



High Performance Formulary

An evidence-based pharmacy formulary 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 High Performance Formulary?

The High Performance Formulary 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.

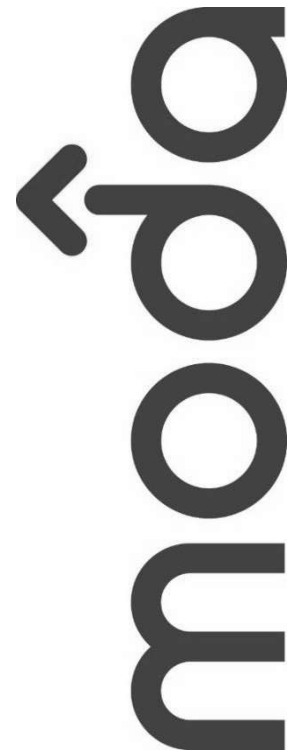
How does the program work?

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.

For more information about our High Performance Formulary, please visit modahealth.com/oebb or call us toll-free at 503-265-2911 or 866-923-0411.



How to read your prescription drug list

Refer to the chart below for a list of prescription medications covered under the High Performance Formulary. 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.

| Medication Tier Key | | Medication Restrictions Key | |
|----------------------------|---|-----------------------------|--|
| CAPITAL LETTERS | Brand name medications | AMSP | Ardon Mandatory Specialty Pharmacy Program – You must access these specialty medications through the exclusive Ardon Health 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. |
| small letters | Generic medications | LMSP | Lumicera Mandatory Specialty Pharmacy Program – You must access these specialty medications through the exclusive Lumicera Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553. |
| Preventive | Preventive 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. | SF | Split Fill – These medications are limited to two 15 day fills per month for the first 3 months of therapy. |
| Value | Value tier medications means those medications that include commonly prescribed products used to treat chronic medical conditions, and that are considered safe, effective and cost-effective to alternative medications. | ST | Step therapy – You must try one or more “first line” medications before you can get this step therapy medication. |
| Select | Select tier medications include generic medications that are safe, effective and represent the most cost-effective option within their therapeutic category, as well as certain brand medications that have been identified as favorable from a clinical and cost-effective perspective. | 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. |
| Preferred | Preferred tier includes 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. | QL | Quantity limits – Some medications have limits to how much you can get per prescription or refill. |
| Generic Specialty | Generic Specialty tier medications include generic specialty medications that are safe, effective and represent the most cost-effective option within their therapeutic category. | SMKG | Smoking Cessation – Smoking cessation medications are in the preventive tier and covered at no cost to you. Certain restrictions may apply. |
| Preferred Specialty | Preferred Specialty tier medications are specialty medications 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. | VAC | Vaccine Program – Certain immunizations and related administration fees are covered at no cost to you if received at in-network retail pharmacies. |
| OTC | Over-the-Counter – Medications may be purchased without a professional provider’s prescription. Moda Health follows the federal designation of OTC medications to decide if an OTC medication is covered | LD | Limited Distribution – You must access these specialty medications through the exclusive specialty pharmacy indicated. All specialty medications require a prior authorization before they can be dispensed. |

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.

Search Tip:

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

**OEBB High Performance Formulary (INF)
Alphabetical Index
Last Updated 8/1/2022**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------------|--|
| abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days) | QL | Select | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| ABILIFY MAINTENA INJ | AMSP | Preferre d Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| acamprostate calcium DR tab (CAMPRAL equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | Select | ANTIDIABETICS |
| acebutolol cap (SECTRAL equiv) | - | Select | BETA BLOCKERS |
| acetaminophen/codeine soln | - | Select | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | Select | ANALGESICS - OPIOID |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | Preferre d | MIGRAINE PRODUCTS |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | Select | MIGRAINE PRODUCTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | Select | DIURETICS |
| acetazolamide tab | - | Select | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | Select | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | Select | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | Select | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | Select | COUGH/COLD/ALLERGY |
| ACIDIC VAGINAL JELLY | - | Preferre d | VAGINAL PRODUCTS |
| ACTHAR HP GEL INJ | PA | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTINEL LIQUID (QL= 1200ml/30 days) | QL | Preferre d | COUGH/COLD/ALLERGY |
| ACULAR (LS) OPHTH SOLN | - | Preferre d | OPHTHALMIC AGENTS |
| ACUVAIL OPHTH SOLN | - | Preferre d | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | Select | ANTIVIRALS |
| acyclovir susp (ZOVIRAX equiv) | - | Select | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | Select | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | Preventi ve | TOXOIDS |
| adapalene cream (DIFFERIN equiv) | - | Select | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) | - | Select | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | Select | DERMATOLOGICALS |

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

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

OEBB High Performance Formulary (INF) Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|------------------------|--|
| adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty | ANTIVIRALS |
| ADVAIR HFA INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| AEROCHAMBER | - | Preferred | MEDICAL DEVICES AND SUPPLIES |
| AFLURIA INJ | VAC | Preventive | VACCINES |
| AFLURIA INJ, FLUZONE INJ | VAC | Preventive | VACCINES |
| AFSTYLA KIT (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | HEMATOLOGICAL AGENTS - MISC. |
| AJOVY INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty | MIGRAINE PRODUCTS |
| ALAMAST OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | Select | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | Select | DERMATOLOGICALS |
| ALECENSA CAP (QL= 8 caps/day) | AMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE SOLN (QL= 300ml/28 days) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | Value | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | Value | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alfuzosin SR tab (UROXATRAL equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |

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

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|---|---------------------|------------------------|---|
| allopurinol tab (ZYLOPRIM equiv) | - | Select | GOUT AGENTS |
| ALOCRILOPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| alosetron tab (LOTRONEX equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPTH SOLN 0.1% (Step Therapy requires trial of brimonidine opth soln 0.2%) | ST | Preferred | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | Select | ANTI-ANXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | Select | ANTI-ANXIETY AGENTS |
| ALREX OPTH SUSP | - | Preferred | OPHTHALMIC AGENTS |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| amantadine cap (SYMMETREL equiv) | - | Select | ANTI-PARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | Select | ANTI-PARKINSON AGENTS |
| amantadine tab | - | Select | ANTI-PARKINSON AGENTS |
| ambrisentan tab (LETAIRIS equiv) | AMSP-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | Select | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | Preferred | DERMATOLOGICALS |
| AMCINONIDE OINT | - | Preferred | DERMATOLOGICALS |
| amethyst tab (LYBREL equiv) | - | Preventive | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | Select | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | Select | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | AMSP | Generic Specialty | HEMOSTATICS |
| aminophylline tab | - | Select | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| amiodarone tab (CORDARONE equiv) | - | Select | ANTI-ARRHYTHMICS |
| amitriptyline tab (ELAVIL equiv) | - | Value | ANTI-DEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | Value | CALCIUM CHANNEL BLOCKERS |
| amlodipine/benazepril cap (LOTREL equiv) | - | Select | ANTI-HYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | Select | ANTI-HYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | Select | ANTI-HYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | Select | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | Select | DERMATOLOGICALS |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | Select | DERMATOLOGICALS |
| AMOXAPINE TAB | - | Select | ANTI-DEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | Select | PENICILLINS |
| amoxicillin chew tab (AMOXIL equiv) | - | Select | PENICILLINS |
| AMOXICILLIN CHEW TAB 250MG | - | Select | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | Select | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | Select | PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | Select | PENICILLINS |

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

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|---|---------------------|---------------------|---|
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | Select | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | Select | PENICILLINS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (PRINCIPEN equiv) | - | Select | PENICILLINS |
| ampicillin susp | - | Select | PENICILLINS |
| anagrelide cap (AGRYLIN equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| anastrozole tab (ARIMIDEX equiv) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANNOVERA RING | - | Preventive | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER (QL= 60gm/30 days) | QL | Preferred | ASTHMA AND BRONCHODILATOR AGENTS |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | Select | OTIC AGENTS |
| APHTHASOL PASTE | - | Preferred | MOUTH/THROAT/DENTAL AGENTS |
| apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Generic Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Select | ANTIEMETICS |
| APTIOM TAB (QL= 1 tab/day) | QL | Preferred | ANTICONVULSANTS |
| APTIVUS CAP (QL= 4 caps/day) | QL | Preferred | ANTIVIRALS |
| APTIVUS SOLN (QL= 380ml/30 days) | QL | Preferred | ANTIVIRALS |
| ARANESP INJ (QL= 4 syringes/30 days) | AMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| ARANESP INJ (QL= 4 vials/30 days) | AMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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|--|---------------------|------------------------|---|
| arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARISTADA 675MG/2.4ML INJ | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | Preferred | THYROID AGENTS |
| ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARZOL SILVER NITRATE APPLICATOR | - | Select | DERMATOLOGICALS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | Preventive | CONTRACEPTIVES |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | Preventive | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | Preventive | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | Select | ANALGESICS - OPIOID |
| ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab) | QL-ST | Preferred | ANTIANGINAL AGENTS |
| atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select | ANTIVIRALS |
| atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select | ANTIVIRALS |
| atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day) | QL | Select | ANTIVIRALS |
| atenolol tab (TENORMIN equiv) | - | Value | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|---|
| atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| atorvastatin tab 40mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| atorvastatin tab 80mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| atovaquone susp (MEPRON equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | Select | ANTIMALARIALS |
| ATRIPLA TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| atropine ophth oint | - | Select | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) | QL | Select | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER (QL= 25.8gm/30 days) | QL | Preferred | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AVC VAGINAL CREAM | - | Preferred | VAGINAL PRODUCTS |
| AVONEX INJ (QL= 1 kit/28 days) | AMSP-QL | Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| azathioprine tab (IMURAN equiv) | - | Select | ASSORTED CLASSES |
| azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 60ml/30 days) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | Select | OPHTHALMIC AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | Select | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | Select | MACROLIDES |
| BACITRACIN OPHTH OINT | - | Preferred | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | Select | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | Select | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | Select | OPHTHALMIC AGENTS |
| baclofen tab (BACLOFEN equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | Preferred | MUSCULOSKELETAL THERAPY AGENTS |
| BALCOLTRA TAB | - | Preventive | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month) | QL | Preferred | ANTIDIABETICS |
| BARACLUDE SOLN (QL= 630ml/30 days) | AMSP-PA-QL | Preferred Specialty | ANTIVIRALS |
| B-D INSULIN SYRINGE | --OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| BD NEEDLES | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| BELLADONNA ALKALOID/OPIUM SUPP | - | Preferred | ULCER DRUGS |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|--|
| BENAZEPI/HCTZ TAB | - | Preferred | ANTIHYPERTENSIVES |
| benazepril tab (LOTENSIN equiv) | - | Select | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| BENZNIDAZOLE TAB | PA | Preferred | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | Select | COUGH/COLD/ALLERGY |
| benzoyl peroxide foam | - | Select | DERMATOLOGICALS |
| benztropine tab | - | Select | ANTIPARKINSON AGENTS |
| betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days) | LMSP-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | Select | DERMATOLOGICALS |
| betamethasone augmented gel | - | Select | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | Select | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | Select | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | Select | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | Select | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | Select | DERMATOLOGICALS |
| betamethasone valerate cream | - | Select | DERMATOLOGICALS |
| betamethasone valerate lotion | - | Select | DERMATOLOGICALS |
| betamethasone valerate oint | - | Select | DERMATOLOGICALS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | Select | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | Select | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | Select | URINARY ANTISPASMODICS |
| bexarotene cap (TARGRETIN equiv) | AMSP-PA | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) | AMSP-PA | Generic Specialty | DERMATOLOGICALS |
| BEXSERO INJ | VAC | Preventive | VACCINES |
| bicalutamide tab (CASODEX equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIKTARVY TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| bimatoprost ophth soln (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select | OPHTHALMIC AGENTS |
| BIOTHRAX INJ | - | Preventive | VACCINES |
| bisoprolol tab (ZEBETA equiv) | - | Select | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | Value | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| bosentan tab (TRACLEER equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| | Vaccine Program | | | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|---|
| brimonidine ophth soln 0.2% (ALPHAGAN equiv) | - | Select | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | Select | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | Select | ANTIPARKINSON AGENTS |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide inh susp 1mg/2ml (QL= 60 units/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | Select | CORTICOSTEROIDS |
| bumetanide tab (BUMEX equiv) | - | Select | DIURETICS |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | Select | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day) | QL | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 4 films/day) | QL | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 4 films/day) | QL | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 3 films/day) | QL | Select | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days) | QL | Select | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | Select | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | Select | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | Select | ANTIDEPRESSANTS |
| bupirone tab (BUSPAR equiv) | - | Select | ANTIANSIETY AGENTS |
| butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day) | QL | Select | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | Select | ANALGESICS - NONNARCOTIC |
| butorphanol nasal spray (QL= 5ml/30 days) | QL | Select | ANALGESICS - OPIOID |
| cabergoline tab (DOSTINEX equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| caffeine citrate soln (CAFCIT equiv) | - | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | Select | DERMATOLOGICALS |
| calcipotriene oint | - | Select | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | Select | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (CALCITRIOL equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | Preferred | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select | ANTIHYPERTENSIVES |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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|---|---------------------|------------------------|--|
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select | ANTIHYPERTENSIVES |
| capecitabine tab (XELODA equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPMIST DM TAB (QL= 4 tabs/day) | QL | Preferred | COUGH/COLD/ALLERGY |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug) | ST | Preferred | ANTIHYPERTENSIVES |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | ST-- | Select | ANTIHYPERTENSIVES |
| carbamazepine chew tab (TEGRETOL equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | Select | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | Select | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | Select | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | Select | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | Select | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | Select | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN | - | Select | ANTIHISTAMINES |
| carbinoxamine soln (PALGIC equiv) | - | Select | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days) | QL | Select | ANTIHISTAMINES |
| carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| CARTEOLOL OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | Select | OPHTHALMIC AGENTS |
| carvedilol tab (COREG equiv) | - | Value | BETA BLOCKERS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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|--|---------------------|---------------------|---|
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ANTI-INFECTIVE AGENTS - MISC. |
| cefaclor cap (CECLOR equiv) | - | Select | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | Select | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | Select | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | Select | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | Select | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | Select | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | Select | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | Select | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | Select | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | Select | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | Select | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | Select | CEPHALOSPORINS |
| cefuroxime susp (CEFTIN equiv) | - | Select | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | Select | CEPHALOSPORINS |
| celecoxib cap (CELEBREX equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| cephalexin cap (KEFLEX equiv) | - | Select | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | Select | CEPHALOSPORINS |
| CEPHALEXIN TAB | - | Select | CEPHALOSPORINS |
| CERDELGA CAP | LMSP-PA | Preferred Specialty | HEMATOPOIETIC AGENTS |
| CERVARIX INJ | VAC | Preventive | VACCINES |
| CERVICAL CAP | - | Preventive | MEDICAL DEVICES AND SUPPLIES |
| cevimeline cap (EVOXAC equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHENODAL TAB | PA | Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| chlordiazepoxide cap (LIBRIUM equiv) | - | Select | ANTI-ANXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | Preferred | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | Select | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | Select | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | Select | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | Select | DIURETICS |
| chlorpheniramine ER cap | - | Select | ANTIHISTAMINES |
| CHLORPROMAZINE CONC (QL= 800ml/30 days) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpromazine tab (THORAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorthalidone tab | - | Value | DIURETICS |
| chlorthalidone tab (QL= 4 tabs/day) | QL | Select | MUSCULOSKELETAL THERAPY AGENTS |

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|---|---------------------|----------------------------|--|
| CHLORZOXAZONE TAB 250MG (QL= 4 tabs/day) | QL | Preferre d | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | Select | ANALGESICS - NONNARCOTIC |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | Select | ANALGESICS - NONNARCOTIC |
| ciclopirox cream (LOPROX CREAM equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC SOLN equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | Select | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | Select | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| CIMDUO TAB | - | Preferre d | ANTIVIRALS |
| CIMETIDINE SOLN | - | Select | ULCER DRUGS |
| cimetidine soln (CIMETIDINE equiv) | - | Select | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | - | Select | ULCER DRUGS |
| cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day) | QL | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Preferre d Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | Select | OTIC AGENTS |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | Select | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | Preferre d | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | Select | FLUOROQUINOLONES |
| ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv) | - | Select | FLUOROQUINOLONES |
| citalopram soln (CELEXA equiv) | - | Select | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | Value | ANTIDEPRESSANTS |
| CLARITHROMYC SUSP | - | Preferre d | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | Select | MACROLIDES |
| clarithromycin susp (BIAXIN equiv) | - | Select | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | Select | MACROLIDES |
| clemastine tab | OTC | Select | ANTIHISTAMINES |
| CLENPIQ SOLN | - | Preferre d | LAXATIVES |
| clindamycin cap (CLEOCIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin gel (CLEOCIN GEL equiv) | - | Select | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | Select | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | Select | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | Select | DERMATOLOGICALS |

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

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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------------|---|
| clindamycin vaginal cream (CLEOCIN equiv) | - | Select | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (Step Therapy requires trial of clindamycin) | ST | Select | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | ST-- | Select | DERMATOLOGICALS |
| clobazam susp (ONFI equiv) (QL= 480ml/30 days) | QL | Select | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| clobetasol foam (OLUX equiv) | - | Select | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | Select | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | Select | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | Select | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | Select | DERMATOLOGICALS |
| clomipramine cap (ANAFRANIL equiv) | - | Select | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | Select | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | Select | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine tab (CATAPRES equiv) | - | Select | ANTIHYPERTENSIVES |
| clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days) | QL | Select | HEMATOLOGICAL AGENTS - MISC. |
| clopidogrel tab 75mg (PLAVIX equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | Select | ANTIANKXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | Select | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | Select | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | Select | DERMATOLOGICALS |
| CLOZAPINE ODT (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| codeine sulfate tab | - | Select | ANALGESICS - OPIOID |
| CODITUSSIN LIQUID DAC (QL= 1200ml/30 days) | QL | Preferre d | COUGH/COLD/ALLERGY |
| COLCHICINE CAP (QL= 2 caps/day) | QL | Preferre d | GOUT AGENTS |
| colchicine tab (COLCRYS equiv) (QL= 4 tabs/day) | QL | Select | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | Select | GOUT AGENTS |
| cold/allergy elx children (QL= 2400ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| colesevelam tab (WELCHOL equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| colistimethate inj (COLY-MYCIN M equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days) | QL | Preferre d | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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OEBB High Performance Formulary (INF) Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------------------|--|
| COMPLERA TAB (QL= 1 tab/day) | QL | Preferre d | ANTIVIRALS |
| CONCEPT DHA CAP | - | Preferre d | MULTIVITAMINS |
| CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days) | QL | Preferre d | DIAGNOSTIC PRODUCTS |
| CONTOUR TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferre d | DIAGNOSTIC PRODUCTS |
| CONTRACEPTIVE FILM | OTC | Preventi ve | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | Preventi ve | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | Preventi ve | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | Preventi ve | VAGINAL PRODUCTS |
| CORTISONE ACETATE TAB | - | Preferre d | CORTICOSTEROIDS |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | AMSP-PA-QL | Preferre d | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | AMSP-PA-QL | Specialty Preferre d | DERMATOLOGICALS |
| COTELLIC TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Specialty Preferre d | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COVID-19 TEST (QL= 8 tests/30 days) | OTC-QL | Specialty Preventi ve | DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL | Preventi ve | VACCINES |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days) | QL | Preventi ve | VACCINES |
| CRIXIVAN CAP | - | Preferre d | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |

