must try/fail at least one of the following: Fluconazole, Itraconazole, or Voriconazole
Posaconazole	Posaconazole	Tablet	Must try/fail at least one of the following: Fluconazole, Itraconazole, or Voriconazole
Pradaxa	Dabigatran Etxilate Mesylate	Capsule	Must try/fail Xarelto and Eliquis.
Prednicarbate	Prednicarbate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.

Brand Name	Generic Name	Dosage	Details
Prednicarbate	Prednicarbate	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Pregabalin Er	Pregabalin	Tab Er 24h	Must try/fail gabapentin and pregabalin cap or soln
Prestalia	Perindopril Arg/Amlodipine Bes	Tablet	Must try/fail at least two of the following: (lisinopril or enalapril) and (amlodipine, felodipine, or benazepril).
Prevacid	Lansoprazole	Tab Rap Dr	Must try/fail at least one of the following generics: omeprazole or pantoprazole.
Prilosec	Omeprazole Magnesium	Suspdr Pkt	Must try/fail at least one of the following: first-omeprazole or first-lansoprazole.
Pristiq	Desvenlafaxine Succinate	Tab Er 24h	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Proctocort	Hydrocortisone	Crm/Pe App	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/ointment.
Procto-Med Hc	Hydrocortisone	Crm/Pe App	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/ointment.
Procto-Pak	Hydrocortisone	Crm/Pe App	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/ointment.
Proctosol-Hc	Hydrocortisone	Crm/Pe App	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/ointment.
Profeno	Fenoprofen Calcium	Tablet	Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.
Prolate	Oxycodone Hcl/Acetaminophen	Solution	Must try/fail generic oxycodone solution, generic hydrocodone/acetaminophen solution
Protonix	Pantoprazole Sodium	Granpkt Dr	Must try/fail at least one of the following: first-omeprazole or first-lansoprazole.
Psorcon	Diflorasone Diacetate	Cream (G)	Must try/fail at least 2 of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint, or triderm 0.5% crm.
Qdolo	Tramadol Hcl	Solution	Must try/fail tramadol IR tablets AND one of the following: oxycodone-acetaminophen solution, hydrocodone-acetaminophen solution
Qelbree	Viloxazine Hcl	Cap Er 24h	Must try/fail atomoxetine and at least one of the following: clonidine or guanfacine

Brand Name	Generic Name	Dosage	Details
Qmiiz Odt	Meloxicam	Tab Rapdis	Must try/fail generic oral ibuprofen or meloxicam suspension and topical diclofenac sodium 1% gel.
Qtern	Dapagliflozin/Saxagliptin Hcl	Tablet	Must try/fail at least one of the following: Farxiga, Xigduo, Jardiance, or Synjardy.
Ramelteon	Ramelteon	Tablet	Must try/fail generic zolpidem IR and zaleplon.
Rayos	Prednisone	Tablet Dr	Must try/fail at least two generic oral steroids.
Reditrex	Methotrexate/Pf	Syringe	Must try/fail methotrexate tabs.
Relafen DS	Nabumetone	Tablet	Must try/fail at least two generic alternatives (e.g. nabumetone 500 mg, nabumetone 750 mg, ibuprofen, diclofenac, etodolac).
Relpax	Eletriptan Hydrobromide	Tablet	Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.
Retin-A	Tretinoin	Cream (G)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Retin-A	Tretinoin	Gel (Gram)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Retin-A Micro	Tretinoin Microspheres	Gel (Gram)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Retin-A Micro Pump	Tretinoin Microspheres	Gel W/Pump	Must try/fail at least one of the following: generic tretinoin or adapalene.
Reyvow	Lasmiditan Succinate	Tablet	Must try/fail at least two of the following generics: sumatriptan, naratriptan or rizatriptan.
Rhopressa	Netarsudil Mesylate	Drops	Must try/fail one generic prostaglandin [latanoprost drops, travoprost drops, or bimatoprost 0.03% drops] and timolol drops, and dorzolamide/timolol maleate drops (generic for Cosopt)
Riomet Er	Metformin Hcl	Sus Er Rec	Must try/fail metformin ER tablets.
Rocklatan	Netarsudil Mesylat/Latanoprost	Drops	Must try/fail at least two of the following: latanoprost drops, travoprost drops, or bimatoprost 0.03% drops. Followed by timolol drops OR dorzolamide/timolol maleate drops (generic for Cosopt).
Ropinerole Er	Ropinerole	Tablet Er	Must try/fail generic ropinerole IR tablets