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|--|---------------------|---------------------|---|
| cromolyn neb soln (INTAL equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | Select | OPHTHALMIC AGENTS |
| CROTAN LOTION | - | Preferred | DERMATOLOGICALS |
| cryselle tab | - | Preventive | CONTRACEPTIVES |
| CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days) | QL | Preventive | DIAGNOSTIC PRODUCTS |
| CUE HEALTH MIS MONITOR (QL= 1 kit/year) | QL | Preventive | DIAGNOSTIC PRODUCTS |
| CUVITRU INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | Preferred Specialty | PASSIVE IMMUNIZING AGENTS |
| cyanocobalamin inj | - | Select | HEMATOPOIETIC AGENTS |
| cyclobenzaprine tab (FLEXERIL equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | Select | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| cyclosporine modified cap (NEORAL equiv) | - | Select | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | Select | ASSORTED CLASSES |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days) | QL | Select | OPHTHALMIC AGENTS |
| cyproheptadine syrup | - | Select | ANTIHISTAMINES |
| cyproheptadine tab | - | Select | ANTIHISTAMINES |
| CYSTADANE POWDER | PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTAGON CAP (Only available through CVS Specialty 800-237-2767) | LD-PA | Preferred Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | OPHTHALMIC AGENTS |
| CYTRA K CRYSTALS | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day) | QL | Select | ANTICOAGULANTS |
| dalfampridine ER tab (AMPYRA equiv) | AMSP-PA | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| danazol cap (DANOCRINE equiv) | - | Select | ANDROGENS-ANABOLIC |
| dapsone tab | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| deferasirox granules packet (JADENU equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------|---|
| deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DELSTRIGO TAB | - | Preferre d | ANTIVIRALS |
| demeclocycline tab (DECLOMYCIN equiv) | - | Select | TETRACYCLINES |
| DEPO-PROVERA INJ (QL= 1 inj/84 days) | QL | Preventi ve | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days) | QL | Preventi ve | CONTRACEPTIVES |
| dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days) | QL | Select | DERMATOLOGICALS |
| DESCOVY TAB (QL= 1 tab/day) | PA-QL | Preferre d | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | Select | ANTIDEPRESSANTS |
| desloratadine tab (CLARINEX equiv) (QL= 1 tab/day) | QL | Select | ANTIHISTAMINES |
| desmopressin acetate inj (DDAVP equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate nasal spray (DDAVP equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desonide cream | - | Select | DERMATOLOGICALS |
| desonide lotion | - | Select | DERMATOLOGICALS |
| desonide oint | - | Select | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | Select | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | Select | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | Select | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day) | QL | Select | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | Preferre d | CORTICOSTEROIDS |
| dexamethasone elixir | - | Select | CORTICOSTEROIDS |
| dexamethasone ophth soln | - | Select | OPHTHALMIC AGENTS |
| dexamethasone pak (DEXPAK equiv) | - | Select | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | Preferre d | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | Select | CORTICOSTEROIDS |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | Preferre d | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days) | PA-QL | Preferre d | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | Preferre d | MEDICAL DEVICES AND SUPPLIES |
| dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXPAK TAB (Step Therapy requires trial of dexamethasone) | ST | Preferre d | CORTICOSTEROIDS |

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|---|---------------------|-------------------|--|
| dextroamphetamine 5mg tab (QL= 180 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab 10mg (QL= 6 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIALYVITE TAB | - | Select | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | Select | MULTIVITAMINS |
| DIAPHRAGM | - | Preventive | MEDICAL DEVICES AND SUPPLIES |
| diazepam conc (VALIUM equiv) | - | Select | ANTI-ANXIETY AGENTS |
| diazepam oral soln (QL= 360ml/30 days) | QL | Select | ANTI-ANXIETY AGENTS |
| DIAZEPAM RECTAL GEL (QL= 1 kit/30 days) | QL | Preferred | ANTICONVULSANTS |
| diazepam tab (VALIUM equiv) | - | Select | ANTI-ANXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | Select | ANTI-DIABETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month; Step therapy requires trial of fluorouracil cream or imiquimod cream) | QL-ST | Preventive | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) | - | Select | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day) | QL | Select | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | Select | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) | - | Select | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| dicloxacin cap (DYNAPEN equiv) | - | Select | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | Select | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | Select | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | Select | ULCER DRUGS |
| DIDANOSINE DR CAP (QL= 2 caps/day) | QL | Preferred | ANTIVIRALS |
| didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day) | QL | Select | ANTIVIRALS |
| DIFICID SUSP (QL= 136 mL/30 days) | QL | Preferred | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/30 days) | QL | Preferred | MACROLIDES |
| diflunisal tab (DOLOBID equiv) | - | Select | ANALGESICS - NONNARCOTIC |
| digoxin tab (LANOXIN equiv) | - | Select | CARDIOTONICS |
| digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day) | QL | Select | CARDIOTONICS |
| DILANTIN CAP 30MG | - | Preferred | ANTICONVULSANTS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |

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

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|------------------------|---|
| diphenhydramine inj | - | Select | ANTIHISTAMINES |
| DIPHENOXYLATE/ATROPINE LIQUID | - | Preferred | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | Select | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | Select | ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | Select | ANTIARRHYTHMICS |
| DISULFIRAM TAB | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| disulfiram tab (ANTABUSE equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | Preferred | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | Select | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | Select | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | Select | ANTICONVULSANTS |
| donepezil ODT (ARICEPT equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| dorzolamide ophth soln (TRUSOPT equiv) | - | Select | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Select | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | Select | OPHTHALMIC AGENTS |
| doxazosin tab (CARDURA equiv) | - | Select | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day) | QL | Select | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | Select | ANTIDEPRESSANTS |
| doxycycline hyclate cap (QL= 2 caps/day) | QL | Select | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day) | QL | Select | TETRACYCLINES |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | Select | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | Select | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day) | QL | Select | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | Select | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days) | QL | Select | ANTIEMETICS |
| D-PENAMINE TAB | - | Preferred | ASSORTED CLASSES |
| dronabinol cap (MARINOL equiv) (QL= 2 caps/day) | QL | Select | ANTIEMETICS |
| drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | Preventive | CONTRACEPTIVES |
| DROXIA CAP | - | Preferred | HEMATOPOIETIC AGENTS |

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

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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------------|--|
| droxidopa cap (NORTHERA equiv) | AMSP | Generic | VASOPRESSORS |
| DRYSOL SOLN | - | Specialty Preferre d | DERMATOLOGICALS |
| DULERA INHALER (QL= 1 inhaler/30 days) | QL | Preferre d | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine EC cap 20mg (QL= 6 caps/day) | QL | Select | ANTIDEPRESSANTS |
| duloxetine EC cap 30mg (QL= 4 caps/day) | QL | Select | ANTIDEPRESSANTS |
| duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day) | QL | Select | ANTIDEPRESSANTS |
| DUPIXENT INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferre d Specialty | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferre d Specialty | DERMATOLOGICALS |
| DUPIXIENT PEN INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferre d Specialty | DERMATOLOGICALS |
| dutasteride cap (AVODART equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| econazole cream (SPECTAZOLE equiv) | - | Select | DERMATOLOGICALS |
| EDURANT TAB (QL= 1 tab/day) | QL | Preferre d | ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | Select | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | Select | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | Select | ANTIVIRALS |
| ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days) | QL | Preferre d | ANTICOAGULANTS |
| ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferre d | ANTICOAGULANTS |
| ELIQUIS TAB 5MG (QL= 74 tabs/30 days) | QL | Preferre d | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | Preferre d | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | Preventi ve | CONTRACEPTIVES |
| ELMIRON CAP | - | Preferre d | GENITOURINARY AGENTS - MISCELLANEOUS |
| eluryng vaginal ring (NUVARING equiv) | - | Preventi ve | CONTRACEPTIVES |
| emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day) | QL | Select | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days) | QL | Select | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days) | QL | Preventi ve | ANTIVIRALS |
| EMTRIVA SOLN (QL= 850ml/30 days) | QL | Preferre d | ANTIVIRALS |
| enalapril tab (VASOTEC equiv) | - | Value | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | Value | ANTIHYPERTENSIVES |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|---|
| ENBREL INJ (QL= 8 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACK (Only available through Lumicera 855-847-3553) | LMSP-PA | Preferred Specialty | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | Preferred Specialty | VAGINAL PRODUCTS |
| ENGERIX-B INJ | VAC | Preventive | VACCINES |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | Preventive | VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | Select | ANTICOAGULANTS |
| enoxaparin inj 300mg (LOVENOX equiv) | - | Select | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | Preventive | CONTRACEPTIVES |
| entacapone tab (COMTAN equiv) | - | Select | ANTIPARKINSON AGENTS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty | ANTIVIRALS |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | Preferred Specialty | ANTICONVULSANTS |
| EPINEPHRINE INJ | - | Preferred Specialty | VASOPRESSORS |
| EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| EPIVIR HBV SOLN (QL= 720ml/30 days) | AMSP-QL | Preferred Specialty | ANTIVIRALS |
| eplerenone tab (INSPIRA equiv) | - | Select | ANTIHYPERTENSIVES |
| ergoloid mesylates tab (HYDERGINE equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERIVEDGE CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|---|
| ERLEADA TAB (QL= 4 tabs/day) | AMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERY PAD | - | Select | DERMATOLOGICALS |
| erythromycin DR cap (ERYC equiv) | - | Select | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | Preferred | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | Select | MACROLIDES |
| erythromycin gel | - | Select | DERMATOLOGICALS |
| erythromycin ophth oint | - | Select | OPHTHALMIC AGENTS |
| erythromycin pad | - | Select | DERMATOLOGICALS |
| erythromycin soln | - | Select | DERMATOLOGICALS |
| erythromycin stearate tab | - | Select | MACROLIDES |
| erythromycin tab (ERY-TAB equiv) | - | Select | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | Select | MACROLIDES |
| erythromycin/benzoyl peroxide gel | - | Select | DERMATOLOGICALS |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| ESBRIET CAP (QL= 9 caps/day) | AMSP-PA-QL-SF | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) | - | Select | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | Value | ANTIDEPRESSANTS |
| estazolam tab (PROSOM equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | Select | ESTROGENS |
| estradiol cream (ESTRACE equiv) | - | Select | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days) | QL | Select | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days) | QL | Select | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | Select | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) | - | Select | VAGINAL PRODUCTS |
| estradiol valerate inj | - | Select | ESTROGENS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | Select | ESTROGENS |
| ESTRING (QL= 1 ring/90 days; 3 copays per Rx) | QL | Preferred | VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | Select | ESTROGENS |
| estropipate tab (OGEN equiv) | - | Select | ESTROGENS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ethambutol tab (MYAMBUTOL equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | Select | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | Select | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | Select | ANALGESICS - ANTI-INFLAMMATORY |

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| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------------|---|
| ETOPOSIDE CAP | - | Preferre d | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etoposide cap (VEPESID equiv) | - | Select | ANTINEOPLASTICS |
| etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| EURAX CREAM | - | Preferre d | DERMATOLOGICALS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVOTAZ TAB (QL= 1 tab/day) | QL | Preferre d | ANTIVIRALS |
| exemestane tab (AROMASIN equiv) | - | Preventi ve | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferre d Specialty | NEUROMUSCULAR AGENTS |
| ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) | QL | Select | ANTHYPERLIPIDEMICS |
| famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month) | QL | Select | ANTIVIRALS |
| FARXIGA TAB (QL= 1 tab/day) | QL | Preferre d | ANTIDIABETICS |
| febuxostat tab (ULORIC equiv) (QL= 1 tab/day) | QL | Select | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) (QL= 30ml/day) | QL | Select | ANTICONVULSANTS |
| felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day) | QL | Select | ANTICONVULSANTS |
| felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| FEMALE CONDOMS | OTC | Preventi ve | MEDICAL DEVICES AND SUPPLIES |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | Select | ANTHYPERLIPIDEMICS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | Select | ANTHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | Preferre d | ANTHYPERLIPIDEMICS |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | Select | ANTHYPERLIPIDEMICS |
| fenofibric acid DR cap (TRILIPIX equiv) | - | Select | ANTHYPERLIPIDEMICS |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | Select | HEMATOPOIETIC AGENTS |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | Preventi ve | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | Preventi ve | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | Preventi ve | HEMATOPOIETIC AGENTS |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | OTC | Preventi ve | HEMATOPOIETIC AGENTS |
| FIASP FLEXTOUCH INJ (QL= 60 units/30 days) | QL | Preferre d | ANTIDIABETICS |
| FIASP INJ (QL= 60 units/30 days) | QL | Preferre d | ANTIDIABETICS |

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|------|--|------|------------------------|-----|--------------------------|
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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
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|---|---------------------|-------------|--------------------------------------|
| FIASP PENFILL INJ (QL= 60 units/30 days) | QL | Preferred | ANTIDIABETICS |
| FINACEA PLUS KIT | - | Preferred | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| FIRST-VANCOMYCIN SOLN, VANCOMYCIN INJ | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days) | QL | Preferred | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN 50MG/ML (QL= 280ml/28 days) | QL | Preferred | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | Preferred | OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) | - | Select | URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | Select | ANTIARRHYTHMICS |
| FLORIVA DROPS | - | Preferred | MINERALS & ELECTROLYTES |
| FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days) | QL | Value | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT DISKUS INHALER 50MCG, 100MCG (QL= 1 inhaler/30 days) | QL | Value | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG (QL= 1 inhaler/30 days) | QL | Value | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days) | QL | Value | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days) | QL | Value | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ | VAC | Preventive | VACCINES |
| FLUAD QUAD INJ | VAC | Preventive | VACCINES |
| FLUBLOK INJ | VAC | Preventive | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | Preventive | VACCINES |
| FLUCELVAX INJ | VAC | Preventive | VACCINES |
| FLUCELVAX QUAD INJ | VAC | Preventive | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | Select | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | Select | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | Select | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | Select | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | Preventive | VACCINES |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | Preventive | VACCINES |
| fluocinolone acetonide cream | - | Select | DERMATOLOGICALS |
| fluocinolone acetonide oil | - | Select | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | Select | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | Select | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | Select | OTIC AGENTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| fluocinonide cream 0.05% (LIDEX equiv) | - | Select | DERMATOLOGICALS |
| fluocinonide emollient cream | - | Select | DERMATOLOGICALS |
| fluocinonide gel | - | Select | DERMATOLOGICALS |
| fluocinonide oint | - | Select | DERMATOLOGICALS |
| fluocinonide soln | - | Select | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | MINERALS & ELECTROLYTES |
| FLUOR-A-DAY CHEW TAB | - | Select | MINERALS & ELECTROLYTES |
| FLUORIDEX SENSITIVITY PASTE | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | Select | OPHTHALMIC AGENTS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | Select | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | Preferred | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | Value | ANTIDEPRESSANTS |
| FLUOXETINE CAP (PMDD) | - | Value | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FLUOXETINE CAP 90MG (QL= 4 caps/28 days) | QL | Preferred | ANTIDEPRESSANTS |
| fluoxetine cap 90mg (QL= 4 caps/28 days) | QL | Select | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | Value | ANTIDEPRESSANTS |
| FLUOXETINE TAB | - | Preferred | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | Value | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURAZEPAM CAP | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | Preferred | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| flutamide cap (EULEXIN equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone propionate cream (CUTIVATE equiv) | - | Select | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | Select | DERMATOLOGICALS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days) | QL | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventive | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventive | ANTIHYPERLIPIDEMICS |
| FLUVIRIN INJ | VAC | Preventive | VACCINES |
| FLUVIRIN PF INJ | VAC | Preventive | VACCINES |
| fluvoxamine tab (LUVOX equiv) | - | Select | ANTIDEPRESSANTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-----------------|------------------------------|
| FLUZONE HD PF INJ | VAC | Preventive | VACCINES |
| FLUZONE HIGH DOSE PF INJ | VAC | Preventive | VACCINES |
| FLUZONE INTRADERMAL INJ | VAC | Preventive | VACCINES |
| FLUZONE QUAD INJ | VAC | Preventive | VACCINES |
| FLUZONE/FLUARIX QUAD INJ | VAC | Preventive | VACCINES |
| FOLBEE PLUS CZ TAB | - | Select | MULTIVITAMINS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) | - | Select | ANTICOAGULANTS |
| fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| fosinopril tab (MONOPRIL equiv) | - | Select | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred | DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days) | PA-QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP (QL= 300 strips/30 days) | QL | Preferred | DIAGNOSTIC PRODUCTS |
| FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days) | QL-OTC | Preferred | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIPS (QL= 300 strips/30 days) | QL | Preferred | DIAGNOSTIC PRODUCTS |
| FULPHILA INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | Specialty Value | DIURETICS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------------|--|
| furosemide soln (LASIX equiv) | - | Value | DIURETICS |
| furosemide tab (LASIX equiv) | - | Value | DIURETICS |
| FUZEON INJ | AMSP | Preferre d Specialty | ANTIVIRALS |
| gabapentin cap (NEURONTIN equiv) | - | Select | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | Select | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GANCICLOVIR CAP | - | Preferre d | ANTIVIRALS |
| GARDASIL 9 INJ | VAC | Preventi ve | VACCINES |
| GARDASIL INJ | VAC | Preventi ve | VACCINES |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventi ve | LAXATIVES |
| gemfibrozil tab (LOPID equiv) | - | Select | ANTIHYPERLIPIDEMICS |
| GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days) | AMSP-PA-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 12MG (QL= 7 cartridges/28 days) | AMSP-QL | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|---------------------|---|
| GENOTROPIN INJ 1MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 2MG (QL= 21 syringes/28 days) | AMSP-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days) | AMSP-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPTH OINT | - | Select | OPHTHALMIC AGENTS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | Select | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | Select | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | Select | DERMATOLOGICALS |
| gentamicin sulfate oint | - | Select | DERMATOLOGICALS |
| GENVOYA TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | Preventive | CONTRACEPTIVES |
| GILENYA CAP (QL= 30 caps/30 days) | AMSP-QL | Preferred Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| glimepiride tab (AMARYL equiv) | - | Value | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | Value | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | Value | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | Select | ANTIDIABETICS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred | ANTIDIABETICS |
| GLUCAGEN INJ | - | Preferred | DIAGNOSTIC PRODUCTS |
| GLUCAGON DIAGNOSTIC INJ | - | Preferred | DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | Preferred | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | Select | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | Value | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | Value | ANTIDIABETICS |
| glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day) | QL | Select | ULCER DRUGS |
| glycopyrrolate tab (ROBINUL equiv) | - | Select | ULCER DRUGS |
| GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Preferred | ANTIDIABETICS |
| GOPRELTO SOLN | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days) | QL | Select | ANTIEMETICS |
| griseofulvin susp (GRIFULVIN equiv) | - | Select | ANTIFUNGALS |

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|--|---------------------|-------------|---|
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month) | OTC-QL | Preferred | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month) | OTC-QL | Select | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | Select | ANTIHYPERTENSIVES |
| GUANIDINE TAB | - | Select | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| GVOKE INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred | ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days) | QL | Preferred | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred | ANTIDIABETICS |
| HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred | HEMATOLOGICAL AGENTS - MISC. |
| HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred | HEMATOLOGICAL AGENTS - MISC. |
| halobetasol propionate cream (ULTRAVATE equiv) | - | Select | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | Select | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | Select | DERMATOLOGICALS |
| haloperidol decanoate inj | AMSP | Preferred | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol lactate conc (HALDOL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HAVRIX INJ, VAQTA INJ | VAC | Preventive | VACCINES |
| HC BUTYRATE SOLN | - | Preferred | DERMATOLOGICALS |
| HEMADY TAB (QL= 8 tabs/30 days) | QL | Preferred | CORTICOSTEROIDS |
| HEMLIBRA INJ | AMSP-PA | Preferred | HEMATOLOGICAL AGENTS - MISC. |
| heparin porcine inj | - | Select | ANTICOAGULANTS |
| HEPLISAV-B INJ | VAC | Preventive | VACCINES |
| HEXALEN CAP (Only available through Walgreens 888-347-3416) | LD | Preferred | ANTINEOPLASTICS |
| HIZENTRA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HOMATROPINE OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |

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|--|---------------------|---------------------|--------------------------------|
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | Select | OPHTHALMIC AGENTS |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL = 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days) | QL | Select | ANTIDIABETICS |
| HYCAMTIN CAP | LMSP-PA | Preferred Specialty | ANTINEOPLASTICS |
| hydralazine tab (APRESOLINE equiv) | - | Select | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | Value | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | Value | DIURETICS |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) | - | Select | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | Select | COUGH/COLD/ALLERGY |
| HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | QL-- | Select | ANALGESICS - OPIOID |
| hydrocortisone butyrate cream (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | Select | DERMATOLOGICALS |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------------|--|
| hydrocortisone enema (CORTENEMA equiv) | - | Select | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | Select | DERMATOLOGICALS |
| hydrocortisone oint | - | Select | DERMATOLOGICALS |
| hydrocortisone tab (CORTEF equiv) | - | Select | CORTICOSTEROIDS |
| hydrocortisone valerate cream | - | Select | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | Select | DERMATOLOGICALS |
| hydromorphone liquid (DILAUDID equiv) | - | Select | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | Select | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | Select | ANALGESICS - OPIOID |
| HYDROXYCHLOROQUINE TAB (QL= 1 tab/day; Step therapy requires trial of hydroxychloroquine sulfate 200mg tab) | QL-ST | Preferre d | ANTIMALARIALS |
| hydroxychloroquine tab (PLAQUENIL equiv) | QL-ST | Select | ANTIMALARIALS |
| HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days) | AMSP-PA-QL | Preferre d | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) | AMSP-PA-QL | Preferre d Specialty | PROGESTINS |
| hydroxyurea cap (HYDREA equiv) | - | Select | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | Select | ANTIAXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | Select | ANTIAXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | Select | ANTIAXIETY AGENTS |
| HYOPHEN TAB | - | Preferre d | ANTI-INFECTIVE AGENTS - MISC. |
| hyoscyamine inj (LEVSIN equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | Select | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | Select | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | Select | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | Select | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | Select | ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | Select | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | Select | URINARY ANTISPASMODICS |
| HYPODERMIC NEEDLES | OTC | Preferre d | MEDICAL DEVICES AND SUPPLIES |
| HYQVIA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferre d Specialty | PASSIVE IMMUNIZING AGENTS |
| ibandronate tab 150mg (BONIVA equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab cold/sinus (QL= 240 tabs/30 days) | QL | Select | COUGH/COLD/ALLERGY |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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|---|---------------------|----------------------------|--|
| icatibant inj (FIRAZYR equiv) (QL= 36ml/30 days) | AMSP-PA-QL | Generic Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILARIS INJ | LMSP-PA | Preferre d Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imipramine tab (TOFRANIL equiv) | - | Select | ANTIDEPRESSANTS |
| imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days) | QL | Select | DERMATOLOGICALS |
| IMOVAX INJ | - | Preventi ve | VACCINES |
| IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist) | AMSP-QL-RS | Preferre d Specialty | ANTI-INFECTIVE AGENTS - MISC. |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | Preventi ve | CONTRACEPTIVES |
| INCRELEX INJ (Only available through Walgreens 888-347-3416) | LD | Preferre d Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER (QL= 30 units/30 days) | QL | Preferre d | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | Select | DIURETICS |
| indomethacin cap (INDOCIN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| INTELENCE TAB (QL= 4 tabs/day) | QL | Preferre d | ANTIVIRALS |
| INTELENCE TAB 25MG (QL= 4 tabs/day) | QL | Preferre d | ANTIVIRALS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|--|
| INTRON-A INJ | AMSP | Preferred Specialty | ANTINEOPLASTICS |
| INVEGA HAFYERA INJ | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVEGA INJ | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVIRASE CAP (QL= 10 caps/day) | QL | Preferred | ANTIVIRALS |
| INVIRASE TAB (QL= 4 tabs/day) | QL | Preferred | ANTIVIRALS |
| iodoquinol/hydrocortisone cream 1% (VYTONA equiv) | - | Select | DERMATOLOGICALS |
| ipratropium nasal spray (ATROVENT equiv) | - | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | Select | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | Select | ANTIHYPERTENSIVES |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IRON SUSP (Covered for members 1 year or younger) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| ISENTRESS (HD) TAB (QL= 2 tabs/day) | QL | Preferred | ANTIVIRALS |
| ISENTRESS CHEW TAB (QL= 6 tabs/day) | QL | Preferred | ANTIVIRALS |
| ISENTRESS POWDER PACK (QL= 2 packets/day) | QL | Preferred | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | Preventive | CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | Preferred | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | Select | MIGRAINE PRODUCTS |
| ISONIAZID SYRUP | - | Select | ANTIMYCOBACTERIAL AGENTS |
| ISONIAZID TAB | - | Select | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO HYOSCINE OPTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | Select | ANTIANGINAL AGENTS |
| isosorbide dinitrate SL tab | - | Select | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 5mg (ISORDIL equiv) | - | Select | ANTIANGINAL AGENTS |
| isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | Select | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | Select | ANTIANGINAL AGENTS |
| ISOXSUPRINE TAB (QL= 120 tabs/30 days) | QL | Preferred | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| itraconazole cap (SPORANOX equiv) | - | Select | ANTIFUNGALS |
| ivermectin tab (STROMECTOL equiv) | - | Select | ANTHELMINTICS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
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|--|---------------------|---------------------|--|
| IXIARO INJ | - | Preventive | VACCINES |
| JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JARDIANCE TAB (QL= 1 tab/day) | QL | Preferred | ANTIDIABETICS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | Preferred | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | Preferred | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | Select | ESTROGENS |
| JULUCA TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| junel FE tab (LOESTRIN FE equiv) | - | Preventive | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | Preventive | CONTRACEPTIVES |
| JUXTAPID CAP (Only available through Accredo 888-773-7376) | LD-PA | Preferred Specialty | ANTIHYPERLIPIDEMICS |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KALETRA TAB 100-25MG (QL= 2 tabs/day) | QL | Preferred | ANTIVIRALS |
| KALETRA TAB 200-50MG (QL= 4 tabs/day) | QL | Preferred | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| kelnor tab (DEMULEN equiv) | - | Preventive | CONTRACEPTIVES |
| ketoconazole cream (NIZORAL CREAM equiv) | - | Select | DERMATOLOGICALS |
| ketoconazole shampoo | - | Select | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | Select | ANTIFUNGALS |
| ketoprofen cap (ORUDIS equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | Preferred | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln .05% (ACULAR (LS) equiv) | - | Select | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |

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|--|---------------------|---------------------|--|
| KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferred Specialty | DIURETICS |
| KLOXXADO NASAL SPRAY | - | Preferred | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | Preferred Specialty | ANTIDIABETICS |
| KRINTAFEL TAB (QL= 2 tabs/365 days) | QL | Preferred | ANTIMALARIALS |
| K-TAB | - | Select | MINERALS & ELECTROLYTES |
| KYLEENA IUD | - | Preventive | CONTRACEPTIVES |
| labetalol tab (NORMODYNE equiv) | - | Select | BETA BLOCKERS |
| lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days) | QL | Select | ANTICONVULSANTS |
| lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lactulose soln | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days) | QL | Select | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty | ANTIVIRALS |
| lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | Select | ANTICONVULSANTS |
| lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day) | QL | Select | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | Select | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | Select | ANTICONVULSANTS |
| LAMPIT TAB 120MG (QL= 225 tabs/30 days) | QL | Preferred | ANTI-INFECTIVE AGENTS - MISC. |
| LAMPIT TAB 30MG (QL= 360 tabs/30 days) | QL | Preferred | ANTI-INFECTIVE AGENTS - MISC. |
| LANCET KIT | OTC | Preferred | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | Preferred | MEDICAL DEVICES AND SUPPLIES |
| lapatinib ditosylate tab (TYKERB equiv) | AMSP-PA | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| latanoprost ophth soln (XALATAN equiv) | - | Select | OPHTHALMIC AGENTS |
| LATUDA TAB (QL= 1 tab/day) | QL | Preferred | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | Preventive | CONTRACEPTIVES |

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| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| letrozole tab (FEMARA equiv) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | Select | ANTINEOPLASTICS |
| levalbuterol neb soln (XOPENEX equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred | ANTIDIABETICS |
| LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | Select | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | Select | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | Select | ANTICONVULSANTS |
| LEVOBUNOLOL OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | Select | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) (QL= 10ml/day) | QL | Select | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | Select | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | Select | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | Select | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | Select | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | Preventive | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | Preventive | CONTRACEPTIVES |
| levothyroxine tab (SYNTHROID equiv) | - | Select | THYROID AGENTS |
| LIDOCAINE GEL | - | Select | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | Select | DERMATOLOGICALS |
| lidocaine oint (QL= 8gm/day) | QL | Select | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | Preferred | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine soln (XYLOCAINE equiv) | - | Select | DERMATOLOGICALS |
| lidocaine viscous soln 2% | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | Select | ANORECTAL AGENTS |
| lidocaine/hydrocortisone kit (ANALPRAM equiv) | - | Select | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | Select | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | Select | DERMATOLOGICALS |
| lindane lotion | - | Select | DERMATOLOGICALS |
| LINDANE SHAMPOO | - | Preferred | DERMATOLOGICALS |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|--|
| lindane shampoo | - | Select | DERMATOLOGICALS |
| linezolid susp | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | Select | THYROID AGENTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | Value | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | Value | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium citrate soln | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LO LOESTRIN TAB | - | Preventive | CONTRACEPTIVES |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | Select | ANTIDIARRHEALS |
| lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days) | QL | Select | ANTIVIRALS |
| lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| lorazepam conc (ATIVAN equiv) | - | Select | ANTI-ANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | Select | ANTI-ANXIETY AGENTS |
| LORTUSS EX LIQUID (QL= 1200ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| LORTUSS LIQUID (QL= 1200ml/30 days) | QL | Preferred | COUGH/COLD/ALLERGY |
| losartan tab (COZAAR equiv) | - | Value | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | Value | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Preferred | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | Select | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUCENTIS INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | OPHTHALMIC AGENTS |
| LUMIFY OPHTH SOLN 0.25% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Preferred | OPHTHALMIC AGENTS |
| LUPRON DEPOT INJ | AMSP-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON INJ | AMSP-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|------------------------|---|
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| malathion lotion (OVIDE equiv) | - | Select | DERMATOLOGICALS |
| maldemar tab (SCOPACE equiv) | - | Select | ANTIEMETICS |
| MAPROTILINE TAB | - | Select | ANTIDEPRESSANTS |
| maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day) | QL | Select | ANTIVIRALS |
| MATULANE CAP (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty | ANTINEOPLASTICS |
| MAVYRET PAK (QL= 5 packets/day) | AMSP-PA-QL | Preferred Specialty | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | AMSP-PA-QL | Preferred Specialty | ANTIVIRALS |
| MAXIDEX OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| meclizine chew tab (BONINE equiv) | OTC | Select | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | Select | ANTIEMETICS |
| MECLOFENAMATE CAP | - | Preferred | ANALGESICS - ANTI-INFLAMMATORY |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days) | QL | Preventive | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | Select | PROGESTINS |
| MEFLOQUINE TAB | - | Preferred | ANTIMALARIALS |
| megestrol ES susp (MEGACE ES equiv) | - | Select | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | AMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam tab (MOBIC equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| melphalan tab (ALKERAN equiv) | AMSP-PA | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (QL= 2 tabs/day) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days) | QL | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | Preventive | VACCINES |
| M-END DMX LIQUID (QL= 1800ml/30 days) | QL | Preferred | COUGH/COLD/ALLERGY |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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|---|---------------------|----------------------------|---|
| MENEST TAB | - | Preferre d | ESTROGENS |
| MENHIBRIX INJ | VAC | Preventi ve | VACCINES |
| MENOMUNE INJ | VAC | Preventi ve | VACCINES |
| MENQUADFI INJ | VAC | Preventi ve | VACCINES |
| MENVEO INJ | VAC | Preventi ve | VACCINES |
| MEPERIDINE SOLN | - | Preferre d | ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) (QL= 6 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| mercaptapurine tab (PURINETHOL equiv) | - | Select | ANTINEOPLASTICS |
| mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) (QL= 4 caps/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) (QL= 1 supp/day) | QL | Select | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | AMSP | Preferre d Specialty | ANTINEOPLASTICS |
| METAPROTERENOL SYRUP | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | Value | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | Value | ANTIDIABETICS |
| methadone soln (QL= 20ml/day) | QL | Select | ANALGESICS - OPIOID |
| methadone soln (QL= 4 ml/day) | QL | Select | ANALGESICS - OPIOID |
| methadone soln (QL= 40ml/day) | QL | Select | ANALGESICS - OPIOID |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| methadose tab (QL= 1 tab/day) | QL | Select | ANALGESICS - OPIOID |
| methenamine hippurate tab (HIPREX equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | Select | THYROID AGENTS |
| methocarbamol tab (ROBAXIN equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| METHOTREXATE INJ | - | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | Select | ANTINEOPLASTICS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | Select | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | Select | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | Select | DIURETICS |
| METHYLDOPA TAB | - | Preferre d | ANTIHYPERTENSIVES |
| methylidopa tab (ALDOMET equiv) | - | Select | ANTIHYPERTENSIVES |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | Preferre d | ANTIHYPERTENSIVES |
| methylidopa/hydrochlorothiazide tab (ALDORIL equiv) | - | Select | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) | - | Select | OXYTOCICS |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL | Preferre d | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------|---|
| methylphenidate ER tab 10mg (QL= 3 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 20mg (QL= 3 tabs/day) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days) | QL | Select | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | Select | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | Select | CORTICOSTEROIDS |
| METIPRANOLOL OPTH SOLN | - | Preferre d | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | Select | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | Value | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | Value | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| metronidazole cream (METROCREAM equiv) | - | Select | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | Select | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | Select | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | Select | VAGINAL PRODUCTS |
| mexiletine hcl cap | - | Select | ANTIARRHYTHMICS |
| mibelas chew tab (MINASTRIN equiv) | - | Preventi ve | CONTRACEPTIVES |
| MICORT-HC CREAM | - | Preferre d | DERMATOLOGICALS |
| midazolam hcl syrup | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midazolam inj (MIDAZOLAM equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midodrine tab (PROAMATINE equiv) | - | Select | VASOPRESSORS |
| mifepristone tab (MIFEPREX equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGERGOT SUPP (QL= 20 supp/28 days) | QL | Preferre d | MIGRAINE PRODUCTS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | Generic Specialty | HEMATOPOIETIC AGENTS |
| minocycline cap (MINOCIN equiv) | - | Select | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | Select | ANTIHYPERTENSIVES |
| MIRENA IUD | - | Preventi ve | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | Select | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | Select | ANTIDEPRESSANTS |
| MIRVASO GEL | - | Preferre d | DERMATOLOGICALS |

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| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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|--|---------------------|-------------|---|
| misoprostol tab (CYTOTEC equiv) | - | Select | ULCER DRUGS |
| M-M-R II INJ | VAC | Preventive | VACCINES |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | Value | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| moexipril tab (UNIVASC equiv) | - | Select | ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | Select | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | Preferred | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | Preventive | ANTIVIRALS |
| mometasone cream (ELOCON equiv) | - | Select | DERMATOLOGICALS |
| mometasone oint (ELOCON equiv) | - | Select | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | Select | DERMATOLOGICALS |
| montelukast chew tab (SINGULAIR equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select | ANALGESICS - OPIOID |
| morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN | - | Preferred | ANALGESICS - OPIOID |
| morphine sulfate soln | - | Select | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | Preferred | ANALGESICS - OPIOID |
| morphine sulfate tab | - | Select | ANALGESICS - OPIOID |
| MOVANTI K TAB (QL= 30 tabs/30 days) | PA-QL | Preferred | GASTROINTESTINAL AGENTS - MISC. |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | Select | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | Select | FLUOROQUINOLONES |
| multigen folic tab (CHROMAGEN FA equiv) | - | Select | HEMATOPOIETIC AGENTS |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | Select | HEMATOPOIETIC AGENTS |
| multigen tab (CHROMAGEN equiv) | - | Select | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | Preventive | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | Preventive | MULTIVITAMINS |
| mupirocin cream (BACTROBAN CREAM equiv) | - | Select | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | Select | DERMATOLOGICALS |
| mycophenolate DR tab (MYFORTIC equiv) | - | Select | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | Select | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | Select | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | Select | ASSORTED CLASSES |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|--|
| MYLERAN TAB | AMSP | Preferre d | ANTINEOPLASTICS |
| nabumetone tab (RELAFEN equiv) | - | Specialty Select | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | Select | BETA BLOCKERS |
| NAFTIFINE CREAM 1% | - | Preferre d | DERMATOLOGICALS |
| naloxone hcl nasal spray (NARCAN equiv) | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj | - | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month) | --QL | Select | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | Select | ANTIDOTES |
| NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab) | QL-ST | Preferre d | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Preferre d | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naproxen EC tab (NAPROSYN EC equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | Preferre d | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen susp (NAPROSYN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| NATACYN OPTHH SUSP (QL= 45ml/30 days) | QL | Preferre d | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | Preventi ve | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | Select | ANTIDIABETICS |
| NEFAZODONE TAB | - | Select | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | Select | ANTIDEPRESSANTS |
| neomycin tab | - | Select | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPTHH SOLN | - | Select | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | Select | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | Select | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | Select | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | Select | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTHH SOLN | - | Preferre d | OPHTHALMIC AGENTS |
| NEPHRON FA TAB | - | Preferre d | HEMATOPOIETIC AGENTS |
| NEVIRAPINE ER TAB (QL= 3 tabs/day) | QL | Preferre d | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| NEVIRAPINE SUSP (QL= 1200ml/30 days) | QL | Preferre d | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days) | QL | Preferre d | COUGH/COLD/ALLERGY |
| NEXPLANON IMPLANT | - | Preventi ve | CONTRACEPTIVES |
| nicardipine cap (CARDENE equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|---------------------|---|
| NICAZELDOXY KIT | - | Preferred | TETRACYCLINES |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NINLARO CAP | AMSP-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nitisinone cap (ORFADIN equiv) | LMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | Preferred | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | Select | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | Select | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | Select | ANTIANGINAL AGENTS |
| NIZATIDINE CAP | - | Preferred | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| nizatidine cap (AXID equiv) | - | Select | ULCER DRUGS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | Select | DERMATOLOGICALS |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) | - | Preventive | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | Preventive | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | Select | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | Preventive | CONTRACEPTIVES |
| norethindrone/ethinyl estradiol tab (LOESTRIN equiv) | - | Preventive | CONTRACEPTIVES |

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|---|---------------------|------------------------|---|
| NORPACE CR CAP | - | Preferred | ANTIARRHYTHMICS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | Preventive | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | Preventive | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | Select | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | Select | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | Select | ANTIDEPRESSANTS |
| NORVIR CAP (QL= 12 caps/day) | QL | Preferred | ANTIVIRALS |
| NORVIR POWDER PACK (QL= 12 packets/day) | QL | Preferred | ANTIVIRALS |
| NORVIR SOLN (QL= 480ml/30 days) | QL | Preferred | ANTIVIRALS |
| NOVOFINE PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG MIX INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOLOG PENFILL INJ (QL= 60 units/30 days) | QL | Select | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | Select | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL SUSP (Step Therapy requires trial of fluconazole, itraconazole or VFEND) | ST | Preferred | ANTIFUNGALS |
| NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND) | QL-ST | Preferred | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | Select | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | Preferred | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NUVARING | - | Preventive | CONTRACEPTIVES |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln) | QL-ST | Preferred | VAGINAL PRODUCTS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | Select | DERMATOLOGICALS |
| nystatin oint | - | Select | DERMATOLOGICALS |
| nystatin powder | - | Select | ANTIFUNGALS |
| nystatin susp | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | Select | ANTIFUNGALS |
| nystatin topical powder | - | Select | DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | Select | VAGINAL PRODUCTS |
| nystatin/triamcinolone cream | - | Select | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | Select | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|--|
| octreotide inj (SANDOSTATIN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ODEFSEY TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| ODOMZO CAP | AMSP-PA-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | Select | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | Select | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | Select | FLUOROQUINOLONES |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olmesartan tab (BENICAR equiv) | - | Select | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days) | QL | Select | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day) | QL | Select | ANTIHYPERLIPIDEMICS |
| OMNIPOD 5 G6 KIT (QL= 1 kit/year) | QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days) | QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 15 pods/30 days) | QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH KIT (QL= 1 kit/year) | QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 15 pods/30 days) | QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | Preferred | MEDICAL DEVICES AND SUPPLIES |
| ondansetron ODT (ZOFTRAN equiv) | - | Select | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days) | QL | Select | ANTIEMETICS |
| ONDANSETRON TAB | - | Select | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | Select | ANTIEMETICS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ORACIT SOLN | - | Preferred | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORENITRAM TAB (Only available through CVS Specialty 800-237-2767) | LD-PA | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | RESPIRATORY AGENTS - MISC. |

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|--|---------------------|-------------|--------------------------------|
| orphenadrine citrate ER tab (NORFLEX equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select | ANTIVIRALS |
| oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select | ANTIVIRALS |
| oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days) | QL | Select | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days) | QL | Select | ANTIVIRALS |
| otomax-HC otic soln (CORTANE-B equiv) | - | Select | OTIC AGENTS |
| oxandrolone tab (OXANDRIN equiv) | PA | Select | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| oxcarbazepine susp (TRILEPTAL equiv) | - | Select | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | Select | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | Select | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | Select | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | Select | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | Select | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | Select | ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) | - | Select | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | Select | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day) | QL | Preferred | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day) | QL | Preferred | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day) | QL | Preferred | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day) | QL | Preferred | ANALGESICS - OPIOID |