Brand Name	Generic Name	Dosage	Details
Rosadan	Metronidazole/Skin Cleanser 23	Kit Cl-Crm	Must try/fail generic topical metronidazole.
Roszet	Ezetimibe/Rosuvastatin Calcium	Tablet	Must try/fail ezetimibe and generic ezetimibe/simvastatin and at least one of the following: atorvastatin, lovastatin, pravastatin, simvastatin, or rosuvastatin
Roxybond	Oxycodone Hcl	Tablet OrI	Must try/fail morphine ER tabs
Rozerem	Ramelteon	Tablet	Must try/fail generic zolpidem IR and zaleplon.
Rufinamide	Rufinamide	Tablet	Must try/fail at least two of the following: valproate, lamotrigine, topiramate, pregabalin, or levetiracetam.
Rybelsus	Semaglutide	Tablet	Must try/fail at least two of the following: metformin, SFU or TZD AND at least one of the following: Ozempic, Trulicity or Victoza.
Sancuso	Granisetron	Patch Tdwk	Must try/fail generic granisetron.
Savaysa	Edoxaban Tosylate	Tablet	Must try/fail Xarelto and Eliquis.
Savella	Milnacipran Hcl	Tab Ds Pk	Must try/fail gabapentin and duloxetine.
Savella	Milnacipran Hcl	Tablet	Must try/fail gabapentin and duloxetine.
Scalacort	Hydrocortisone	Lotion	Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.
Secuado	Asenapine	Patch Td24	Must try/fail at least one of the following generics: risperidone, olanzapine or quetiapine
Segluromet	Ertugliflozin/Metformin	Tablet	Must try/fail at least one of the following: Farxiga, Xigduo XR, Synjardy or Jardiance.
Semglee	Insulin Glargine,Hum.Rec.Anlog	Vial	Must try/fail at least one of the following: Lantus or Toujeo.
Semglee Pen	Insulin Glargine,Hum.Rec.Anlog	Insuln Pen	Must try/fail at least one of the following: Lantus or Toujeo.
Sernivo	Betamethasone Dipropionate	Spray/Pump	Must try/fail generic betamethasone ointment, cream, or lotion.

Brand Name	Generic Name	Dosage	Details
Seysara	Sarecycline Hcl	Tablet	Must try/fail topical tretinoin or adapalene and minocycline and doxycycline.
Siklos	Hydroxyurea	Tablet	Must try/fail Droxia tablets.
Silenor	Doxepin Hcl	Tablet	Must try/fail all three of the following generics: eszopiclone, zolpidem IR and zaleplon.
Simvastatin	Simvastatin	Oral Susp	Must try/fail two of the following: atorvastatin tablets, rosuvastatin tablets or simvastatin tablets
Sitavig	Acyclovir	Ma Buc Tab	Must try/fail at least two of the following generics: acyclovir, and (famciclovir or valacyclovir).
Solaraze	Diclofenac Sodium	Gel (Gram)	Must try/fail at least one of the following generics: imiquimod or fluorouracil.
Solosec	Secnidazole	Grandr Pkt	Must try/fail at least one of the following generics: metronidazole tablets, metronidazole vaginal gel, clindamycin vaginal cream or clindamycin oral capsules.
Soma	Carisoprodol	Tablet	Must try/fail at least one of the following: cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine citrate.
Soolantra	Ivermectin	Cream (G)	Must try/fail doxycycline and metronidazole gel or cream.
Soriatane	Acitretin	Capsule	Must try/fail generic tretinoin.
Sorilux	Calcipotriene	Foam	Must try/fail calcipotriene solution.
Spritam	Levetiracetam	Tab Susp	Must try/fail generic levetiracetam tablet, solution or ER tablets.
Sprix	Ketorolac Tromethamine	Spray	Must try/fail at least two of the following generics: ketorolac tablets, ibuprofen, or diclofenac.
Steglatro	Ertugliflozin Pidolate	Tablet	Must try/fail at least one of the following: Farxiga, Xigduo XR, Synjardy or Jardiance.
Steglujan	Ertugliflozin/Sitagliptin	Tablet	Must try/fail at least one of the following: Farxiga, Xigduo XR, Synjardy or Jardiance.
Stiolto Respimat	Tiotropium Br/Olodaterol Hcl	Mist Inhal	Must try/fail Incruse Ellipta.

Brand Name	Generic Name	Dosage	Details
Sulconazole Nitrate	Sulconazole Nitrate	Cream (G)	Must try/fail topical ketoconazole and topical ciclopirox
Sulconazole Nitrate	Sulconazole Nitrate	Solution	Must try/fail topical ketoconazole and topical ciclopirox
Surmontil	Trimipramine Maleate	Capsule	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Sutab	Sod Sulf/Pot Chloride/Mag Sulf	Tablet	Must try/fail at least two of the following: sodium chloride/nahco3/kcl/peg (Gavilyte-N, Trilyte with flavor packets), peg-3350 and electrolytes (Gavilyte-C, Gavilyte-G)
Symbicort	Budesonide-Formoterol Fumarate	Hfa Aer Ad	Must try/fail fluticasone-salmeterol
Synalar	Fluocinolone Acetonide	Cream (G)	Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.
Synalar	Fluocinolone Acetonide	Oint. (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.
Synalar	Fluocinolone Acetonide	Solution	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% crm/lot.
Syprine	Trientine Hcl	Capsule	Must try/fail Depen and trientine.
Taclonex	Calcipotriene/Betamethasone	Suspension	Must try/fail calcipotriene cream/oint/solution and one topical corticosteroid.
Tacrolimus	Tacrolimus	Oint. (G)	Must try/fail pimecrolimus.
Tanzeum	Albiglutide	Pen Injctr	Must try/fail generic metformin and Victoza or Trulicity.
Targadox	Doxycycline Hyclate	Tablet	Must try/fail at least one of the following generics: doxycycline monohydrate 50mg caps, 100mg caps, 50mg tabs or 75mg tabs.
Tazarotene	Tazarotene	Foam	Must try and fail at least two of the following: adapalene, differin, fluticasone propionate, halobetasol propionate, lexette, plixda, tretinoin, tretinoin/emollient base, triamcinolone acetamide
Tazorac	Tazarotene	Cream (G)	Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).
Tazorac	Tazarotene	Gel (Gram)	Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).