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|---|---------------------|---------------------|---|
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| OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day) | QL | Preferred | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day) | QL | Preferred | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | Select | ANALGESICS - OPIOID |
| OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferred | ANTIDIABETICS |
| OZEMPIC INJ (QL= 3ml/28 days; Step therapy requires trial of metformin or metformin ER) | QL-ST | Preferred | ANTIDIABETICS |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PARAGARD IUD | - | Preventive | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | Select | DERMATOLOGICALS |
| paricalcitol cap (ZEMPLAR equiv) | - | Select | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paromomycin cap (HUMATIN equiv) | - | Select | AMINOGLYCOSIDES |
| paroxetine tab (PAXIL equiv) | - | Select | ANTIDEPRESSANTS |
| PAXLOVID TAB (QL= 30 tabs/fill) | QL | Preventive | ANTIVIRALS |
| PAXLOVID TAB 100-150MG (QL= 20 tabs/fill) | QL | Preventive | ANTIVIRALS |
| PCE TAB | - | Preferred | MACROLIDES |
| pediatric multiple vitamins/fluoride soln | - | Preventive | MULTIVITAMINS |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive | LAXATIVES |
| PEGASYS INJ | AMSP-PA | Preferred Specialty | ANTIVIRALS |
| PEG-INTRON INJ (Only available through Lumicera 855-847-3553) | LMSP | Preferred Specialty | ANTIVIRALS |
| penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days) | QL | Select | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk soln (VEETIDS equiv) | - | Select | PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | Select | PENICILLINS |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | Select | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | Select | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENTAL equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| perindopril tab (ACEON equiv) | - | Select | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | Select | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| phenazopyridine tab (PYRIDIUM equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenelzine tab (NARDIL equiv) | - | Select | ANTIDEPRESSANTS |

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

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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------------|---|
| phenobarbital elixir | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenobarbital tab | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenylephrine ophth soln (MYDFRIN equiv) | - | Select | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | Select | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | Select | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | Select | ANTICONVULSANTS |
| PHOSLYRA SOLN | - | Preferre d | GASTROINTESTINAL AGENTS - MISC. |
| phytonadione tab (MEPHYTON equiv) | - | Select | VITAMINS |
| PIFELTRO TAB | - | Preferre d | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | Select | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| PIMOZIDE TAB | - | Preferre d | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | Select | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | Select | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | Select | ANTIDIABETICS |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| PLAN B TAB | OTC | Preventi ve | CONTRACEPTIVES |
| PNEUMOVAX INJ | VAC | Preventi ve | VACCINES |
| PODOCON SOLN | - | Preferre d | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | Select | DERMATOLOGICALS |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | Preferre d | PHARMACEUTICAL ADJUVANTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | Select | OPHTHALMIC AGENTS |
| POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| POT/CHLORIDE EFFER TAB | - | Select | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | Preferre d | VITAMINS |
| POTABA TAB | - | Preferre d | VITAMINS |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | Select | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|--------------------------------------|
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day) | QL | Select | MINERALS & ELECTROLYTES |
| PRALUENT INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIHYPERLIPIDEMICS |
| PRALUENT INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIHYPERLIPIDEMICS |
| pramipexole tab (MIRAPEX equiv) | - | Select | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | Preferred | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | Preferred | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | Select | ANORECTAL AGENTS |
| pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | Select | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | Select | ANTIHYPERTENSIVES |
| PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred | DIAGNOSTIC PRODUCTS |
| PRED MILD OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | Preferred | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | Preferred | DERMATOLOGICALS |
| prednicarbate cream (DERMATOP equiv) | - | Select | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | Preferred | DERMATOLOGICALS |
| PREDNISOLONE OPHTH SUSP | - | Select | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| PREDNISOLONE SOLN | - | Preferred | CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | Select | CORTICOSTEROIDS |
| PREDNISOLONE SYRUP | - | Select | CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | Select | CORTICOSTEROIDS |
| prednisone pack | - | Select | CORTICOSTEROIDS |
| PREDNISONONE SOLN | - | Select | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | Select | CORTICOSTEROIDS |
| pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select | ANTICONVULSANTS |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | Select | ANTICONVULSANTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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OEBB High Performance Formulary (INF) Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|------------------------|--|
| PREMARIN TAB | - | Preferred | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | Preferred | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | Preferred | ESTROGENS |
| PRENATABS RX TAB | - | Preferred | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | Preferred | MULTIVITAMINS |
| PRENATAL 19 TAB | - | Preferred | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | Preferred | MULTIVITAMINS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | Preventive | VACCINES |
| PREVNAR 20 INJ (QL= 1 vaccine/lifetime; Covered for members age 19 years or older) | QL | Preventive | VACCINES |
| PREZCOBIX TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| PREZISTA SUSP (QL= 400ml/30 days) | QL | Preferred | ANTIVIRALS |
| PREZISTA TAB 150MG (QL= 8 tabs/day) | QL | Preferred | ANTIVIRALS |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Preferred | ANTIVIRALS |
| PREZISTA TAB 75MG (QL= 16 tabs/day) | QL | Preferred | ANTIVIRALS |
| PREZISTA TAB 800MG (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| primidone tab (MYSOLINE equiv) | - | Select | ANTICONVULSANTS |
| PRIMSOL SOLN | - | Preferred | ANTI-INFECTIVE AGENTS - MISC. |
| PRIORIX INJ (QL=1 inj/fill; Covered for members age 6 months or older) | QL-VAC | Preventive | VACCINES |
| probenecid tab (BENEMID equiv) | - | Select | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCTOFOAM HC FOAM | - | Preferred | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | Select | ANORECTAL AGENTS |
| PRODRIN TAB | - | Select | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | Select | PROGESTINS |
| progesterone oil inj | - | Select | PROGESTINS |
| PROLIA INJ | AMSP-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PROMACTA TAB | AMSP-PA | Preferred Specialty | HEMATOPOIETIC AGENTS |

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Alphabetical Index
Last Updated 8/1/2022

| Drug Name | Special Code | Tier | Category |
|---|---------------------|----------------------------|--|
| promethazine DM syrup | - | Select | COUGH/COLD/ALLERGY |
| promethazine inj (PHENERGAN equiv) | - | Select | ANTIHISTAMINES |
| promethazine supp (PHENERGAN equiv) | - | Select | ANTIHISTAMINES |
| promethazine syrup | - | Select | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | Select | ANTIHISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | Select | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | Select | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | Select | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | Select | ANTIHISTAMINES |
| propafenone tab (RYTHMOL equiv) | - | Select | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | Preferre d | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | Select | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | Select | BETA BLOCKERS |
| propranolol oral soln | - | Select | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | Select | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | Select | BETA BLOCKERS |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | Preferre d | ANTIHYPERTENSIVES |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | Select | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | Select | THYROID AGENTS |
| PROQUAD INJ | - | Preventi ve | VACCINES |
| protriptyline tab (VIVACTIL equiv) | - | Select | ANTIDEPRESSANTS |
| pseudoephedrine ER tab 120mg (QL= 2 tabs/day) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab 30mg (QL= 8 tabs/day) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab 60mg (QL= 4 tabs/day) | QL | Select | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PULMOZYME INH SOLN | AMSP-PA | Preferre d Specialty | RESPIRATORY AGENTS - MISC. |
| PURIXAN SUSP | AMSP-PA | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pyrazinamide tab | - | Select | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | Select | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | Select | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ANTIMALARIALS |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quinapril tab (ACCUPRIL equiv) | - | Select | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | Select | ANTIHYPERTENSIVES |
| quinidine sulfate tab (QL= 8 tabs/day) | QL | Select | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day) | QL | Preferre d | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day) | QL | Preferre d | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | Select | ANTIMALARIALS |
| QVAR REDIALER (QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA) | QL-ST | Preferre d | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|---|---------------------|---------------------|--|
| RABAVERT INJ | - | Preventive | VACCINES |
| raloxifene tab (EVISTA equiv) (QL= 1 tab/day) | QL | Preventive | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramipril cap (ALTACE equiv) | - | Select | ANTIHYPERTENSIVES |
| ranitidine cap (ZANTAC equiv) | - | Select | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | Select | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | Select | ULCER DRUGS |
| ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days) | QL | Select | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) (QL= 1 tab/day) | QL | Select | ANTIPARKINSON AGENTS |
| REBETOL SOLN | AMSP | Preferred Specialty | ANTIVIRALS |
| RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month) | QL | Preferred | ANTIVIRALS |
| RELTONE CAP (Step therapy requires trial of ursodiol tab) | ST | Select | GASTROINTESTINAL AGENTS - MISC. |
| RENAGEL TAB | - | Preferred | GASTROINTESTINAL AGENTS - MISC. |
| RENAGEL TAB 800MG | - | Preferred | GASTROINTESTINAL AGENTS - MISC. |
| REPAGLINIDE TAB | - | Preferred | ANTIDIABETICS |
| repaglinide tab (PRANDIN equiv) | - | Select | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIHYPERLIPIDEMICS |
| RESCRIPTOR TAB | - | Preferred | ANTIVIRALS |
| RESERPINE TAB | - | Preferred | ANTIHYPERTENSIVES |
| RESTASIS MULTI-DOSE (QL= 5.5 ml/30 days) | QL | Preferred | OPHTHALMIC AGENTS |
| RETACRIT INJ (QL= 12 vials/30 days) | AMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| RETACRIT INJ (QL= 4 vials/30 days) | AMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | MISCELLANEOUS THERAPEUTIC CLASSES |
| REYATAZ POWDER PACK (QL= 5 packets/day) | QL | Preferred | ANTIVIRALS |
| REZYST CHEW TAB | - | Select | ANTIDIARRHEALS |
| RIBAPAK TAB (Step Therapy requires trial of ribavirin) | AMSP-ST | Preferred Specialty | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | AMSP | Generic Specialty | ANTIVIRALS |

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|--|---------------------|---------------------|---|
| ribavirin tab (COPEGUS equiv) | AMSP | Generic Specialty | ANTIVIRALS |
| rifabutin cap (MYCOBUTIN equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | Select | ANTIMYCOBACTERIAL AGENTS |
| riluzole tab (RILUTEK equiv) | AMSP | Generic Specialty | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | Select | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| RISPERIDONE ODT | - | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days) | QL | Select | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | Select | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |
| ropinirole tab (REQUIP equiv) | - | Select | ANTIPARKINSON AGENTS |
| rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SAFETY SYRINGE | - | Preferred Specialty | MEDICAL DEVICES AND SUPPLIES |
| salicylic acid liquid | - | Select | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | Select | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | Select | ANALGESICS - NONNARCOTIC |
| SANDOSTATIN LAR INJ KIT | AMSP | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | Preferred Specialty | DERMATOLOGICALS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days) | QL | Select | ANTIEMETICS |
| selegiline cap (ELDEPRYL equiv) | - | Select | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day) | QL | Select | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | Select | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | Select | DERMATOLOGICALS |
| SELZENTRY SOLN (QL= 31ml/day) | QL | Preferred Specialty | ANTIVIRALS |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Preferred Specialty | ANTIVIRALS |
| SELZENTRY TAB 25MG (QL= 4 tabs/day) | QL | Preferred Specialty | ANTIVIRALS |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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OEBB High Performance Formulary (INF) Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|---------------------|---|
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Preferred | ANTIVIRALS |
| SELZENTRY TAB 75MG (QL= 2 tabs/day) | QL | Preferred | ANTIVIRALS |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days) | QL | Preferred | ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day) | QL | Preferred | ANTIDIABETICS |
| SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sertraline conc (ZOLOFT equiv) | - | Value | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | Value | ANTIDEPRESSANTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| SHINGRIX INJ (Covered for members age 18 or older) | VAC | Preventive | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sildenafil susp (REVATIO equiv) (QL= 224ml/30 days) | AMSP-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| SILVER NITRATE SOLN | - | Preferred | DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | Select | DERMATOLOGICALS |
| SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Preferred | ANTIHYPERTENSIVES |
| simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERTENSIVES |
| simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | PA-QL | Preventive | ANTIHYPERTENSIVES |
| SIRTURO TAB (Restricted to Infectious Disease Specialist; Only available through MMS Solutions 855-691-0963) | LD-RS | Preferred Specialty | ANTIMYCOBACTERIAL AGENTS |
| SIVEXTRO TAB (QL= 6 tabs/fill) | QL-RS | Preferred | ANTI-INFECTIVE AGENTS - MISC. |
| SKYLA IUD | - | Preventive | CONTRACEPTIVES |
| SKYRIZI INJ (QL= 1 cartridge/56 days) | AMSP-PA-QL | Preferred Specialty | GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days) | AMSP-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days) | AMSP-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days) | AMSP-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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|---|---------------------|---------------------|--|
| sodium chloride inj | - | Select | MINERALS & ELECTROLYTES |
| sodium chloride neb soln (HYPER-SAL equiv) | - | Select | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| sodium fluoride paste (PREVIDENT equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| sodium phenylbutyrate powder (BUPHENYL equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium sulfacetamide lotion (KLARON equiv) | - | Select | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty | ANTIVIRALS |
| solifenacin tab (VESICARE equiv) (QL= 1 tab/day) | QL | Select | URINARY ANTISPASMODICS |
| SOLU-CORTEF INJ | - | Preferred | CORTICOSTEROIDS |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMRYST (QL= 1 membership/lifetime) | PA-QL | Preferred | MISCELLANEOUS THERAPEUTIC CLASSES |
| sorafenib tosylate tab (NEXAVAR equiv) | AMSP-PA-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| sotalol AF tab (BETAPACE AF equiv) | - | Select | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | Select | BETA BLOCKERS |
| SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Preferred | DERMATOLOGICALS |
| SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler) | QL-ST | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | Value | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | Select | DIURETICS |
| sprintec 28 tab (ORTHO-CYCLLEN equiv) | - | Preventive | CONTRACEPTIVES |

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| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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|--|---------------------|---------------------|---|
| SPRYCEL TAB | AMSP-PA-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS SUSP | - | Preferred | MISCELLANEOUS THERAPEUTIC CLASSES |
| STAHIST AD TAB 25-60MG (QL= 4 tabs/day) | QL | Preferred | COUGH/COLD/ALLERGY |
| STAMARIL INJ | - | Preventive | VACCINES |
| stavudine cap (ZERIT equiv) (QL= 2 caps/day) | QL | Select | ANTIVIRALS |
| stavudine soln (ZERIT equiv) (QL= 2400ml/30 days) | QL | Select | ANTIVIRALS |
| STELARA INJ (QL= 1 inj/84 days) | AMSP-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| STELARA INJ (QL= 1 inj/84 days) | AMSP-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | Preferred | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIBILD TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| SUBOXONE SL FILM 12-3MG (QL= 2 films/day) | QL | Preferred | ANALGESICS - OPIOID |
| SUBOXONE SL FILM 8-2MG (QL= 3 films/day) | QL | Preferred | ANALGESICS - OPIOID |
| sucrafate susp (CARAFATE equiv) | - | Select | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| sucrafate tab (CARAFATE equiv) | - | Select | ULCER DRUGS |
| SULFACETAMIDE SODIUM OPHTH OINT | - | Preferred | OPHTHALMIC AGENTS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | Select | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | Select | OPHTHALMIC AGENTS |
| SULFADIAZINE TAB (QL= 8 tabs/day) | QL | Preferred | SULFONAMIDES |
| sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day) | QL | Select | SULFONAMIDES |
| SULFAMYLON CREAM | - | Preferred | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days) | QL | Preferred | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | Select | MIGRAINE PRODUCTS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
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|---|---------------------|----------------------------|---|
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferre d Specialty | RESPIRATORY AGENTS - MISC. |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| SYMPROIC TAB (QL= 30 tabs/30 days) | PA-QL | Preferre d | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | Preferre d | ANTIVIRALS |
| SYNAGIS INJ (QL= 1 inj/28 days) | LMSP-PA-QL | Preferre d Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| SYNAREL NASAL SOLN | - | Preferre d | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | Preferre d | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | Preferre d | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | Preferre d | ANTIDIABETICS |
| SYNRIBO INJ (Only available through US Bioservices 888-518-7246) | LD-PA | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYRINGE LUER-LOK | OTC | Preferre d | MEDICAL DEVICES AND SUPPLIES |
| tacrolimus cap (PROGRAF equiv) | - | Select | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | Select | DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH) | PA-QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | Select | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | AMSP-PA-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | Preventi ve | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| TASIGNA CAP | AMSP-PA-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| telmisartan tab (MICARDIS equiv) | - | Select | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temozolomide cap (TEMODAR equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day) | QL | Select | ANTIVIRALS |
| terazosin cap (HYTRIN equiv) | - | Select | ANTIHYPERTENSIVES |

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|--|---------------------|------------------------|---|
| terbinafine tab (LAMISIL equiv) | - | Select | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | Select | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | Select | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | Select | VAGINAL PRODUCTS |
| TERIPARATIDE INJ (QL= 2.48 units/28 days) | AMSP-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | Select | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days) | QL | Preferred | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | Preferred | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) | PA-QL | Select | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (QL= 300gm/30 days) | QL | Select | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days) | QL | Select | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | Preferred | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) | - | Select | ANDROGENS-ANABOLIC |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days) | QL | Preferred | ANDROGENS-ANABOLIC |
| TETANUS/DIPHThERIA TOXOID INJ | VAC | Preventive | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | AMSP-PA | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracaine ophth soln | - | Select | OPHTHALMIC AGENTS |
| tetracycline cap | - | Select | TETRACYCLINES |
| THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | ASSORTED CLASSES |
| theophylline CR tab (QUIBRON-T equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| thioridazine tab (MELLARIL equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select | ANTICONVULSANTS |
| tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day) | QL | Select | ANTICONVULSANTS |
| tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select | ANTICONVULSANTS |
| tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select | ANTICONVULSANTS |
| ticlopidine tab (TICLID equiv) | - | Select | HEMATOLOGICAL AGENTS - MISC. |
| TIGLUTIK SUSP (Only available through Foundation Care 877-291-1122) | LD-PA | Preferred Specialty | NEUROMUSCULAR AGENTS |
| timolol maleate ophth soln 0.25% (TIMOPTIC equiv) | - | Select | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (TIMOPTIC equiv) | - | Select | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | Select | BETA BLOCKERS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|---------------------|--|
| TIMOLOL OPHTH GEL SOLN (Step Therapy requires trial of timolol maleate ophth soln) | ST | Preferred | OPHTHALMIC AGENTS |
| tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Generic Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| TIVICAY PD TAB (QL= 180 tabs/30 days) | QL | Preferred | ANTIVIRALS |
| TIVICAY TAB (QL= 180 tabs/30 days) | QL | Preferred | ANTIVIRALS |
| tizanidine tab (ZANAFLEX equiv) | - | Select | MUSCULOSKELETAL THERAPY AGENTS |
| TOBRADEX OPHTH OINT | - | Preferred | OPHTHALMIC AGENTS |
| tobramycin neb soln (BETHKIS equiv) | AMSP-PA | Generic Specialty | AMINOGLYCOSIDES |
| tobramycin neb soln (TOBI equiv) | AMSP-PA | Generic Specialty | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | Select | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | Select | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | Preventive | VAGINAL PRODUCTS |
| tolazamide tab (TOLINASE equiv) | - | Select | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | Preferred | ANTIDIABETICS |
| tolmetin cap (TOLECTIN DS equiv) | - | Select | ANALGESICS - ANTI-INFLAMMATORY |
| tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| topiramate sprinkle cap (TOPAMAX equiv) | - | Select | ANTICONSULTANTS |
| topiramate tab (TOPAMAX equiv) | - | Select | ANTICONSULTANTS |
| toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen) | ST | Select | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| toremide tab (DEMADEX equiv) | - | Select | DIURETICS |
| TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days) | QL | Preferred | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ (QL= 18ml/30 days) | QL | Preferred | ANTIDIABETICS |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | Preferred | ANTIDIABETICS |
| tramadol ER tab 100mg (ULTRAM ER equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol ER tab 200mg (ULTRAM ER equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol ER tab 300mg (ULTRAM ER equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol hcl tab 100mg (QL= 4 tabs/day) | QL | Select | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | Select | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | Select | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | Select | ANTIHYPERTENSIVES |
| trandolapril/verapamil ER tab (TARKA equiv) | - | Select | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days) | QL | Select | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | Select | ANTIDEPRESSANTS |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------------|---|
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select | OPHTHALMIC AGENTS |
| trazodone tab 50mg, 100mg, 150mg (DESYREL equiv) | - | Select | ANTIDEPRESSANTS |
| TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Preferred | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred | ANTIDIABETICS |
| TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS |
| tretinoin cream (RETIN-A CREAM equiv) | - | Select | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) | - | Select | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.025% (TRIANEX equiv) | - | Select | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.1% (TRIANEX equiv) | - | Select | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.5% (TRIANEX equiv) | - | Select | DERMATOLOGICALS |
| triamcinolone cream | - | Select | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | Select | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | Select | DERMATOLOGICALS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | Select | DIURETICS |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | Select | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | Select | DIURETICS |
| triazolam tab (HALCION equiv) | - | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | Select | GENITOURINARY AGENTS - MISCELLANEOUS |
| trifluoperazine tab (STELAZINE equiv) | - | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | Select | OPHTHALMIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | Select | OPHTHALMIC AGENTS |
| trihexyphenidyl elixir (ARTANE equiv) | - | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days) | QL | Select | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | Select | ANTIPARKINSON AGENTS |
| tri-legest tab (ESTROSTEP FE equiv) | - | Preventive | CONTRACEPTIVES |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | Select | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| TRIMETHOPRIME TAB | - | Preferred | ANTI-INFECTIVE AGENTS - MISC. |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|---------------------|--|
| trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Select | ANTIDEPRESSANTS |
| triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day) | QL | Select | COUGH/COLD/ALLERGY |
| trisphec pse liquid (QL= 1200ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | Preventive | CONTRACEPTIVES |
| TRIUMEQ PD TAB (QL= 6 tabs/day) | QL | Preferred | ANTIVIRALS |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | Preferred | ANTIVIRALS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | Select | OPHTHALMIC AGENTS |
| TRULANCE TAB (QL= 30 tabs/30 days) | QL | Preferred | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferred | ANTIDIABETICS |
| TRUMENBA INJ | VAC | Preventive | VACCINES |
| tussigon tab (HYCODAN equiv) | - | Select | COUGH/COLD/ALLERGY |
| tussin cf liquid (QL= 1200ml/30 days) | QL | Select | COUGH/COLD/ALLERGY |
| TWINRIX INJ | VAC | Preventive | VACCINES |
| TWIRLA PATCH | - | Preventive | CONTRACEPTIVES |
| TYBLUME TAB | - | Preventive | CONTRACEPTIVES |
| TYBOST TAB | - | Preferred | ANTIVIRALS |
| TYMLOS INJ (QL= 1.56 units/30 days) | AMSP-PA-QL | Preferred Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYPHIM VI INJ | - | Preventive | VACCINES |
| TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYZEKA TAB (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty | ANTIVIRALS |
| U-CORT CREAM | - | Preferred | DERMATOLOGICALS |

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|---------------------|--|
| UPTRAIVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |
| urea cream | - | Select | DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | Select | DERMATOLOGICALS |
| urea lotion (KERALAC LOTION equiv) | - | Select | DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | Select | DERMATOLOGICALS |
| ursodiol cap (ACTIGALL equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | Select | GASTROINTESTINAL AGENTS - MISC. |
| UTA cap | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| valacyclovir tab (VALTREX equiv) | - | Select | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | Preferred Specialty | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | Select | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | Select | ANTIVIRALS |
| valproic acid cap (DEPAKENE equiv) | - | Select | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | Select | ANTICONVULSANTS |
| valsartan tab (DIOVAN equiv) | - | Select | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | Select | ANTIHYPERTENSIVES |
| vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days) | QL | Select | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days) | QL | Select | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl for iv soln (VANCOMYCIN equiv) | - | Select | ANTI-INFECTIVE AGENTS - MISC. |
| VARIVAX INJ | VAC | Preventive | VACCINES |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron) | QL-RS-ST | Preferred | ANTIEMETICS |
| VAXCHORA SUSP | - | Preventive | VACCINES |
| VAXELIS INJ | VAC | Preventive | TOXOIDS |
| VAXNEUVANCE INJ (QL= 1 vaccine/lifetime; Covered for members age 19 years or older) | QL | Preventive | VACCINES |
| velivet tab (CYCLESSA equiv) | - | Preventive | CONTRACEPTIVES |
| VEMLIDY TAB (QL= 1 tab/day) | AMSP-QL | Preferred Specialty | ANTIVIRALS |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | Select | ANTIDEPRESSANTS |
| VENLAFAXINE ER TAB | - | Preferred | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | Select | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty | CARDIOVASCULAR AGENTS - MISC. |

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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|----------------------------|--|
| VERAPAMIL CAP 100MG | - | Select | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | Select | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | Select | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | Preferre d | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | Select | CALCIUM CHANNEL BLOCKERS |
| VERZENIO TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferre d | ANTIDIABETICS |
| VIDEX SOLN (QL= 600ml/30 days) | QL | Preferre d | ANTIVIRALS |
| vienna tab, lessina tab, kurvelo tab (ALESSE equiv) | - | Preventi ve | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty | ANTICONVULSANTS |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | Generic Specialty | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty | ANTICONVULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | Preventi ve | CONTRACEPTIVES |
| VIRACEPT POWDER | - | Preferre d | ANTIVIRALS |
| VIRACEPT TAB | - | Preferre d | ANTIVIRALS |
| VIREAD POWDER | - | Preferre d | ANTIVIRALS |
| VIREAD TAB (QL= 1 tab/day) | QL | Preferre d | ANTIVIRALS |
| VISTOGARD PAK (Only available through Biologics 800-850-4306) | LD | Preferre d Specialty | ANTIDOTES |
| vitamin D cap (RX strength only) | - | Select | VITAMINS |
| VITEKTA TAB (QL= 1 tab/day) | QL | Preferre d | ANTIVIRALS |
| VIVITROL INJ | AMSP | Preferre d Specialty | ANTIDOTES |
| VIVOTIF CAP | - | Preventi ve | VACCINES |
| voriconazole susp (VFEND equiv) | - | Select | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | Select | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferre d Specialty | ANTIVIRALS |
| VOTRIENT TAB | AMSP-PA-SF | Preferre d Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|---------------------|---|
| VP-PNV-DHA CAP | - | Select | MULTIVITAMINS |
| VTOL SOLN | - | Select | ANALGESICS - NONNARCOTIC |
| warfarin tab (COUMADIN equiv) | - | Select | ANTICOAGULANTS |
| XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days) | QL | Preferred | ANTICOAGULANTS |
| XARELTO SUSP (QL= 10ml/day) | QL | Preferred | ANTICOAGULANTS |
| XARELTO TAB 10MG (QL= 30 tabs/30 days) | QL | Preferred | ANTICOAGULANTS |
| XARELTO TAB 15MG (QL= 60 tabs/30 days) | QL | Preferred | ANTICOAGULANTS |
| XARELTO TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferred | ANTICOAGULANTS |
| XARELTO TAB 20MG (QL= 30 tabs/30 days) | QL | Preferred | ANTICOAGULANTS |
| XELJANZ SOLN (QL= 10ml/day) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | Preferred | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | Preferred | ANTIDIABETICS |
| XOLAIR INJ (QL= 1 syringe/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ (QL= 1 vial/28 days) | AMSP-PA-QL | Preferred Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| YF-VAX INJ | - | Preventive | VACCINES |
| zafemy patch (XULANE equiv) | - | Preventive | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | Select | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZARXIO INJ (QL= 15 syringes/30 days) | AMSP-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|------------------------|---|
| ZELBORAF TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zidovudine cap (RETROVIR equiv) (QL= 6 caps/day) | QL | Select | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days) | QL | Select | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day) | QL | Select | ANTIVIRALS |
| ZIEXTENZO INJ (QL= 1.2 units/28 days) | AMSP-PA-QL | Preferred Specialty | HEMATOPOIETIC AGENTS |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | Select | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | Preferred Specialty | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | Preferred Specialty | MACROLIDES |
| ZOLINZA CAP | LMSP-PA-SF | Preferred Specialty | ANTINEOPLASTICS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | Select | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | Select | HYPNOTICS |
| zonisamide cap (ZONEGRAN equiv) | - | Select | ANTICONVULSANTS |
| ZYBAN TAB (Limited to 180 days/year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP | - | Preferred Specialty | OPHTHALMIC AGENTS |
| ZYPREXA RELPREVV INJ | AMSP | Preferred Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|----------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | Select |
| amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days) | QL | Select |
| amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days) | QL | Select |
| dextroamphetamine 5mg tab (QL= 180 tabs/30 days) | QL | Select |
| dextroamphetamine tab 10mg (QL= 6 tabs/day) | QL | Select |
| ANALEPTICS | | |
| caffeine citrate soln (CAFCIT equiv) | - | Select |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select |
| atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Select |
| atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select |
| atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Select |
| clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day) | QL | Select |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | Select |
| guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select |
| guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Select |
| STIMULANTS - MISC. | | |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL | Preferred |
| armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select |
| armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select |
| armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Select |
| armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day) | QL | Select |
| dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days) | QL | Select |
| dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days) | QL | Select |
| dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days) | QL | Select |
| methylphenidate ER tab 10mg (QL= 3 tabs/day) | QL | Select |
| methylphenidate ER tab 20mg (QL= 3 tabs/day) | QL | Select |
| methylphenidate soln (METHYLIN equiv) | - | Select |
| methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days) | QL | Select |
| methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days) | QL | Select |
| methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days) | QL | Select |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | Value |
| AMINOGLYCOSIDES | | |
| tobramycin neb soln (BETHKIS equiv) | AMSP-PA | Generic Specialty |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

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

AMINOGLYCOSIDES Cont.

| | | |
|----------------------------------|---------|-------------------|
| tobramycin neb soln (TOBI equiv) | AMSP-PA | Generic Specialty |
| neomycin tab | - | Select |
| paromomycin cap (HUMATIN equiv) | - | Select |

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

| | | |
|--------------------------------|------------|---------------------|
| RINVOQ ER TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |
| XELJANZ SOLN (QL= 10ml/day) | AMSP-PA-QL | Preferred Specialty |
| XELJANZ TAB (QL= 2 tabs/day) | AMSP-PA-QL | Preferred Specialty |
| XELJANZ XR TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

| | | |
|--|------------|---------------------|
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ 80MG (QL = 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | AMSP-PA-QL | Preferred Specialty |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | AMSP-PA-QL | Preferred Specialty |

INTERLEUKIN-1BETA BLOCKERS

| | | |
|------------|---------|---------------------|
| ILARIS INJ | LMSP-PA | Preferred Specialty |
|------------|---------|---------------------|

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

| | | |
|--|----|-----------|
| KETOROLAC INJ | - | Preferred |
| MECLOFENAMATE CAP | - | Preferred |
| NAPROXEN SUSP | - | Preferred |
| celecoxib cap (CELEBREX equiv) | - | Select |
| diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day) | QL | Select |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | Select |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | Select |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | Select |
| etodolac cap (LODINE equiv) | - | Select |
| etodolac ER tab (LODINE XL equiv) | - | Select |
| etodolac tab | - | Select |
| FLURBIPROFEN TAB | - | Select |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| flurbiprofen tab (ANSAID equiv) | - | Select |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | Select |
| ibuprofen tab | - | Select |
| indomethacin cap (INDOCIN equiv) | - | Select |
| indomethacin CR cap (INDOCIN SR equiv) | - | Select |
| ketoprofen cap (ORUDIS equiv) | - | Select |
| ketorolac inj | - | Select |
| ketorolac tab (TORADOL equiv) | - | Select |
| meloxicam tab (MOBIC equiv) | - | Select |
| nabumetone tab (RELAFEN equiv) | - | Select |
| naproxen EC tab (NAPROSYN EC equiv) | - | Select |
| naproxen sodium tab (ANAPROX equiv) | - | Select |
| naproxen susp (NAPROSYN equiv) | - | Select |
| naproxen tab (NAPROSYN equiv) | - | Select |
| oxaprozin tab (DAYPRO equiv) | - | Select |
| piroxicam cap (FELDENE equiv) | - | Select |
| sulindac tab (CLINORIL equiv) | - | Select |
| tolmetin cap (TOLECTIN DS equiv) | - | Select |

PYRIMIDINE SYNTHESIS INHIBITORS

| | | |
|-------------------------------|---|--------|
| leflunomide tab (ARAVA equiv) | - | Select |
|-------------------------------|---|--------|

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

| | | |
|---|------------|---------------------|
| ENBREL INJ (QL= 8 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| ENBREL MINI INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Preferred Specialty |

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

| | | |
|---|----|--------|
| butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day) | QL | Select |
| butalbital/acetaminophen/caffeine soln | - | Select |
| VTOL SOLN | - | Select |

SALICYLATES

| | | |
|--|-----|------------|
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | Preventive |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | Preventive |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | Select |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | Select |
| diflunisal tab (DOLOBID equiv) | - | Select |
| salsalate tab (DISALCID equiv) | - | Select |

ANALGESICS - OPIOID

OPIOID AGONISTS

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| MEPERIDINE SOLN | - | Preferred |
| MORPHINE SULFATE SOLN | - | Preferred |
| MORPHINE SULFATE SUPP | - | Preferred |
| OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Preferred |
| OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day) | QL | Preferred |
| OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day) | QL | Preferred |
| OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day) | QL | Preferred |
| OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day) | QL | Preferred |
| OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day) | QL | Preferred |
| OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day) | QL | Preferred |
| OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day) | QL | Preferred |
| codeine sulfate tab | - | Select |
| hydromorphone liquid (DILAUDID equiv) | - | Select |
| HYDROMORPHONE SUPP | - | Select |
| hydromorphone tab (DILAUDID equiv) | - | Select |
| meperidine tab (DEMEROL equiv) (QL= 6 tabs/day) | QL | Select |
| methadone soln (QL= 20ml/day) | QL | Select |
| methadone soln (QL= 4 ml/day) | QL | Select |
| methadone soln (QL= 40ml/day) | QL | Select |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day) | QL | Select |
| methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day) | QL | Select |
| methadose tab (QL= 1 tab/day) | QL | Select |
| morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select |
| morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Select |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day) | QL | Select |
| morphine sulfate soln | - | Select |
| morphine sulfate tab | - | Select |
| oxycodone cap (OXYIR equiv) | - | Select |
| oxycodone soln (ROXICODONE equiv) | - | Select |
| oxycodone tab (ROXICODONE equiv) | - | Select |
| oxymorphone tab (OPANA equiv) | - | Select |
| tramadol ER tab 100mg (ULTRAM ER equiv) | - | Select |
| tramadol ER tab 200mg (ULTRAM ER equiv) | - | Select |
| tramadol ER tab 300mg (ULTRAM ER equiv) | - | Select |
| tramadol hcl tab 100mg (QL= 4 tabs/day) | QL | Select |
| tramadol tab (ULTRAM equiv) | - | Select |

OPIOID COMBINATIONS

| | | |
|---|---|--------|
| acetaminophen/codeine soln | - | Select |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | Select |
| aspirin/codeine tab | - | Select |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | Select |

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Category/Class

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day) | QL | Select |
| hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day) | QL | Select |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day) | QL | Select |
| hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day) | QL | Select |
| hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day) | QL | Select |
| HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day) | QL | Select |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | QL-- | Select |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | Select |
| oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Select |
| OXYCODONE/ASPIRIN TAB | - | Select |
| oxycodone/aspirin tab (PERCODAN equiv) | - | Select |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | Select |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | Select |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | Select |
| OPIOID PARTIAL AGONISTS | | |
| SUBOXONE SL FILM 12-3MG (QL= 2 films/day) | QL | Preferred |
| SUBOXONE SL FILM 8-2MG (QL= 3 films/day) | QL | Preferred |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | Select |
| buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day) | QL | Select |
| buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day) | QL | Select |
| buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 4 films/day) | QL | Select |
| buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 4 films/day) | QL | Select |
| buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 3 films/day) | QL | Select |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days) | QL | Select |
| butorphanol nasal spray (QL= 5ml/30 days) | QL | Select |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | Select |

ANDROGENS-ANABOLIC

| | | |
|---|-------|-----------|
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | PA | Select |
| ANDROGENS | | |
| TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days) | QL | Preferred |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | Preferred |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | Preferred |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days) | QL | Preferred |
| danazol cap (DANOCRINE equiv) | - | Select |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | Select |
| testosterone gel 1% 25mg (ANDROGEL equiv) | - | Select |
| testosterone gel 1% 50mg (QL= 300gm/30 days) | QL | Select |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days) | QL | Select |
| testosterone gel pump 1.62% (ANDROGEL equiv) | - | Select |

ANORECTAL AGENTS

| | | |
|--|---|--------|
| hydrocortisone enema (CORTENEMA equiv) | - | Select |
|--|---|--------|

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Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANORECTAL AGENTS Cont. | | |
| RECTAL COMBINATIONS | | |
| PROCTOFOAM HC FOAM | - | Preferred |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | Select |
| lidocaine/hydrocortisone kit (ANALPRAM equiv) | - | Select |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | Select |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | Select |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | Select |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| BENZNIDAZOLE TAB | PA | Preferred |
| ivermectin tab (STROMEKTOL equiv) | - | Select |
| praziquantel tab (BILTRICIDE equiv) | - | Select |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab) | QL-ST | Preferred |
| ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days) | QL | Select |
| NITRATES | | |
| NITRO-BID OINT | - | Preferred |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | Select |
| isosorbide dinitrate SL tab | - | Select |
| isosorbide dinitrate tab 5mg (ISORDIL equiv) | - | Select |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | Select |
| isosorbide mononitrate tab (MONOKET equiv) | - | Select |
| NITROGLYCERIN ER CAP | - | Select |
| nitroglycerin patch (NITRO-DUR equiv) | - | Select |
| nitroglycerin SL tab (NITROSTAT equiv) | - | Select |
| ANTIANXIETY AGENTS | | |
| ANTIANXIETY AGENTS - MISC. | | |
| buspirone tab (BUSPAR equiv) | - | Select |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | Select |
| hydroxyzine syrup (ATARAX equiv) | - | Select |
| hydroxyzine tab (ATARAX equiv) | - | Select |
| BENZODIAZEPINES | | |
| alprazolam ER tab (XANAX XR equiv) | - | Select |
| alprazolam tab (XANAX equiv) | - | Select |
| chlordiazepoxide cap (LIBRIUM equiv) | - | Select |
| clorazepate tab (TRANXENE-T equiv) | - | Select |
| diazepam conc (VALIUM equiv) | - | Select |
| diazepam oral soln (QL= 360ml/30 days) | QL | Select |
| diazepam tab (VALIUM equiv) | - | Select |
| lorazepam conc (ATIVAN equiv) | - | Select |
| lorazepam tab (ATIVAN equiv) | - | Select |
| ANTIARRHYTHMICS | | |

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

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| ANTIARRHYTHMICS Cont. | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| NORPACE CR CAP | - | Preferred |
| QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day) | QL | Preferred |
| QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day) | QL | Preferred |
| disopyramide cap (NORPACE equiv) | - | Select |
| disopyramide ER cap (NORPACE CR equiv) | - | Select |
| quinidine sulfate tab (QL= 8 tabs/day) | QL | Select |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine hcl cap | - | Select |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | Select |
| propafenone tab (RYTHMOL equiv) | - | Select |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | Select |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| NUCALA INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| XOLAIR INJ (QL= 1 syringe/28 days) | AMSP-PA-QL | Preferred Specialty |
| XOLAIR INJ (QL= 1 vial/28 days) | AMSP-PA-QL | Preferred Specialty |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | Select |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ATROVENT HFA INHALER (QL= 25.8gm/30 days) | QL | Preferred |
| INCRUSE ELLIPTA INHALER (QL= 30 units/30 days) | QL | Preferred |
| SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device) | QL | Preferred |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler) | QL-ST | Preferred |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days) | QL | Preferred |
| ipratropium neb soln (ATROVENT equiv) | - | Select |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | Select |
| montelukast granule pack (SINGULAIR equiv) | - | Select |
| montelukast tab (SINGULAIR equiv) | - | Select |
| zafirlukast tab (ACCOLATE equiv) | - | Select |
| STERIOD INHALANTS | | |
| QVAR REDHALER (QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA) | QL-ST | Preferred |
| ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Value |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | Value |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | Value |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days) | QL | Value |
| budesonide inh susp 1mg/2ml (QL= 60 units/30 days) | QL | Value |
| FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days) | QL | Value |
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| | | | | | |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
| | Vaccine Program | | | | |