Brand Name	Generic Name	Dosage	Details
Tekturna	Aliskiren Hemifumarate	Tablet	Must try/fail at least one of the following generics: losartan potassium or losartan/HCTZ.
Tekturna Hct	Aliskiren/Hydrochlorothiazide	Tablet	Must try/fail at least one of the following generics: losartan potassium or losartan/HCTZ.
Temovate	Clobetasol Propionate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Temovate	Clobetasol Propionate	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Timolol Maleate	Timolol Maleate/Pf	Droperette	Must try/fail at least one of the following: timolol drops (non-gel form) or carteolol drops.
Timoptic Ocodose	Timolol Maleate/Pf	Droperette	Must try/fail at least one of the following: timolol drops (non-gel form) or carteolol drops.
Timoptic-Xe	Timolol Maleate	Sol-Gel	Must try/fail timolol drops (non-gel form)
Tivorbex	Indomethacin, Submicronized	Capsule	Must try/fail at least two of the following: indomethacin 25/50/75 mg capsules, ibuprofen, or diclofenac.
Tizanidine Hcl	Tizanidine Hcl	Capsule	Must try/fail tizanidine tablets.
Tolsura	Itraconazole	Cap Sd Dsp	Must try/fail itraconazole.
Topicort	Desoximetasone	Gel (Gram)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.
Topicort	Desoximetasone	Spray	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.
Topicort (0.05%)	Desoximetasone	Cream (G)	Must try/fail at least 2 of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint, or Triderm 0.5% crm.
Topicort (0.05%)	Desoximetasone	Oint. (G)	Must try/fail at least 2 of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint, or Triderm 0.5% crm.
Topicort (0.25%)	Desoximetasone	Cream (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.

Brand Name	Generic Name	Dosage	Details
Topicort (0.25%)	Desoximetasone	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/ointment, or fluocinonide 0.05% crm/ointment/sol.
Tosymra	Sumatriptan	Spray	Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.
Toviaz	Fesoterodine Fumarate	Tab Er 24h	Must try/fail at least two of the following generics: oxybutynin, tolterodine or trospium.
Tradjenta	Linagliptin	Tablet	Must try/fail generic metformin.
Travatan Z	Travoprost	Drops	Must try/fail two of the following: latanoprost drops, travoprost drops, or bimatoprost 0.03% drops.
Travoprost	Travoprost	Drops	Must try/fail generic latanoprost
Trazodone Hcl (300mg)	Trazodone Hcl	Tablet	Must try/fail trazodone 100mg or 150mg
Tresiba	Insulin Degludec	Vial	Must try/fail at least one of the following: Lantus or Toujeo.
Tresiba Flextouch U-100	Insulin Degludec	Insuln Pen	Must try/fail at least one of the following: Lantus or Toujeo.
Tresiba Flextouch U-200	Insulin Degludec	Insuln Pen	Must try/fail at least one of the following: Lantus or Toujeo.
Tretin-X	Tretinoin/Emol 9/Skin Cleansr1	Combo. Pkg	Must try/fail at least one of the following generics: tretinoin or adapalene.
Tretin-X	Tretinoin	Cream (G)	Must try/fail at least one of the following generics: tretinoin or adapalene.
Treximet	Sumatriptan Succ/Naproxen Sod	Tablet	Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.
Triamcinolone Acetonide	Triamcinolone Acetonide	Spray	Must try/fail spironolactone or amiloride
Trianex	Triamcinolone Acetonide	Oint. (G)	Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/ointment, or triderm 0.1% crm.
Tribenzor	Olmesartan/Amlodipin/Hcthiaizid	Tablet	Must try/fail at least two of the following generics: irbesartan, irbesartan/hctz, losartan, losartan/ hctz, valsartan, or valsartan/hctz.