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| DrugName | Special Code | Tier |
|--|--|-----------------------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| FLOVENT DISKUS INHALER 50MCG, 100MCG (QL= 1 inhaler/30 days) | QL | Value |
| FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG (QL= 1 inhaler/30 days) | QL | Value |
| FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days) | QL | Value |
| FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days) | QL | Value |
| SYMPATHOMIMETICS | | |
| ADVAIR HFA INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| ALBUTEROL TAB ER | - | Preferred |
| ANORO ELLIPTA INHALER (QL= 60gm/30 days) | QL | Preferred |
| arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Preferred |
| BREO ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days) | QL | Preferred |
| DULERA INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| STIOLTO INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Preferred |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | Select |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | Select |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | Select |
| albuterol neb soln | - | Select |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | Select |
| albuterol sulfate syrup | - | Select |
| albuterol sulfate tab | - | Select |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | Select |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days) | QL | Select |
| levalbuterol neb soln (XOPENEX equiv) | - | Select |
| METAPROTERENOL SYRUP | - | Select |
| terbutaline sulfate tab (BRETHINE equiv) | - | Select |
| XANTHINES | | |
| ELIXOPHYLLIN ELIXIR | - | Preferred |
| aminophylline tab | - | Select |
| theophylline CR tab (QUIBRON-T equiv) | - | Select |
| theophylline ER tab (UNIPHYL equiv) | - | Select |
| theophylline soln | - | Select |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | Select |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days) | QL | Preferred |
| ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferred |
| ELIQUIS TAB 5MG (QL= 74 tabs/30 days) | QL | Preferred |
| XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days) | QL | Preferred |
| XARELTO SUSP (QL= 10ml/day) | QL | Preferred |
| XARELTO TAB 10MG (QL= 30 tabs/30 days) | QL | Preferred |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | M Medical Benefit |
| SF | Prior Authorization | QL Quantity Limit |
| VAC | Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation |
| | Vaccine Program | LD Limited Distribution |
| | | OTC Over-the-Counter |
| | | RS Restricted to Specialist |
| | | ST Step Therapy |

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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier |
|--|--|-------------------------------|
| ANTICOAGULANTS Cont. | | |
| XARELTO TAB 15MG (QL= 60 tabs/30 days) | QL | Preferred |
| XARELTO TAB 2.5MG (QL= 60 tabs/30 days) | QL | Preferred |
| XARELTO TAB 20MG (QL= 30 tabs/30 days) | QL | Preferred |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) | - | Select |
| enoxaparin inj 300mg (LOVENOX equiv) | - | Select |
| fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) | - | Select |
| fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) | - | Select |
| fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) | - | Select |
| fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) | - | Select |
| heparin porcine inj | - | Select |
| THROMBIN INHIBITORS | | |
| dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day) | QL | Select |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| DIAZEPAM RECTAL GEL (QL= 1 kit/30 days) | QL | Preferred |
| clobazam susp (ONFI equiv) (QL= 480ml/30 days) | QL | Select |
| clobazam tab (ONFI equiv) (QL= 2 tabs/day) | QL | Select |
| clonazepam ODT (KLONOPIN equiv) | - | Select |
| clonazepam tab (KLONOPIN equiv) | - | Select |
| ANTICONVULSANTS - MISC. | | |
| APTIOM TAB (QL= 1 tab/day) | QL | Preferred |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | Preferred Specialty |
| carbamazepine chew tab (TEGRETOL equiv) | - | Select |
| carbamazepine ER cap (CARBATROL equiv) | - | Select |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | Select |
| carbamazepine susp (TEGRETOL equiv) | - | Select |
| carbamazepine tab (TEGRETOL equiv) | - | Select |
| gabapentin cap (NEURONTIN equiv) | - | Select |
| gabapentin tab (NEURONTIN equiv) | - | Select |
| lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days) | QL | Select |
| lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine chew tab (LAMICTAL equiv) | - | Select |
| lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day) | QL | Select |
| lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select |
| lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Select |
| lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day) | QL | Select |
| lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day) | QL | Select |
| lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day) | QL | Select |
| lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day) | QL | Select |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | Select |
| lamotrigine tab (LAMICTAL equiv) | - | Select |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | M Medical Benefit |
| SF | Prior Authorization | QL Quantity Limit |
| VAC | Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation |
| | Vaccine Program | LD Limited Distribution |
| | | OTC Over-the-Counter |
| | | RS Restricted to Specialist |
| | | ST Step Therapy |

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| DrugName | Special Code | Tier |
|--|---------------------|----------------------|
| ANTICONVULSANTS Cont. | | |
| levetiracetam ER tab (KEPPRA XR equiv) | - | Select |
| levetiracetam soln (KEPPRA equiv) | - | Select |
| levetiracetam tab (KEPPRA equiv) | - | Select |
| oxcarbazepine susp (TRILEPTAL equiv) | - | Select |
| oxcarbazepine tab (TRILEPTAL equiv) | - | Select |
| pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day) | QL | Select |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | Select |
| primidone tab (MYSOLINE equiv) | - | Select |
| topiramate sprinkle cap (TOPAMAX equiv) | - | Select |
| topiramate tab (TOPAMAX equiv) | - | Select |
| zonisamide cap (ZONEGRAN equiv) | - | Select |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) (QL= 30ml/day) | QL | Select |
| felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day) | QL | Select |
| felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day) | QL | Select |
| GABA MODULATORS | | |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | Generic Specialty |
| vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select |
| tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day) | QL | Select |
| tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select |
| tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Select |
| HYDANTOINS | | |
| DILANTIN CAP 30MG | - | Preferred |
| phenytoin cap (DILANTIN equiv) | - | Select |
| phenytoin chew tab (DILANTIN equiv) | - | Select |
| phenytoin susp (DILANTIN equiv) | - | Select |
| SUCCINIMIDES | | |
| ethosuximide cap (ZARONTIN equiv) | - | Select |
| ethosuximide soln (ZARONTIN equiv) | - | Select |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | Select |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | Select |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | Select |
| valproic acid cap (DEPAKENE equiv) | - | Select |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| valproic acid syrup (DEPAKENE equiv) | - | Select |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | Select |
| mirtazapine tab (REMERON equiv) | - | Select |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | Select |
| bupropion tab (WELLBUTRIN equiv) | - | Select |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | Select |
| MAPROTILINE TAB | - | Select |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| phenelzine tab (NARDIL equiv) | - | Select |
| tranylcypromine tab (PARNATE equiv) | - | Select |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| FLUOXETINE CAP 90MG (QL= 4 caps/28 days) | QL | Preferred |
| citalopram soln (CELEXA equiv) | - | Select |
| escitalopram soln (LEXAPRO equiv) | - | Select |
| fluoxetine cap 90mg (QL= 4 caps/28 days) | QL | Select |
| fluvoxamine tab (LUVOX equiv) | - | Select |
| paroxetine tab (PAXIL equiv) | - | Select |
| citalopram tab (CELEXA equiv) | - | Value |
| escitalopram tab (LEXAPRO equiv) | - | Value |
| fluoxetine cap (PROZAC equiv) | - | Value |
| fluoxetine soln (PROZAC equiv) | - | Value |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | Value |
| sertraline conc (ZOLOFT equiv) | - | Value |
| sertraline tab (ZOLOFT equiv) | - | Value |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | Select |
| nefazodone tab 50mg, 250mg | - | Select |
| trazodone tab 50mg, 100mg, 150mg (DESYREL equiv) | - | Select |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| VENLAFAXINE ER TAB | - | Preferred |
| desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day) | QL | Select |
| duloxetine EC cap 20mg (QL= 6 caps/day) | QL | Select |
| duloxetine EC cap 30mg (QL= 4 caps/day) | QL | Select |
| duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day) | QL | Select |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | Select |
| venlafaxine tab (EFFEXOR equiv) | - | Select |
| TRICYCLIC AGENTS | | |
| AMOXAPINE TAB | - | Select |
| clomipramine cap (ANAFRANIL equiv) | - | Select |
| desipramine tab (NORPRAMIN equiv) | - | Select |
| doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day) | QL | Select |
| doxepin conc (SINEQUAN equiv) | - | Select |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| imipramine tab (TOFRANIL equiv) | - | Select |
| nortriptyline cap (PAMELOR equiv) | - | Select |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | Select |
| NORTRIPTYLINE SOLN | - | Select |
| protriptyline tab (VIVACTIL equiv) | - | Select |
| trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Select |
| amitriptyline tab (ELAVIL equiv) | - | Value |

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

| | | |
|------------------------------|---|--------|
| acarbose tab (PRECOSE equiv) | - | Select |
|------------------------------|---|--------|

ANTIDIABETIC COMBINATIONS

| | | |
|--|-------|-----------|
| GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Preferred |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | Preferred |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | Preferred |
| REPAGLINIDE TAB | - | Preferred |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | Preferred |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | Preferred |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | Preferred |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | Preferred |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | Preferred |
| glipizide/metformin tab (METAGLIP equiv) | - | Select |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | Select |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | Value |

BIGUANIDES

| | | |
|--|---|-------|
| metformin ER tab (GLUCOPHAGE XR equiv) | - | Value |
| metformin tab (GLUCOPHAGE equiv) | - | Value |

DIABETIC OTHER

| | | |
|---|-------|------------------------|
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month) | QL | Preferred |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | Preferred |
| GVOKE INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred |
| GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days) | QL | Preferred |
| GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month) | QL | Preferred |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | Preferred Specialty |
| diazoxide susp (PROGLYCEM equiv) | - | Select |

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

| | | |
|-------------------------------|----|-----------|
| TRADJENTA TAB (QL= 1 tab/day) | QL | Preferred |
|-------------------------------|----|-----------|

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

| | | |
|--|-------|-----------|
| OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferred |
| OZEMPIC INJ (QL= 3ml/28 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferred |
| TRULICITY INJ (QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferred |
| VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER) | QL-ST | Preferred |

INSULIN

| | | |
|--|----|-----------|
| FIASP FLEXTOUCH INJ (QL= 60 units/30 days) | QL | Preferred |
|--|----|-----------|

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

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OEBB High Performance Formulary (INF)

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| FIASP INJ (QL= 60 units/30 days) | QL | Preferred |
| FIASP PENFILL INJ (QL= 60 units/30 days) | QL | Preferred |
| LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred |
| LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days) | QL | Preferred |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days) | QL | Preferred |
| TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days) | QL | Preferred |
| TOUJEO SOLOSTAR INJ (QL= 18ml/30 days) | QL | Preferred |
| TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred |
| TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | Preferred |
| HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days) | QL | Select |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | Select |
| NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG MIX INJ (QL= 60 units/30 days) | QL | Select |
| NOVOLOG PENFILL INJ (QL= 60 units/30 days) | QL | Select |

INSULIN SENSITIZING AGENTS

| | | |
|--------------------------------|---|--------|
| pioglitazone tab (ACTOS equiv) | - | Select |
|--------------------------------|---|--------|

MEGLITINIDE ANALOGUES

| | | |
|---------------------------------|---|--------|
| nateglinide tab (STARLIX equiv) | - | Select |
| repaglinide tab (PRANDIN equiv) | - | Select |

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

| | | |
|-------------------------------|----|-----------|
| FARXIGA TAB (QL= 1 tab/day) | QL | Preferred |
| JARDIANCE TAB (QL= 1 tab/day) | QL | Preferred |

SULFONYLUREAS

| | | |
|--|---|-----------|
| TOLBUTAMIDE TAB | - | Preferred |
| glyburide micronized tab (GLYNASE equiv) | - | Select |
| tolazamide tab (TOLINASE equiv) | - | Select |
| glimepiride tab (AMARYL equiv) | - | Value |
| glipizide ER tab (GLUCOTROL XL equiv) | - | Value |
| glipizide tab (GLUCOTROL equiv) | - | Value |
| glyburide tab (MICRONASE equiv) | - | Value |

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

| | | |
|-------------------------------|---|-----------|
| DIPHENOXYLATE/ATROPINE LIQUID | - | Preferred |
|-------------------------------|---|-----------|

ANTIDIARRHEALS

ANTIDIARRHEAL AGENTS - MISC.

| | | |
|-----------------|---|--------|
| REZYST CHEW TAB | - | Select |
|-----------------|---|--------|

ANTIPERISTALTIC AGENTS

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

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDIARRHEALS Cont. | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | Select |
| loperamide cap (IMODIUM equiv) | - | Select |

ANTIDOTES

| ANTIDOTES | Special Code | Tier |
|---|---------------------|---------------------|
| VISTOGARD PAK (Only available through Biologics 800-850-4306) | LD | Preferred Specialty |

OPIOID ANTAGONISTS

| | | |
|------------------------------|------|---------------------|
| VIVITROL INJ | AMSP | Preferred Specialty |
| naltrexone tab (REVIA equiv) | - | Select |

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

| | | |
|---|---------|-------------------|
| deferasirox granules packet (JADENU equiv) | AMSP-PA | Generic Specialty |
| deferasirox tab (EXJADE equiv) | AMSP-PA | Generic Specialty |
| deferasirox tab 90mg, 360mg (JADENU equiv) | AMSP-PA | Generic Specialty |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |
| deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |

OPIOID ANTAGONISTS

| | | |
|--|------|-----------|
| KLOXXADO NASAL SPRAY | - | Preferred |
| naloxone hcl nasal spray (NARCAN equiv) | - | Select |
| naloxone inj | - | Select |
| naloxone prefilled inj | - | Select |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month) | --QL | Select |

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

| | | |
|--|----|--------|
| granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days) | QL | Select |
| ondansetron ODT (ZOFTRAN equiv) | - | Select |
| ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days) | QL | Select |
| ONDANSETRON TAB | - | Select |
| ondansetron tab (ZOFTRAN equiv) | - | Select |

ANTIEMETICS - ANTICHOLINERGIC

| | | |
|---|-----|--------|
| maldemar tab (SCOPACE equiv) | - | Select |
| meclizine chew tab (BONINE equiv) | OTC | Select |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | Select |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days) | QL | Select |
| trimethobenzamide cap (TIGAN equiv) | - | Select |

ANTIEMETICS - MISCELLANEOUS

| | | |
|--|----|--------|
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days) | QL | Select |
| dronabinol cap (MARINOL equiv) (QL= 2 caps/day) | QL | Select |

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

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

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Category/Class

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIEMETICS Cont. | | |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron) | QL-RS-ST | Preferred |
| aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select |
| aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Select |
| aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Select |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Select |

ANTIFUNGALS

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIFUNGALS | | |
| flucytosine cap (ANCOBON equiv) | - | Select |
| griseofulvin susp (GRIFULVIN equiv) | - | Select |
| nystatin powder | - | Select |
| nystatin tab | - | Select |
| terbinafine tab (LAMISIL equiv) | - | Select |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| NOXAFIL SUSP (Step Therapy requires trial of fluconazole, itraconazole or VFEND) | ST | Preferred |
| NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND) | QL-ST | Preferred |
| fluconazole susp (DIFLUCAN equiv) | - | Select |
| fluconazole tab (DIFLUCAN equiv) | - | Select |
| itraconazole cap (SPORANOX equiv) | - | Select |
| ketoconazole tab (NIZORAL equiv) | - | Select |
| voriconazole susp (VFEND equiv) | - | Select |
| voriconazole tab (VFEND equiv) | - | Select |

ANTIHISTAMINES

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHISTAMINES - ALKYLAMINES | | |
| chlorpheniramine ER cap | - | Select |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| CARBINOXAMINE SOLN | - | Select |
| carbinoxamine soln (PALGIC equiv) | - | Select |
| carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days) | QL | Select |
| clemastine tab | OTC | Select |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Select |
| diphenhydramine inj | - | Select |
| ANTIHISTAMINES - NON-SEDATING | | |
| desloratadine tab (CLARINEX equiv) (QL= 1 tab/day) | QL | Select |
| levocetirizine soln (XYZAL equiv) (QL= 10ml/day) | QL | Select |
| levocetirizine tab (XYZAL equiv) | - | Select |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine inj (PHENERGAN equiv) | - | Select |
| promethazine supp (PHENERGAN equiv) | - | Select |
| promethazine syrup | - | Select |
| promethazine tab (PHENERGAN equiv) | - | Select |
| PROMETHEGAN SUPP | - | Select |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | Select |
| cyproheptadine tab | - | Select |

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| | | | | | |
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| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| | Vaccine Program | | | | |

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Category/Class

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTHYPERLIPIDEMICS | | |
| ANTHYPERLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day) | QL | Select |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | Select |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | Select |
| cholestyramine powder (QUESTRAN equiv) | - | Select |
| cholestyramine powder pack (QUESTRAN equiv) | - | Select |
| colesevelam tab (WELCHOL equiv) | - | Select |
| colestipol granule (COLESTID equiv) | - | Select |
| colestipol powder packet (COLESTID equiv) | - | Select |
| colestipol tab (COLESTID equiv) | - | Select |
| FIBRIC ACID DERIVATIVES | | |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | Preferred |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | Select |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | Select |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | Select |
| fenofibric acid DR cap (TRILIPIX equiv) | - | Select |
| gemfibrozil tab (LOPID equiv) | - | Select |
| HMG COA REDUCTASE INHIBITORS | | |
| SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Preferred |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| atorvastatin tab 40mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| atorvastatin tab 80mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventive |
| fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL-ST | Preventive |
| lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay) | PA-QL | Preventive |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) | QL | Select |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | | |

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Category/Class

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|--|---------------------|---------------------|
| ANTIHYPERTENSIVES Cont. | | |
| JUXTAPID CAP (Only available through Accredo 888-773-7376) | LD-PA | Preferred Specialty |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| PRALUENT INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| REPATHA INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty |

ANTIHYPERTENSIVES

ACE INHIBITORS

| | | |
|---|---|--------|
| benazepril tab (LOTENSIN equiv) | - | Select |
| fosinopril tab (MONOPRIL equiv) | - | Select |
| moexipril tab (UNIVASC equiv) | - | Select |
| perindopril tab (ACEON equiv) | - | Select |
| quinapril tab (ACCUPRIL equiv) | - | Select |
| ramipril cap (ALTACE equiv) | - | Select |
| trandolapril tab (MAVIK equiv) | - | Select |
| enalapril tab (VASOTEC equiv) | - | Value |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | Value |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|---|----|--------|
| candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select |
| irbesartan tab (AVAPRO equiv) | - | Select |
| olmesartan tab (BENICAR equiv) | - | Select |
| telmisartan tab (MICARDIS equiv) | - | Select |
| valsartan tab (DIOVAN equiv) | - | Select |
| losartan tab (COZAAR equiv) | - | Value |

ANTIADRENERGIC ANTIHYPERTENSIVES

| | | |
|---------------------------------|---|-----------|
| METHYLDOPA TAB | - | Preferred |
| RESERPINE TAB | - | Preferred |
| clonidine tab (CATAPRES equiv) | - | Select |
| doxazosin tab (CARDURA equiv) | - | Select |
| guanfacine IR tab (TENEX equiv) | - | Select |
| methyl dopa tab (ALDOMET equiv) | - | Select |
| prazosin cap (MINIPRESS equiv) | - | Select |
| terazosin cap (HYTRIN equiv) | - | Select |

ANTIHYPERTENSIVE COMBINATIONS

| | | |
|--|----|-----------|
| BENAZEPRIL/HCTZ TAB | - | Preferred |
| CAPTROPRILOL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug) | ST | Preferred |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | Preferred |
| PROPRANOLOLOL/HYDROCHLOROTHIAZIDE TAB | - | Preferred |
| amlodipine/benazepril cap (LOTREL equiv) | - | Select |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | Select |

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

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| amlodipine/valsartan tab (EXFORGE equiv) | - | Select |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | Select |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | Select |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Select |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | Select |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | Select |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | Select |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | Select |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | Select |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | Select |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | Select |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days) | QL | Select |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | Select |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | Select |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | Select |
| trandolapril/verapamil ER tab (TARKA equiv) | - | Select |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | Select |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | Value |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | Value |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | Value |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | Value |

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

| | | |
|--------------------------------|---|--------|
| eplerenone tab (INSPIRA equiv) | - | Select |
|--------------------------------|---|--------|

VASODILATORS

| | | |
|------------------------------------|---|--------|
| hydralazine tab (APRESOLINE equiv) | - | Select |
| minoxidil tab (LONITEN equiv) | - | Select |

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

| | | |
|--|------------|---------------------|
| PRIMSOL SOLN | - | Preferred |
| TRIMETHOPRIME TAB | - | Preferred |
| IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist) | AMSP-QL-RS | Preferred Specialty |
| metronidazole tab (FLAGYL equiv) | - | Select |
| trimethoprim tab (PROLOPRIM equiv) | - | Select |

ANTI-INFECTIVE MISC. - COMBINATIONS

| | | |
|---|---|-----------|
| HYOPHEN TAB | - | Preferred |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | Select |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | Select |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | Select |
| UTA cap | - | Select |

ANTIPROTOZOAL AGENTS

| | | |
|---|----|-----------|
| LAMPIT TAB 120MG (QL= 225 tabs/30 days) | QL | Preferred |
| LAMPIT TAB 30MG (QL= 360 tabs/30 days) | QL | Preferred |
| atovaquone susp (MEPRON equiv) | - | Select |

GLYCOPEPTIDES

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days) | QL | Preferred |
| FIRVANQ SOLN 50MG/ML (QL= 280ml/28 days) | QL | Preferred |
| FIRST-VANCOMYCIN SOLN, VANCOMYCIN INJ | - | Select |
| vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days) | QL | Select |
| vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days) | QL | Select |
| vancomycin hcl for iv soln (VANCOMYCIN equiv) | - | Select |
| LEPROSTATICS | | |
| dapsone tab | - | Select |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | Select |
| clindamycin soln (CLEOCIN equiv) | - | Select |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| OXAZOLIDINONES | | |
| SIVEXTRO TAB (QL= 6 tabs/fill) | QL-RS | Preferred |
| linezolid susp | - | Select |
| linezolid tab (ZYVOX equiv) | - | Select |
| POLYMYXINS | | |
| colistimethate inj (COLY-MYCIN M equiv) | - | Select |
| URINARY ANTI-INFECTIVES | | |
| methenamine hippurate tab (HIPREX equiv) | - | Select |
| methenamine mandelate tab | - | Select |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | Select |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | Select |
| nitrofurantoin susp (FURADANTIN equiv) | - | Select |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | Select |
| ANTIMALARIALS | | |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| HYDROXYCHLOROQUINE TAB (QL= 1 tab/day; Step therapy requires trial of hydroxychloroquine sulfate 200mg tab) | QL-ST | Preferred |
| KRINTAFEL TAB (QL= 2 tabs/365 days) | QL | Preferred |
| MEFLOQUINE TAB | - | Preferred |
| chloroquine tab (ARALEN equiv) | - | Select |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | Select |
| quinine sulfate cap (QUALAQUIN equiv) | - | Select |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| GUANIDINE TAB | - | Select |
| pyridostigmine CR tab (MESTINON equiv) | - | Select |
| pyridostigmine tab (MESTINON equiv) | - | Select |
| ANTIMYCOBACTERIAL AGENTS | | |

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| | | | | | |
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OEBB High Performance Formulary (INF)

Category/Class

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

ANTIMYCOBACTERIAL AGENTS Cont.