Brand Name	Generic Name	Dosage	Details
Tridesilon	Desonide	Cream (G)	Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% crm/lot.
Trijardy Xr	Empaglifloz/Linagliip/Metformin	Tab Bp 24h	Must try/fail metformin tablets AND, Tradjenta OR Jentaduetto IR/XR, AND One of the following: Jardiance, Synjardy IR/XR, Farxiga, Xigduo XR
Trintellix	Vortioxetine Hydrobromide	Tablet	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Trulance	Plecanatide	Tablet	Must try/fail Amatiza.
Trulicity	Dulaglutide	Pen Injctr	Must try/fail generic metformin, SFU, or TZD.
Tudorza Pressair	Acidinium Bromide	Aer Pow Ba	Must try/fail Incruse Ellipta.
Twynsta	Telmisartan/Amlodipine	Tablet	Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).
Ubrelyv	Ubrogepant	Tablet	Must try/fail at least two of the following: generic sumatriptan, naratriptan or rizatriptan.
Ultravate	Halobetasol Propionate	Cream (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Ultravate	Halobetasol Propionate	Oint. (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Valtoco	Diazepam	Spray	Must try/fail midazolam vial with atomizer.
Vanos	Fluocinonide	Cream (G)	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.
Varubi	Rolapitant Hcl	Tablet	Must try/fail ondansetron and at least one of the following: Aloxi, Anzemet, granisetron, Sancuso, or Zuplenz
Veltassa	Patiromer Calcium Sorbitex	Powd Pack	Must try/fail at least one of the following: loop diuretics (e.g. furosemide, torsemide), thiazide diuretics (e.g. hydrochlorothiazide, chlorthalidone) OR sodium polystyrene sulfonate.
Veltin	Clindamycin/Tretinoin	Gel (Gram)	Must try/fail at least one of the following: clindamycin or tretinoin.
Vesicare	Solifenacin Succinate	Tablet	Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.

Brand Name	Generic Name	Dosage	Details
Victoza 2-Pak	Liraglutide	Pen Injctr	Must try/fail generic metformin, SFU, or TZD.
Victoza 3-Pak	Liraglutide	Pen Injctr	Must try/fail generic metformin, SFU, or TZD.
Viibryd	Vilazodone Hcl	Tab Ds Pk	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Viibryd	Vilazodone Hcl	Tablet	Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).
Vivlodex	Meloxicam, Submicronized	Capsule	Must try/fail at least one of the following: meloxicam, aspirin, naproxen, ketoprofen, oxaprozin, tolmetin, diclofenac, or sulindac.
Vyzulta	Latanoprostene Bunod	Drops	Must try/fail both at least two of the following: latanoprost drops, travoprost drops, or bimatoprost 0.03% drops.
Wynzora	Calcipotriene/Betamethasone	Cream (G)	Must try/fail at least two of the following: Calcipotriene cream/oint, Anthralin cream (Drithocrema Hp), Tazorac 0.05% cream, Tazorac 0.10% gel, Fluocinonide cream/gel/oint, Mometasone cream/oint, Fluticasone cream/oint, Betamethasone dipropionate cream/oint, Triamcinolone cream/lotion/oint, Desoximetasone cream/gel/oint, Clobetasol cream/gel/foam/lotion/oint, Desonide cream/lotion/oint, Amcinonide cream/lotion/oint, or Halobetasol cream/oint.
Xadago	Safinamide Mesylate	Tablet	Must try/fail carbidopa-levodopa.
Xalatan	Latanoprost	Drops	Must try/fail at least two of the following:latanoprost drops, travoprost drops, or bimatoprost 0.03% drops
Xelpros	Latanoprost	Drps Emuls	Must try/fail two of the following: latanoprost drops, travoprost drops, or bimatoprost 0.03% drops
Xermelo	Telotristat Etiprate	Tablet	Must try/fail at least one of the following generics: octreotide or lanreotide.
Xiidra	Lifitegrast	Droperette	Must try/fail Restatis
Ximino	Minocycline Hcl	Cap Er 24h	Must try/fail generic minocycline IR and minocycline ER.
Xtampza Er	Oxycodone Myristate	Cap Spr 12	Must try/fail morphine sulfate ER tablets

Brand Name	Generic Name	Dosage	Details
Xyosted	Testosterone Enanthate	Auto Injct	Must try/fail testosterone enanthate or testosterone cypionate.
Zegerid	Omeprazole/Sodium Bicarbonate	Packet	Must try/fail at least one of the following generics: first-omeprazole or first-lansoprazole.
Zembrace Symtouch	Sumatriptan Succinate	Pen Injctr	Must try/fail at least two of the following: naratriptan, rizatriptan, alsuma, sumatriptan, sumavel dosepro, treximet, or zecuity.
Zenzedi	Dextroamphetamine Sulfate	Tablet	Must try/fail at least one generic ir stimulant (dexmethylphenidate, methylphenidate, amphetamine salt combo, or dextroamphetamine).
Ziana	Clindamycin/Tretinoin	Gel (Gram)	Must try/fail at least one of the following: clindamycin or tretinoin.
Zilxi	Minocycline Hcl	Foam	Must try/fail at least one of the following: Metronidazole Gel/Cream/Lotion.
Zioptan	Tafluprost/Pf	Droperette	Must try/fail at least two of the following: latanoprost drops, travoprost drops, or bimatoprost 0.03% drops.
Zodex	Dexamethasone	Tab Ds Pk	Must try/fail generic dexamethasone tablets or solution.
Zohydro Er	Hydrocodone Bitartrate	Cap Er 12h	Must try/fail generic morphine sulfate ER tabs
Zolmitriptan	Zolmitriptan	Spray	Must try/fail at least two of the following generics: naratriptan tabs, rizatriptan tabs, or sumatriptan tabs.
Zolmitriptan	Zolmitriptan	Tablet	Must try/fail at least two of the following generics: naratriptan, rizatriptan, or sumatriptan.
Zolmitriptan Odt	Zolmitriptan	Tab Rapdis	Must try/fail at least two of the following generics: naratriptan, rizatriptan, or sumatriptan.
Zolpimist	Zolpidem Tartrate	Spray/Pump	Must try/fail generic zolpidem IR and zaleplon.
Zostavax	Zoster Vaccine Live/Pf	Vial	Must try/fail Shingrix.
Zuplenz	Ondansetron	Film	Must try/fail at least one of the following: generic ondansetron or Cesamet

Brand Name	Generic Name	Dosage	Details
Zyclara	Imiquimod	Cream Pack	Must try/fail generic imiquimod.
Zyclara	Imiquimod	Crn Md Pmp	Must try/fail generic imiquimod.
Zypitamag	Pitavastatin Magnesium	Tablet	Must try/fail at least two of the following generics: rosuvastatin, simvastatin, atorvastatin, lovastatin, or pravastatin.

Age limits

Some medications are limited to certain ages based on FDA recommendation or plan benefit limitations.

Brand Name	Generic Name	Dosage	Details
Adapalene	Adapalene	Solution	Prior authorization for members 25 years of age or older.
Adult Aspirin	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Adult Aspirin Regimen	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Adult Low Dose Aspirin Ec	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Adzenys Xr-Odt	Amphetamine	Tab Rap Bp	Prior authorization for members 6 years of age or under.
Arbinoxa	Carbinoxamine Maleate	Tablet	Prior authorization for members 2 years of age or under.
Aspir 81	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Aspirin	Aspirin	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Aspirin	Aspirin	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age.
Aspirin Ec	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Aspir-Low	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Aspir-Trin	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age.
Atorvastatin Calcium	Atorvastatin Calcium	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.
Carbinoxamine Maleate	Carbinoxamine Maleate	Liquid	Prior authorization for members 2 years of age or under.
Carbinoxamine Maleate	Carbinoxamine Maleate	Tablet	Prior authorization for members 2 years of age or under.
Cheratussin Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Children's Aspirin	Aspirin	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Children's Vitamin D3	Cholecalciferol (Vitamin D3)	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Codeine-Guaifenesin	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Coditussin Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Coditussin Dac	Pseudoephed/Codeine/Guaifen	Liquid	Excluded for members 17 years of age and under due to FDA warning.
D3 Dots	Cholecalciferol (Vitamin D3)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
D3-2000	Cholecalciferol (Vitamin D3)	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Decara	Cholecalciferol (Vitamin D3)	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.

Brand Name	Generic Name	Dosage	Details
Delta D3	Cholecalciferol (Vitamin D3)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Denta 5000 Plus	Fluoride (Sodium)	Cream (G)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Dentagel	Fluoride (Sodium)	Gel (Gram)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Dexilant	Dexlansoprazole	Cap Dr Bp	Excluded for ages 18 years and old due to OTC alternatives.
Dialyvit Vitamin D	Cholecalciferol (Vitamin D3)	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Dyanavel Xr	Amphetamine	Sus Bp 24h	Prior authorization for members 7 years of age or under and 13 years of age or older.
Ecotrin	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age.
Ecpirin	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age.
Epiduo Forte	Adapalene/Benzoyl Peroxide	Gel W/Pump	Prior authorization for members 25 years of age or older.
Escavite	Pedi Multivit 47/Iron/Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Escavite D	Pedi Multivit 78/Iron/Fluoride	Tab Ch Bph	Excluded for members 18 years of age or older.
Escavite Lq	Pedi Multivit 86/Iron/Fluoride	Drops	Excluded for members 18 years of age or older.
Esomeprazole Magnesium	Esomeprazole Magnesium	Capsule Dr	Excluded for ages 18 years and old due to OTC alternatives.
Esomeprazole Magnesium	Esomeprazole Magnesium	Suspdr Pkt	Excluded for ages 18 years and old due to OTC alternatives.
Esomeprazole Strontium	Esomeprazole Strontium	Capsule Dr	Excluded for members 18 years of age and older due to OTC alternatives
Floriva	Sodium Fluoride/Vitamin D3	Drops	Excluded for members 18 years of age or older.
Floriva	Pedi Multivit No.85/Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Floriva Plus	Pedi Multivit No.130/Fluoride	Drops	Excluded for members 18 years of age or older.
Flowtuss	Guaifenesin/Hydrocodone	Solution	Excluded for members 17 years of age and under due to FDA warning.
Fluorabon	Fluoride (Sodium)	Drops	Excluded for members 18 years of age or older.
Fluoride	Fluoride (Sodium)	Tab Chew	Excluded for members 18 years of age or older.
Fluoridex Daily Defense	Fluoride (Sodium)	Gel (Gram)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Fluoritab	Fluoride (Sodium)	Tab Chew	Excluded for members 18 years of age or older.
Flura-Drops	Fluoride (Sodium)	Drops	Excluded for members 18 years of age or older.
Fluvastatin Er	Fluvastatin Sodium	Tab Er 24h	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.
Fluvastatin Sodium	Fluvastatin Sodium	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.
Folic Acid	Folic Acid	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 12 years of age or older.