ANTIMYCOBACTERIAL AGENTS

| | | |
|--|-------|---------------------|
| SIRTURO TAB (Restricted to Infectious Disease Specialist; Only available through MMS Solutions 855-691-0963) | LD-RS | Preferred Specialty |
| cycloserine cap (CYCLOSERINE equiv) | - | Select |
| ethambutol tab (MYAMBUTOL equiv) | - | Select |
| ISONIAZID SYRUP | - | Select |
| isoniazid tab | - | Select |
| pyrazinamide tab | - | Select |
| rifabutin cap (MYCOBUTIN equiv) | - | Select |
| rifampin cap (RIFADIN equiv) | - | Select |

ANTINEOPLASTICS

ALKYLATING AGENTS

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

ANTIMETABOLITES

| | | |
|---------------------------------------|---|--------|
| mercaptopurine tab (PURINETHOL equiv) | - | Select |
| methotrexate tab (TREXALL equiv) | - | Select |

ANTINEOPLASTIC ENZYME INHIBITORS

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

ANTINEOPLASTICS MISC.

| | | |
|--|------|---------------------|
| tretinoin cap (VESANOID equiv) | AMSP | Generic Specialty |
| INTRON-A INJ | AMSP | Preferred Specialty |
| MATULANE CAP (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |
| hydroxyurea cap (HYDREA equiv) | - | Select |

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

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

MITOTIC INHIBITORS

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

TOPOISOMERASE I INHIBITORS

| | | |
|--------------|---------|---------------------|
| HYCAMTIN CAP | LMSP-PA | Preferred Specialty |
|--------------|---------|---------------------|

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

| | | |
|----------------------------------|---------|-------------------|
| cyclophosphamide cap | - | Generic Specialty |
| melphalan tab (ALKERAN equiv) | AMSP-PA | Generic Specialty |
| temozolomide cap (TEMODAR equiv) | AMSP | Generic Specialty |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ANTIMETABOLITES | | |
| capecitabine tab (XELODA equiv) | AMSP | Generic Specialty |
| PURIXAN SUSP | AMSP-PA | Preferred Specialty |
| methotrexate inj | - | Select |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF | Preferred Specialty |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-SF | Preferred Specialty |
| TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | Preferred Specialty |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| ODOMZO CAP | AMSP-PA-SF | Preferred Specialty |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Generic Specialty |
| ERLEADA TAB (QL= 4 tabs/day) | AMSP-PA-QL | Preferred Specialty |
| HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days) | AMSP-PA-QL | Preferred Specialty |
| LUPRON DEPOT INJ | AMSP-PA | Preferred Specialty |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |

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| | | | | | |
|------|--|------|-------------------------------|-----|--------------------------------|
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| LMSP | Ardon Mandatory Specialty Pharmacy Program | M | Plan Exclusion | OTC | Limited Distribution |
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| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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Category/Class

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| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| anastrozole tab (ARIMIDEX equiv) | - | Preventive |
| exemestane tab (AROMASIN equiv) | - | Preventive |
| letrozole tab (FEMARA equiv) | - | Preventive |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | Preventive |
| bicalutamide tab (CASODEX equiv) | - | Select |
| flutamide cap (EULEXIN equiv) | - | Select |
| megestrol susp (MEGACE equiv) | - | Select |
| megestrol tab (MEGACE equiv) | - | Select |
| toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen) | ST | Select |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ANTINEOPLASTIC COMBINATIONS | | |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty |
| everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty |
| imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day) | AMSP-PA-QL | Generic Specialty |
| imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day) | AMSP-PA-QL | Generic Specialty |
| lapatinib ditosylate tab (TYKERB equiv) | AMSP-PA | Generic Specialty |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | AMSP-PA-QL-SF | Generic Specialty |
| ALECENSA CAP (QL= 8 caps/day) | AMSP-PA-QL | Preferred Specialty |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty |
| BOSULIF TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Preferred Specialty |
| CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | Preferred Specialty |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty |

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| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| COTELLIC TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | Preferred Specialty |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty |
| JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Preferred Specialty |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | AMSP-PA-QL | Preferred Specialty |
| MEKINIST TAB 2MG (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |
| NINLARO CAP | AMSP-PA | Preferred Specialty |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | Preferred Specialty |
| sorafenib tosylate tab (NEXAVAR equiv) | AMSP-PA-SF | Preferred Specialty |
| SPRYCEL TAB | AMSP-PA-SF | Preferred Specialty |
| STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| TAFINLAR CAP (QL= 4 caps/day) | AMSP-PA-QL | Preferred Specialty |
| TASIGNA CAP | AMSP-PA-SF | Preferred Specialty |
| VERZENIO TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty |
| VOTRIENT TAB | AMSP-PA-SF | Preferred Specialty |
| XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | Preferred Specialty |
| ZELBORAF TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | Preferred Specialty |
| ZYKADIA CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Preferred Specialty |

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| | | | | | |
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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZYKADIA TAB (QL= 3 tabs/day) | AMSP-PA-QL-SF | Preferred Specialty |
| ANTINEOPLASTICS MISC. | | |
| bexarotene cap (TARGRETIN equiv) | AMSP-PA | Generic Specialty |
| SYNRIBO INJ (Only available through US Bioservices 888-518-7246) | LD-PA | Preferred Specialty |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE CAP | - | Preferred |

ANTIPARKINSON AGENTS

| | | |
|---|----|--------|
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | Select |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | Select |
| trihexyphenidyl tab (ARTANE equiv) | - | Select |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | Select |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | Select |
| amantadine syrup (SYMMETREL equiv) | - | Select |
| amantadine tab | - | Select |
| bromocriptine cap (PARLODEL equiv) | - | Select |
| bromocriptine tab (PARLODEL equiv) | - | Select |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | Select |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | Select |
| carbidopa/levodopa tab (SINEMET equiv) | - | Select |
| pramipexole tab (MIRAPEX equiv) | - | Select |
| ropinirole tab (REQUIP equiv) | - | Select |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| rasagiline tab (AZILECT equiv) (QL= 1 tab/day) | QL | Select |
| selegiline cap (ELDEPRYL equiv) | - | Select |
| selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day) | QL | Select |

ANTIPARKINSON AND RELATED THERAPY AGENTS

| | | |
|--|----------|-------------------|
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | Select |
| TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days) | QL | Select |
| ANTIPARKINSON DOPAMINERGICS | | |
| apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Generic Specialty |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Select |
| carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day) | QL | Select |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|------------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | Select |
| lithium carbonate ER tab (LITHOBID equiv) | - | Select |
| lithium carbonate tab | - | Select |
| lithium citrate soln | - | Select |
| ANTIPSYCHOTICS - MISC. | | |
| LATUDA TAB (QL= 1 tab/day) | QL | Preferred |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | Select |
| BENZISOXAZOLES | | |
| RISPERIDONE ODT | - | Preferred |
| INVEGA HAFYERA INJ | AMSP | Preferred Specialty |
| INVEGA INJ | AMSP | Preferred Specialty |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | Select |
| risperidone ODT (RISPERDAL M equiv) | - | Select |
| risperidone soln (RISPERDAL equiv) | - | Select |
| risperidone tab (RISPERDAL equiv) | - | Select |
| BUTYROPHENONES | | |
| haloperidol decanoate inj | AMSP | Preferred Specialty |
| haloperidol lactate conc (HALDOL equiv) | - | Select |
| haloperidol tab (HALDOL equiv) | - | Select |
| DIBENZAPINES | | |
| ZYPREXA RELPREVV INJ | AMSP | Preferred Specialty |
| CLOZAPINE ODT (QL= 3 tabs/day) | QL | Select |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day) | QL | Select |
| clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day) | QL | Select |
| loxapine cap (LOXITANE equiv) | - | Select |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | Select |
| olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day) | QL | Select |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | Select |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day) | QL | Select |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | Preferred |
| PHENOTHIAZINES | | |
| CHLORPROMAZINE CONC (QL= 800ml/30 days) | QL | Select |
| chlorpromazine tab (THORAZINE equiv) | - | Select |
| fluphenazine tab (PROLIXIN equiv) | - | Select |
| perphenazine tab (TRILAFON equiv) | - | Select |
| prochlorperazine supp (COMPAZINE equiv) | - | Select |
| prochlorperazine tab (COMPAZINE equiv) | - | Select |
| thioridazine tab (MELLARIL equiv) | - | Select |
| trifluoperazine tab (STELAZINE equiv) | - | Select |
| QUINOLINONE DERIVATIVES | | |

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| ABILIFY MAINTENA INJ | AMSP | Preferred Specialty |
| ARISTADA 675MG/2.4ML INJ | AMSP | Preferred Specialty |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | QL | Select |
| aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day) | QL | Select |
| aripiprazole tab (ABILIFY equiv) | - | Select |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | Select |

ANTIVIRALS

| ANTIRETROVIRALS | | |
|---|-------|-----------|
| APTIVUS CAP (QL= 4 caps/day) | QL | Preferred |
| APTIVUS SOLN (QL= 380ml/30 days) | QL | Preferred |
| ATRIPLA TAB (QL= 1 tab/day) | QL | Preferred |
| BIKTARVY TAB (QL= 1 tab/day) | QL | Preferred |
| CIMDUO TAB | - | Preferred |
| COMPLERA TAB (QL= 1 tab/day) | QL | Preferred |
| CRIXIVAN CAP | - | Preferred |
| DELSTRIGO TAB | - | Preferred |
| DESCOVY TAB (QL= 1 tab/day) | PA-QL | Preferred |
| DIDANOSINE DR CAP (QL= 2 caps/day) | QL | Preferred |
| EDURANT TAB (QL= 1 tab/day) | QL | Preferred |
| EMTRIVA SOLN (QL= 850ml/30 days) | QL | Preferred |
| EVOTAZ TAB (QL= 1 tab/day) | QL | Preferred |
| GENVOYA TAB (QL= 1 tab/day) | QL | Preferred |
| INTELENCE TAB (QL= 4 tabs/day) | QL | Preferred |
| INTELENCE TAB 25MG (QL= 4 tabs/day) | QL | Preferred |
| INVIRASE CAP (QL= 10 caps/day) | QL | Preferred |
| INVIRASE TAB (QL= 4 tabs/day) | QL | Preferred |
| ISENTRESS (HD) TAB (QL= 2 tabs/day) | QL | Preferred |
| ISENTRESS CHEW TAB (QL= 6 tabs/day) | QL | Preferred |
| ISENTRESS POWDER PACK (QL= 2 packets/day) | QL | Preferred |
| JULUCA TAB (QL= 1 tab/day) | QL | Preferred |
| KALETRA TAB 100-25MG (QL= 2 tabs/day) | QL | Preferred |
| KALETRA TAB 200-50MG (QL= 4 tabs/day) | QL | Preferred |
| NEVIRAPINE ER TAB (QL= 3 tabs/day) | QL | Preferred |
| NEVIRAPINE SUSP (QL= 1200ml/30 days) | QL | Preferred |
| NORVIR CAP (QL= 12 caps/day) | QL | Preferred |
| NORVIR POWDER PACK (QL= 12 packets/day) | QL | Preferred |
| NORVIR SOLN (QL= 480ml/30 days) | QL | Preferred |
| ODEFSEY TAB (QL= 1 tab/day) | QL | Preferred |
| PIFELTRO TAB | - | Preferred |
| PREZCOBIX TAB (QL= 1 tab/day) | QL | Preferred |
| PREZISTA SUSP (QL= 400ml/30 days) | QL | Preferred |
| PREZISTA TAB 150MG (QL= 8 tabs/day) | QL | Preferred |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Preferred |
| PREZISTA TAB 75MG (QL= 16 tabs/day) | QL | Preferred |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|------------------------|
| ANTIVIRALS Cont. | | |
| PREZISTA TAB 800MG (QL= 1 tab/day) | QL | Preferred |
| RESCRIPTOR TAB | - | Preferred |
| REYATAZ POWDER PACK (QL= 5 packets/day) | QL | Preferred |
| SELZENTRY SOLN (QL= 31ml/day) | QL | Preferred |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Preferred |
| SELZENTRY TAB 25MG (QL= 4 tabs/day) | QL | Preferred |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Preferred |
| SELZENTRY TAB 75MG (QL= 2 tabs/day) | QL | Preferred |
| STRIBILD TAB (QL= 1 tab/day) | QL | Preferred |
| SYMTUZA TAB | - | Preferred |
| TIVICAY PD TAB (QL= 180 tabs/30 days) | QL | Preferred |
| TIVICAY TAB (QL= 180 tabs/30 days) | QL | Preferred |
| TRIUMEQ PD TAB (QL= 6 tabs/day) | QL | Preferred |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | Preferred |
| TYBOST TAB | - | Preferred |
| VIDEX SOLN (QL= 600ml/30 days) | QL | Preferred |
| VIRACEPT POWDER | - | Preferred |
| VIRACEPT TAB | - | Preferred |
| VIREAD POWDER | - | Preferred |
| VIREAD TAB (QL= 1 tab/day) | QL | Preferred |
| VITEKTA TAB (QL= 1 tab/day) | QL | Preferred |
| FUZEON INJ | AMSP | Preferred Specialty |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days) | QL | Preventive |
| abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days) | QL | Select |
| abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day) | QL | Select |
| abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day) | QL | Select |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day) | QL | Select |
| atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select |
| atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Select |
| atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day) | QL | Select |
| didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day) | QL | Select |
| efavirenz cap (SUSTIVA equiv) | - | Select |
| efavirenz tab (SUSTIVA equiv) | - | Select |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | Select |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | Select |
| emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day) | QL | Select |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days) | QL | Select |
| etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day) | QL | Select |
| etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day) | QL | Select |
| fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day) | QL | Select |
| lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days) | QL | Select |
| lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day) | QL | Select |
| lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day) | QL | Select |
| lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day) | QL | Select |
| lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days) | QL | Select |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| ANTIVIRALS Cont. | | |
| lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day) | QL | Select |
| lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day) | QL | Select |
| maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day) | QL | Select |
| maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day) | QL | Select |
| nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day) | QL | Select |
| nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day) | QL | Select |
| ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days) | QL | Select |
| stavudine cap (ZERIT equiv) (QL= 2 caps/day) | QL | Select |
| stavudine soln (ZERIT equiv) (QL= 2400ml/30 days) | QL | Select |
| tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day) | QL | Select |
| zidovudine cap (RETROVIR equiv) (QL= 6 caps/day) | QL | Select |
| zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days) | QL | Select |
| zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day) | QL | Select |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID TAB (QL= 30 tabs/fill) | QL | Preventive |
| PAXLOVID TAB 100-150MG (QL= 20 tabs/fill) | QL | Preventive |
| CMV AGENTS | | |
| GANCICLOVIR CAP | - | Preferred |
| valganciclovir soln (VALCYTE equiv) | - | Select |
| valganciclovir tab (VALCYTE equiv) | - | Select |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty |
| lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty |
| ribavirin cap (REBETOL equiv) | AMSP | Generic Specialty |
| ribavirin tab (COPEGUS equiv) | AMSP | Generic Specialty |
| BARACLUDE SOLN (QL= 630ml/30 days) | AMSP-PA-QL | Preferred Specialty |
| EPIVIR HBV SOLN (QL= 720ml/30 days) | AMSP-QL | Preferred Specialty |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |
| MAVYRET PAK (QL= 5 packets/day) | AMSP-PA-QL | Preferred Specialty |
| MAVYRET TAB (QL= 3 tabs/day) | AMSP-PA-QL | Preferred Specialty |
| PEGASYS INJ | AMSP-PA | Preferred Specialty |
| PEG-INTRON INJ (Only available through Lumicera 855-847-3553) | LMSP | Preferred Specialty |
| REBETOL SOLN | AMSP | Preferred Specialty |

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Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| ANTIVIRALS Cont. | | |
| RIBAPAK TAB (Step Therapy requires trial of ribavirin) | AMSP-ST | Preferred Specialty |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |
| TYZEKA TAB (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| VEMLIDY TAB (QL= 1 tab/day) | AMSP-QL | Preferred Specialty |
| VOSEVI TAB (QL= 1 tab/day) | AMSP-PA-QL | Preferred Specialty |

HERPES AGENTS

| | | |
|--|----|--------|
| acyclovir cap (ZOVIRAX equiv) | - | Select |
| acyclovir susp (ZOVIRAX equiv) | - | Select |
| acyclovir tab (ZOVIRAX equiv) | - | Select |
| famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select |
| famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Select |
| famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month) | QL | Select |
| valacyclovir tab (VALTREX equiv) | - | Select |

INFLUENZA AGENTS

| | | |
|---|----|-----------|
| RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month) | QL | Preferred |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select |
| oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Select |
| oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days) | QL | Select |
| oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days) | QL | Select |
| RIMANTADINE TAB | - | Select |

MISC. ANTIVIRALS

| | | |
|-------------------------------------|----|------------|
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | Preventive |
|-------------------------------------|----|------------|

ASSORTED CLASSES

CHELATING AGENTS

| | | |
|----------------|---|-----------|
| D-PENAMINE TAB | - | Preferred |
|----------------|---|-----------|

IMMUNOMODULATORS

| | | |
|--|----------|---------------------|
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |

IMMUNOSUPPRESSIVE AGENTS

| | | |
|--|---|--------|
| azathioprine tab (IMURAN equiv) | - | Select |
| cyclosporine modified cap (NEORAL equiv) | - | Select |
| cyclosporine modified soln (NEORAL equiv) | - | Select |
| mycophenolate DR tab (MYFORTIC equiv) | - | Select |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | Select |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | Select |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | Select |
| tacrolimus cap (PROGRAF equiv) | - | Select |

BETA BLOCKERS

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Category/Class

Last Updated* 8/1/2022

DrugName **Special Code** **Tier**

BETA BLOCKERS Cont.