Brand Name	Generic Name	Dosage	Details
G Tussin Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Gardasil	Human Papilomvirus Vac,Qval/Pf	Vial	Must be between the age of 9 and 45 years of age.
Gardasil 9	Hpv Vaccine 9-Valent/Pf	Syringe	Must be between the age of 9 and 45 years of age.
Gardasil 9	Hpv Vaccine 9-Valent/Pf	Vial	Must be between the age of 9 and 45 years of age.
Guaiaatusin Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Guaifenesin Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Guaifenesin Dac	Pseudoephed/Codeine/Guaifen	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Guaifenesin-Codeine	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Histex-Ac	Tripolidine/Phenyleph/Codeine	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Hycofenix	Hydrocodone/Pseudoephed/Guaif	Solution	Excluded for members 17 years of age and under due to FDA warning.
Hydrocod-Cpm-Pseudoephedrine	Hydrocodone/Cpm/Pseudoephed	Solution	Excluded for members 17 years of age and under due to FDA warning.
Hydrocodone-Chlorpheniramne Er	Hydrocodone/Chlorphen P-Stirex	Sus Er 12h	Excluded for members 17 years of age and under due to FDA warning.
Hydrocodone-Guaifenesin	Guaifenesin/Hydrocodone	Solution	Excluded for members 17 years of age and under due to FDA warning.
Hydrocodone-Homatropine Mbr	Hydrocodone Bit/Homatrop Me-Br	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Hydrocodone-Homatropine Mbr	Hydrocodone Bit/Homatrop Me-Br	Tablet	Excluded for members 17 years of age and under due to FDA warning.
Hydromet	Hydrocodone Bit/Homatrop Me-Br	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Iophen-C Nr	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Karbinal Er	Carbinoxamine Maleate	Sus Er 12h	Prior authorization required for members 2 years or under.
Kids First Vitamin D3	Cholecalciferol (Vitamin D3)	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Lansoprazole	Lansoprazole	Capsule Dr	Excluded for ages 18 years and old due to OTC alternatives.
Lansoprazole	Lansoprazole	Tab Rap Dr	Excluded for ages 18 years and old due to OTC alternatives.
Lite Coat Aspirin	Aspirin	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age.
Lo-Dose Aspirin Ec	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Lortuss Ex	Pseudoephed/Codeine/Guaifen	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Lovastatin	Lovastatin	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.
Low Dose Aspirin Ec	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Ludent Fluoride	Fluoride (Sodium)	Tab Chew	Excluded for members 18 years of age or older.
Mar-Cof Cg	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
M-Clear Wc	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.

Brand Name	Generic Name	Dosage	Details
M-End Pe	Brompheniramine/P-Eph/Codeine	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Multi-Vitamin W-Fluoride	Pedi Multivit No.2 W-Fluoride	Drops	Excluded for members 18 years of age or older.
Multi-Vitamin W-Fluoride-Iron	Pedi Multivit 45/Fluoride/Iron	Drops	Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older.
Multivitamin With Fluoride	Ped Multivit No.150 W-Fluoride	Drops	Excluded for members 18 years of age or older.
Multivitamin With Fluoride	Pedi Multivit No.17 W-Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Multi-Vitamin With Fluoride	Pedi Multivit No.17 W-Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Multivitamin-Iron-Fluoride	Pedi Multivit 45/Fluoride/Iron	Drops	Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older.
Multivitamins W-Fluoride-Iron	Pedi Multivit 75/Fluoride/Iron	Drops	Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older.
Multivitamins With Fluoride	Pedi Multivit No.82 W-Fluoride	Drops	Excluded for members 18 years of age or older.
Mvc-Fluoride	Pedi Multivit No.12 W-Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Myrbetriq	Mirabegron	Tab Er 24h	Step therapy required for members 64 years of age and under.
Nexium	Esomeprazole Magnesium	Capsule Dr	Excluded for ages 18 years and old due to OTC alternatives.
Nexium	Esomeprazole Magnesium	Susprdr Pkt	Excluded for ages 18 years and old due to OTC alternatives.
Ninjacof-Xg	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Obredon	Guaifenesin/Hydrocodone	Solution	Excluded for members 17 years of age and under due to FDA warning.
Omeppi	Omeprazole/Sodium Bicarbonate	Capsule	Excluded for ages 18 years and old due to OTC alternatives.
Omeprazole	Omeprazole	Capsule Dr	Excluded for ages 18 years and old due to OTC alternatives.
Omeprazole-Sodium Bicarbonate	Omeprazole/Sodium Bicarbonate	Capsule	Excluded for ages 18 years and old due to OTC alternatives.
Omeprazole-Sodium Bicarbonate	Omeprazole/Sodium Bicarbonate	Packet	Covered for ages 17 years or under.
Optimal D3	Cholecalciferol (Vitamin D3)	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Pantoprazole Sodium	Pantoprazole Sodium	Tablet Dr	Excluded for ages 18 years and old due to OTC alternatives.
Peg3350-Sod Sul-NaCl-KCl-Asb-C	Peg3350/Sod Sul/NaCl/KCl/Asb/C	Powd Pack	Covered under preventative tier (\$0 copay/coinsurance) for members 50-75 years of age.
Plenvu	Peg3350/Sod Sul/NaCl/KCl/Asb/C	Powd Pk Sq	Covered under preventative tier (\$0 copay/coinsurance) for members 50-75 years of age.
Plixda	Adapalene	Med. Swab	Prior authorization for members 25 years of age or older.
Poly-Tussin Ac	Brompheniramine/P-Eph/Codeine	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Poly-Vi-Flor	Pedi Multivit No.37 W-Fluoride	Drps Sp Bp	Excluded for members 18 years of age or older.
Poly-Vi-Flor	Pedi Multivit No.33/Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Poly-Vi-Flor With Iron	Pedi Multivit 37/Fluoride/Iron	Drps Sp Bp	Excluded for members 18 years of age or older.
Poly-Vi-Flor With Iron	Pedi Multivit 33/Fluoride/Iron	Tab Chew	Excluded for members 18 years of age or older.

Brand Name	Generic Name	Dosage	Details
Pravastatin Sodium	Pravastatin Sodium	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.
Prevacid	Lansoprazole	Capsule Dr	Excluded for ages 18 years and old due to OTC alternatives.
Prevacid	Lansoprazole	Tab Rap Dr	Excluded for ages 18 years and old due to OTC alternatives.
Pprevnar 13	Pneumoc 13-Val Conj-Dip Crm/Pf	Syringe	Covered under preventative tier (\$0 copay/coinsurance) for members 5 years and under AND 65 years and over. .
Prilosec	Omeprazole Magnesium	Suspdr Pkt	Excluded for ages 18 years and old due to OTC alternatives.
Promethazine Vc-Codeine	Promethazine/Phenyleph/Codeine	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Promethazine-Codeine	Promethazine Hcl/Codeine	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Promethazine-Phenyleph-Codeine	Promethazine/Phenyleph/Codeine	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Pro-Red Ac	Dexchlorphen/Phenyleph/Codeine	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Protonix	Pantoprazole Sodium	Granpkt Dr	Excluded for ages 18 years and old due to OTC alternatives.
Quflora	Pedi Multivit No.83 W-Fluoride	Drops	Excluded for members 18 years of age or older.
Quflora	Pedi Multivit No.63 W-Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Quflora Fe	Ped Multivit 151/Iron/Fluoride	Drops	Excluded for members 18 years of age or older.
Quflora Fe	Ped Multivit 142/Iron/Fluoride	Tab Chew	Excluded for members 18 years of age or older.
Quillichew Er	Methylphenidate Hcl	Tab Cbp24h	Prior authorization for members 7 years of age or under and 13 years of age or older.
Quillivant Xr	Methylphenidate Hcl	Su Er Rc24	Prior authorization for members 13 years of age or older.
Relcof C	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Rezira	Pseudoephed/Hydrocodone	Solution	Excluded for members 17 years of age and under due to FDA warning.
Robafen Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Rosuvastatin Calcium	Rosuvastatin Calcium	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.
Ryvent	Carbinoxamine Maleate	Tablet	Prior authorization for members 2 years of age or under.
Sf	Fluoride (Sodium)	Gel (Gram)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Sf 5000 Plus	Fluoride (Sodium)	Cream (G)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Shingrix	Varicella-Zoster Ge/As01b/Pf	Kit	Prior authorization for members 51 years of age or older.
Shingrix Adjuvant Component	Adjuvant As01b/Pf, Vial 1 Of 2	Vial	Prior authorization for members 51 years of age or older.
Shingrix Ge Antigen Component	Varicella-Zoster Ge Vac,2 Of 2	Vial	Prior authorization for members 51 years of age or older.
Simvastatin	Simvastatin	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.

Brand Name	Generic Name	Dosage	Details
Sodium Fluoride	Fluoride (Sodium)	Drops	Covered under preventative tier (\$0 copay/coinsurance) for members 6 year of age or under. Excluded for members ages 18 and older.
Sodium Fluoride	Fluoride (Sodium)	Paste (MI)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Sodium Fluoride	Fluoride (Sodium)	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for members 6 year of age or under. Excluded for members ages 18 and older.
Sodium Fluoride Sensitive	Sodium Fluoride/Potassium Nit	Paste (MI)	Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.
Sprix	Ketorolac Tromethamine	Spray	Step therapy required for members under 60 years of age.
St. Joseph Aspirin	Aspirin	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for female members.
St. Joseph Aspirin Ec	Aspirin	Tablet Dr	Covered under preventative tier (\$0 copay/coinsurance) for female members.
Suprep	Sodium, Potassium, Mag Sulfates	Soln Recon	Step therapy required for members under 60 years of age.
Texavite Lq	Ped Multivit 108/Iron/Fluoride	Drops	Excluded for members 18 years of age or older.
Thera-D	Cholecalciferol (Vitamin D3)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Triple-Vitamin W-Fluoride	Ped Mvit A,C,D3 No.21/Fluoride	Drops	Excluded for members 18 years of age or older.
Tri-Vi-Flor	Ped Mvit A,C,D3 No.38/Fluoride	Drps Sp Bp	Excluded for members 18 years of age or older.
Tri-Vit With Fluoride-Iron	Fluoride/Iron/Vitamins A,C,D	Drops	Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older.
Tri-Vitamin With Fluoride	Ped Mvit A,C,D3 No.21/Fluoride	Drops	Excluded for members 18 years of age or older.
Tri-Vite With Fluoride	Ped Mvit A,C,D3 No.21/Fluoride	Drops	Excluded for members 18 years of age or older.
Tusnel C	Pseudoephed/Codeine/Guaifen	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Tussicaps	Hydrocodone/Chlorphen P-Stirex	Cap Er 12h	Excluded for members 17 years of age and under due to FDA warning.
Tussigon	Hydrocodone Bit/Homatrop Me-Br	Tablet	Excluded for members 17 years of age and under due to FDA warning.
Tussionex	Hydrocodone/Chlorphen P-Stirex	Sus Er 12h	Excluded for members 17 years of age and under due to FDA warning.
Tuxarin Er	Chlorpheniramine/Codeine Phos	Tab Er 12h	Excluded for members 17 years of age and under due to FDA warning.
Tuzistra Xr	Codeine Poli/Chlorphenir Polis	Sus Er 12h	Excluded for members 17 years of age and under due to FDA warning.
Vimovo	Naproxen/Esomeprazole Mag	Tab Ir Dr	Excluded for ages 18 years and old due to OTC alternatives.
Virtussin Ac	Codeine Phosphate/Guaifenesin	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Virtussin Dac	Pseudoephed/Codeine/Guaifen	Syrup	Excluded for members 17 years of age and under due to FDA warning.
Vitajoy Daily D	Cholecalciferol (Vitamin D3)	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamin D	Cholecalciferol (Vitamin D3)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.

Brand Name	Generic Name	Dosage	Details
Vitamin D2	Ergocalciferol (Vitamin D2)	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamin D2	Ergocalciferol (Vitamin D2)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamin D3	Cholecalciferol (Vitamin D3)	Capsule	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamin D3	Cholecalciferol (Vitamin D3)	Tab Chew	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamin D3	Cholecalciferol (Vitamin D3)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamin D-400	Cholecalciferol (Vitamin D3)	Tablet	Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.
Vitamins A,C,D And Fluoride	Ped Mvit A,C,D3 No.21/Fluoride	Drops	Excluded for members 18 years of age or older.
Vituz	Hydrocodone/Chlorpheniramine	Solution	Excluded for members 17 years of age and under due to FDA warning.
Zegerid	Omeprazole/Sodium Bicarbonate	Capsule	Excluded for ages 18 years and old due to OTC alternatives.
Zegerid	Omeprazole/Sodium Bicarbonate	Packet	Covered for ages 17 years or under.
Zodryl Ac 25	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Ac 30	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Ac 35	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Ac 40	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Ac 50	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Ac 60	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Ac 80	Chlorpheniramine/Codeine Phos	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dac 25	Chlorphen/Pseudoephed/Codeine	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dac 30	Chlorphen/Pseudoephed/Codeine	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dac 35	Chlorphen/Pseudoephed/Codeine	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dac 40	Chlorphen/Pseudoephed/Codeine	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dac 80	Chlorphen/Pseudoephed/Codeine	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dec 25	Pseudoephed/Codeine/Guaifen	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dec 30	Pseudoephed/Codeine/Guaifen	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dec 35	Pseudoephed/Codeine/Guaifen	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dec 40	Pseudoephed/Codeine/Guaifen	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zodryl Dec 50	Pseudoephed/Codeine/Guaifen	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.

Brand Name	Generic Name	Dosage	Details
Zodryl Dec 80	Pseudoephed/Codeine/Guaifen	Oral Susp	Excluded for members 17 years of age and under due to FDA warning.
Zostavax	Zoster Vaccine Live/Pf	Vial	Prior authorization for members under 59 years of age.
Z-Tuss Ac	Chlorpheniramine/Codeine Phos	Liquid	Excluded for members 17 years of age and under due to FDA warning.
Zutripro	Hydrocodone/Cpm/Pseudoephed	Solution	Excluded for members 17 years of age and under due to FDA warning.

This document is provided for informational purposes only, and is intended as a quick reference. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

Copyright © 2021 Moda, Inc. All Rights Reserved. Health plans in Oregon and Washington provided by Moda Health Plan, Inc.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي): 1-877-605-3229 (711)

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનું: જો તમે (બાબાંતર કરેલ બાબા અહીં દર્શાવેલ) બોલો છો તો તે બાબામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໂປດຊາວ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)