ALPHA-BETA BLOCKERS

| | | |
|---------------------------------|---|--------|
| labetalol tab (NORMODYNE equiv) | - | Select |
| carvedilol tab (COREG equiv) | - | Value |

BETA BLOCKERS CARDIO-SELECTIVE

| | | |
|-------------------------------------|---|--------|
| acebutolol cap (SECTRAL equiv) | - | Select |
| betaxolol tab (KERLONE equiv) | - | Select |
| bisoprolol tab (ZEBETA equiv) | - | Select |
| atenolol tab (TENORMIN equiv) | - | Value |
| metoprolol ER tab (TOPROL XL equiv) | - | Value |
| metoprolol tab (LOPRESSOR equiv) | - | Value |

BETA BLOCKERS NON-SELECTIVE

| | | |
|---------------------------------------|---|--------|
| nadolol tab (CORGARD equiv) | - | Select |
| pindolol tab (VISKEN equiv) | - | Select |
| propranolol ER cap (INDERAL LA equiv) | - | Select |
| propranolol oral soln | - | Select |
| PROPRANOLOL SOLN | - | Select |
| propranolol tab (INDERAL equiv) | - | Select |
| sotalol AF tab (BETAPACE AF equiv) | - | Select |
| sotalol tab (BETAPACE equiv) | - | Select |
| timolol maleate tab (BLOCADREN equiv) | - | Select |

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

| | | |
|---|---|-----------|
| VERAPAMIL SR CAP 360mg | - | Preferred |
| diltiazem ER cap (CARDIZEM CD equiv) | - | Select |
| diltiazem ER cap (CARDIZEM SR equiv) | - | Select |
| diltiazem ER cap (DILACOR XR equiv) | - | Select |
| diltiazem ER cap (TIAZAC equiv) | - | Select |
| diltiazem ER tab (CARDIZEM LA equiv) | - | Select |
| diltiazem tab (CARDIZEM equiv) | - | Select |
| felodipine ER tab (PLENDIL equiv) | - | Select |
| isradipine cap (DYNACIRC equiv) | - | Select |
| nicardipine cap (CARDENE equiv) | - | Select |
| nifedipine cap (PROCARDIA equiv) | - | Select |
| nifedipine ER tab (ADALAT CC equiv) | - | Select |
| VERAPAMIL CAP 100MG | - | Select |
| VERAPAMIL ER CAP 200MG | - | Select |
| VERAPAMIL ER CAP 300MG | - | Select |
| verapamil SR cap (VERELAN equiv) | - | Select |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | Select |
| verapamil tab (CALAN equiv) | - | Select |
| amlodipine tab (NORVASC equiv) | - | Value |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|---|----|--------|
| digoxin tab (LANOXIN equiv) | - | Select |
| digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day) | QL | Select |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|------------------------|
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | Preferred |
| isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day) | QL | Select |
| IMPOTENCE AGENTS | | |
| tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH) | PA-QL | Select |
| PERIPHERAL VASODILATORS | | |
| ISOXSUPRINE TAB (QL= 120 tabs/30 days) | QL | Preferred |
| PROSTAGLANDIN VASODILATORS | | |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| ORENITRAM TAB (Only available through CVS Specialty 800-237-2767) | LD-PA | Preferred Specialty |
| TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) | AMSP-PA | Generic Specialty |
| bosentan tab (TRACLEER equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Preferred Specialty |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil susp (REVATIO equiv) (QL= 224ml/30 days) | AMSP-PA-QL | Generic Specialty |
| sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day) | QL | Select |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | Select |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Preferred Specialty |

CEPHALOSPORINS

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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| | Vaccine Program | | | | |

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| CEPHALOSPORINS Cont. | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | Select |
| cefadroxil susp (DURICEF equiv) | - | Select |
| cefadroxil tab (DURICEF equiv) | - | Select |
| cephalexin cap (KEFLEX equiv) | - | Select |
| cephalexin susp (KEFLEX equiv) | - | Select |
| CEPHALEXIN TAB | - | Select |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefaclor cap (CECLOR equiv) | - | Select |
| cefprozil susp (CEFZIL equiv) | - | Select |
| cefprozil tab (CEFZIL equiv) | - | Select |
| cefuroxime susp (CEFTIN equiv) | - | Select |
| cefuroxime tab (CEFTIN equiv) | - | Select |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | Select |
| cefdinir susp (OMNICEF equiv) | - | Select |
| cefixime cap (SUPRAX equiv) | - | Select |
| cefixime susp (SUPRAX equiv) | - | Select |
| cefpodoxime proxetil susp (VANTIN equiv) | - | Select |
| cefpodoxime proxetil tab (VANTIN equiv) | - | Select |

CONTRACEPTIVES

| COMBINATION CONTRACEPTIVES - ORAL | | |
|---|---|------------|
| amethyst tab (LYBREL equiv) | - | Preventive |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | Preventive |
| BALCOLTRA TAB | - | Preventive |
| cryselle tab | - | Preventive |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | Preventive |
| enpresse tab (TRI-LEVELLEN equiv) | - | Preventive |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | Preventive |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | Preventive |
| junel FE tab (LOESTRIN FE equiv) | - | Preventive |
| junel tab (LOESTRIN equiv) | - | Preventive |
| kelnor tab (DEMULEN equiv) | - | Preventive |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | Preventive |
| LO LOESTRIN TAB | - | Preventive |

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| CONTRACEPTIVES Cont. | | |
| mibelas chew tab (MINASTRIN equiv) | - | Preventive |
| NATAZIA TAB | - | Preventive |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) | - | Preventive |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | Preventive |
| norethindrone/ethinyl estradiol tab (LOESTRIN equiv) | - | Preventive |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | Preventive |
| nortrel tab (OVCON 35 equiv) | - | Preventive |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | Preventive |
| tri-legest tab (ESTROSTEP FE equiv) | - | Preventive |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | Preventive |
| TYBLUME TAB | - | Preventive |
| velivet tab (CYCLESSA equiv) | - | Preventive |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | Preventive |
| viorele tab, kariva tab (MIRCETTE equiv) | - | Preventive |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| TWIRLA PATCH | - | Preventive |
| zafemy patch (XULANE equiv) | - | Preventive |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA RING | - | Preventive |
| eluryng vaginal ring (NUVARING equiv) | - | Preventive |
| NUVARING | - | Preventive |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | Preventive |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | Preventive |
| levonorgestrel tab (PLAN B equiv) | OTC | Preventive |
| LEVONORGESTREL TAB 0.75MG | - | Preventive |

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|--|--------------|------------|
| CONTRACEPTIVES Cont. | | |
| PLAN B TAB | OTC | Preventive |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | Preventive |
| NEXPLANON IMPLANT | - | Preventive |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA INJ (QL= 1 inj/84 days) | QL | Preventive |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days) | QL | Preventive |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days) | QL | Preventive |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| KYLEENA IUD | - | Preventive |
| MIRENA IUD | - | Preventive |
| SKYLA IUD | - | Preventive |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | Preventive |

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

| | | |
|---|----|-----------|
| CORTISONE ACETATE TAB | - | Preferred |
| DEXAMETHASONE CONC | - | Preferred |
| DEXAMETHASONE SOLN | - | Preferred |
| DEXPAK TAB (Step Therapy requires trial of dexamethasone) | ST | Preferred |
| HEMADY TAB (QL= 8 tabs/30 days) | QL | Preferred |
| PREDNISOLONE SOLN | - | Preferred |
| SOLU-CORTEF INJ | - | Preferred |
| budesonide SR cap (ENTOCORT EC equiv) | - | Select |
| dexamethasone elixir | - | Select |
| dexamethasone pak (DEXPAK equiv) | - | Select |
| dexamethasone tab (DECADRON equiv) | - | Select |
| hydrocortisone tab (CORTEF equiv) | - | Select |
| methylprednisolone dose pack (MEDROL equiv) | - | Select |
| methylprednisolone tab (MEDROL equiv) | - | Select |
| prednisolone soln (PEDIAPRED equiv) | - | Select |
| PREDNISOLONE SYRUP | - | Select |
| prednisolone syrup (PRELONE equiv) | - | Select |
| prednisone pack | - | Select |
| PREDNISON SOLN | - | Select |
| prednisone tab (DELTASONE equiv) | - | Select |

MINERALOCORTICOIDS

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OEBB High Performance Formulary (INF)

Category/Class

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

COUGH/COLD/ALLERGY

ANTITUSSIVES

| | | |
|---|---|--------|
| benzonatate cap (TESSALON equiv) | - | Select |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | Select |
| tussion tab (HYCODAN equiv) | - | Select |

COUGH/COLD/ALLERGY COMBINATIONS

| | | |
|---|--------|-----------|
| ACTINEL LIQUID (QL= 1200ml/30 days) | QL | Preferred |
| CAPMIST DM TAB (QL= 4 tabs/day) | QL | Preferred |
| CODITUSSIN LIQUID DAC (QL= 1200ml/30 days) | QL | Preferred |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month) | OTC-QL | Preferred |
| LORTUSS LIQUID (QL= 1200ml/30 days) | QL | Preferred |
| M-END DMX LIQUID (QL= 1800ml/30 days) | QL | Preferred |
| NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days) | QL | Preferred |
| STAHIST AD TAB 25-60MG (QL= 4 tabs/day) | QL | Preferred |
| ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days) | QL | Select |
| cold/allergy elx children (QL= 2400ml/30 days) | QL | Select |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month) | OTC-QL | Select |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) | - | Select |
| ibuprofen tab cold/sinus (QL= 240 tabs/30 days) | QL | Select |
| LORTUSS EX LIQUID (QL= 1200ml/30 days) | QL | Select |
| promethazine DM syrup | - | Select |
| promethazine VC syrup (PHENERGAN VC equiv) | - | Select |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | Select |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | Select |
| triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day) | QL | Select |
| trispes pse liquid (QL= 1200ml/30 days) | QL | Select |
| tussin of liquid (QL= 1200ml/30 days) | QL | Select |

EXPECTORANTS

| | | |
|--|----|--------|
| potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days) | QL | Select |
|--|----|--------|

MISC. RESPIRATORY INHALANTS

| | | |
|--|---|--------|
| sodium chloride neb soln (HYPER-SAL equiv) | - | Select |
|--|---|--------|

MUCOLYTICS

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

DERMATOLOGICALS

ACNE PRODUCTS

| | | |
|--|---|--------|
| adapalene cream (DIFFERIN equiv) | - | Select |
| adapalene gel (DIFFERIN equiv) | - | Select |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | Select |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) | - | Select |
| benzoyl peroxide foam | - | Select |
| clindamycin gel (CLEOCIN GEL equiv) | - | Select |
| clindamycin lotion (CLEOCIN- T equiv) | - | Select |
| clindamycin pad (CLEOCIN-T equiv) | - | Select |
| clindamycin topical soln (CLEOCIN-T equiv) | - | Select |

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|---|---------------------|------------------------|
| DERMATOLOGICALS Cont. | | |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (Step Therapy requires trial of clindamycin) | ST | Select |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | ST-- | Select |
| ERY PAD | - | Select |
| erythromycin gel | - | Select |
| erythromycin pad | - | Select |
| erythromycin soln | - | Select |
| erythromycin/benzoyl peroxide gel | - | Select |
| sodium sulfacetamide lotion (KLARON equiv) | - | Select |
| tretinoin cream (RETIN-A CREAM equiv) | - | Select |
| tretinoin gel (RETIN-A GEL equiv) | - | Select |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | Select |
| gentamicin sulfate oint | - | Select |
| mupirocin cream (BACTROBAN CREAM equiv) | - | Select |
| mupirocin oint (BACTROBAN OINT equiv) | - | Select |
| ANTIFUNGALS - TOPICAL | | |
| NAFTIFINE CREAM 1% | - | Preferred |
| ciclopirox cream (LOPROX CREAM equiv) | - | Select |
| ciclopirox gel (LOPROX GEL equiv) | - | Select |
| ciclopirox nail soln (PENLAC SOLN equiv) | - | Select |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | Select |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | Select |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | Select |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | Select |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | Select |
| econazole cream (SPECTAZOLE equiv) | - | Select |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | Select |
| ketoconazole cream (NIZORAL CREAM equiv) | - | Select |
| ketoconazole shampoo | - | Select |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | Select |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | Select |
| nystatin oint | - | Select |
| nystatin topical powder | - | Select |
| nystatin/triamcinolone cream | - | Select |
| nystatin/triamcinolone oint | - | Select |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) | - | Select |
| diclofenac soln 1.5% (PENNSAID equiv) | - | Select |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| bexarotene gel (TARGRETIN equiv) | AMSP-PA | Generic Specialty |
| FLUOROURACIL SOLN | - | Preferred |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | Preferred Specialty |
| diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month; Step therapy requires trial of fluorouracil cream or imiquimod cream) | QL-ST | Preventiv e |

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|--|---------------------|---------------------|
| DERMATOLOGICALS Cont. | | |
| fluorouracil cream (EFUDEX CREAM equiv) | - | Select |
| ANTIPSORIATICS | | |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days) | AMSP-PA-QL | Preferred Specialty |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days) | AMSP-PA-QL | Preferred Specialty |
| SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days) | AMSP-PA-QL | Preferred Specialty |
| STELARA INJ (QL= 1 inj/84 days) | AMSP-PA-QL | Preferred Specialty |
| STELARA INJ (QL= 1 inj/84 days) | AMSP-PA-QL | Preferred Specialty |
| calcipotriene cream (DOVONEX CREAM equiv) | - | Select |
| calcipotriene oint | - | Select |
| calcipotriene soln (DOVONEX SOLN equiv) | - | Select |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | Select |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide lotion | - | Select |
| selenium sulfide shampoo (SELSEB equiv) | - | Select |
| BURN PRODUCTS | | |
| SULFAMYLLON CREAM | - | Preferred |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | Select |
| CAUTERIZING AGENTS | | |
| SILVER NITRATE SOLN | - | Preferred |
| ARZOL SILVER NITRATE APPLICATOR | - | Select |
| CORTICOSTEROIDS - TOPICAL | | |
| AMCINONIDE LOTION | - | Preferred |
| AMCINONIDE OINT | - | Preferred |
| HC BUTYRATE SOLN | - | Preferred |
| MICORT-HC CREAM | - | Preferred |
| PRAMOSONE CREAM 1-1% | - | Preferred |
| PRAMOSONE E CREAM | - | Preferred |
| PREDNICARBATE CREAM | - | Preferred |
| PREDNICARBATE OIN | - | Preferred |
| U-CORT CREAM | - | Preferred |
| alclometasone cream (ACLOVATE equiv) | - | Select |
| alclometasone oint (ACLOVATE OINT equiv) | - | Select |
| AMCINONIDE CREAM 0.1% | - | Select |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | Select |
| betamethasone augmented gel | - | Select |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | Select |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | Select |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | Select |

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

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OEBB High Performance Formulary (INF)

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

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| | | | | | |
|------|--|------|-------------------------------|-----|--------------------------------|
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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| DERMATOLOGICALS Cont. | | |
| paramox hc gel (NOVACORT GEL equiv) | - | Select |
| prednicarbate cream (DERMATOP equiv) | - | Select |
| triamcinolone acetonide oint 0.025% (TRIANEX equiv) | - | Select |
| triamcinolone acetonide oint 0.1% (TRIANEX equiv) | - | Select |
| triamcinolone acetonide oint 0.5% (TRIANEX equiv) | - | Select |
| triamcinolone cream | - | Select |
| triamcinolone lotion | - | Select |
| ECZEMA AGENTS | | |
| DUPIXENT INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
| DUPIXIENT PEN INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| urea cream | - | Select |
| urea gel (URAMAXIN equiv) | - | Select |
| urea lotion (KERALAC LOTION equiv) | - | Select |
| urea susp 40% (UMECTA equiv) | - | Select |
| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | Select |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | Select |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | Preferred |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days) | QL | Select |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | Select |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | Preferred |
| podofilox soln (CONDYLOX equiv) | - | Select |
| salicylic acid liquid | - | Select |
| salicylic acid shampoo (SALEX equiv) | - | Select |
| LOCAL ANESTHETICS - TOPICAL | | |
| LIDOCAINE GEL | - | Select |
| lidocaine gel (GLYDO equiv) | - | Select |
| lidocaine oint (QL= 8gm/day) | QL | Select |
| lidocaine soln (XYLOCAINE equiv) | - | Select |
| lidocaine/prilocaine cream (EMLA equiv) | - | Select |
| MISC. TOPICAL | | |
| DRYSOL SOLN | - | Preferred |
| ROSACEA AGENTS | | |
| FINACEA PLUS KIT | - | Preferred |
| MIRVASO GEL | - | Preferred |
| metronidazole cream (METROCREAM equiv) | - | Select |

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

DERMATOLOGICALS Cont.

| | | |
|--|---|--------|
| metronidazole gel (METROGEL equiv) | - | Select |
| metronidazole lotion (METROLOTION equiv) | - | Select |

SCABICIDES & PEDICULICIDES

| | | |
|---|----|-----------|
| CROTAN LOTION | - | Preferred |
| EURAX CREAM | - | Preferred |
| LINDANE SHAMPOO | - | Preferred |
| SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Preferred |
| lindane lotion | - | Select |
| lindane shampoo | - | Select |
| malathion lotion (OVIDE equiv) | - | Select |
| permethrin cream (ELIMITE CREAM equiv) | - | Select |

DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

| | | |
|-------------------------|---|-----------|
| GLUCAGEN INJ | - | Preferred |
| GLUCAGON DIAGNOSTIC INJ | - | Preferred |

DIAGNOSTIC PRODUCTS, MISC.

| | | |
|---|--------|-----------|
| FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred |
|---|--------|-----------|

DIAGNOSTIC TESTS

| | | |
|--|--------|------------|
| CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days) | QL | Preferred |
| CONTOUR TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred |
| FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred |
| FREESTYLE LITE TEST STRIP (QL= 300 strips/30 days) | QL | Preferred |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred |
| FREESTYLE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred |
| FREESTYLE TEST STRIPS (QL= 300 strips/30 days) | QL | Preferred |
| PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | Preferred |
| COVID-19 TEST (QL= 8 tests/30 days) | OTC-QL | Preventive |
| CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days) | QL | Preventive |
| CUE HEALTH MIS MONITOR (QL= 1 kit/year) | QL | Preventive |

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|----------|---------------------|
| KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferred Specialty |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | Select |
| acetazolamide tab | - | Select |

DIURETIC COMBINATIONS

| | | |
|--|---|--------|
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | Select |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | Select |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | Select |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | Select |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | Select |

LOOP DIURETICS

| | | |
|------------------------------|---|--------|
| bumetanide tab (BUMEX equiv) | - | Select |
|------------------------------|---|--------|

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| | | | | | |
|------|--|------|-------------------------------|-----|--------------------------------|
| AMSP | NC =Not Covered | EXC | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
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| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Medical Benefit | RS | Over-the-Counter |
| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
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| | Vaccine Program | | | | |

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OEBB High Performance Formulary (INF)

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| DrugName | Special Code | Tier |
|--|---------------------|---------------------|
| DIURETICS Cont. | | |
| torsemide tab (DEMADEX equiv) | - | Select |
| FUROSEMIDE SOLN | - | Value |
| furosemide soln (LASIX equiv) | - | Value |
| furosemide tab (LASIX equiv) | - | Value |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | Select |
| spironolactone tab (ALDACTONE equiv) | - | Value |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| DIURIL SUSP | - | Preferred |
| CHLOROTHIAZIDE TAB | - | Select |
| chlorothiazide tab (DIURIL equiv) | - | Select |
| indapamide tab (LOZOL equiv) | - | Select |
| METHYCLOTHIAZIDE TAB | - | Select |
| metolazone tab (ZAROXOLYN equiv) | - | Select |
| chlorthalidone tab | - | Value |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | Value |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | Value |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| BONE DENSITY REGULATORS | | |
| PROLIA INJ | AMSP-PA | Preferred Specialty |
| TERIPARATIDE INJ (QL= 2.48 units/28 days) | AMSP-PA-QL | Preferred Specialty |
| TYMLOS INJ (QL= 1.56 units/30 days) | AMSP-PA-QL | Preferred Specialty |
| alendronate sodium oral soln (FOSAMAX equiv) | - | Select |
| ALENDRONATE SOLN (QL= 300ml/28 days) | QL | Select |
| calcitonin nasal spray (MIACALCIN equiv) | - | Select |
| ibandronate tab 150mg (BONIVA equiv) | - | Select |
| alendronate tab (FOSAMAX equiv) | - | Value |
| ALENDRONATE TAB 40MG | - | Value |
| CORTICOTROPIN | | |
| ACTHAR HP GEL INJ | PA | Preferred Specialty |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| GROWTH HORMONES | | |
| GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days) | AMSP-PA-QL | Preferred Specialty |

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|------|--|------|-------------------------------|-----|--------------------------------|
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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 12MG (QL= 7 cartridges/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 1MG (QL= 35 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 2MG (QL= 21 syringes/28 days) | AMSP-QL | Preferred Specialty |
| GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days) | AMSP-QL | Preferred Specialty |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (QL= 1 tab/day) | QL | Preventive |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ (Only available through Walgreens 888-347-3416) | LD | Preferred Specialty |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | Preferred |
| LUPRON INJ | AMSP-PA | Preferred Specialty |
| METABOLIC MODIFIERS | | |
| betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days) | LMSP-PA-QL | Generic Specialty |
| carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| nitisinone cap (ORFADIN equiv) | LMSP-PA | Generic Specialty |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | AMSP-PA | Generic Specialty |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | AMSP-PA | Generic Specialty |
| sodium phenylbutyrate powder (BUPHENYL equiv) | AMSP-PA | Generic Specialty |
| sodium phenylbutyrate tab (BUPHENYL equiv) | AMSP-PA | Generic Specialty |
| CYSTADANE POWDER | PA | Preferred Specialty |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | Preferred Specialty |
| calcitriol cap (ROCALTROL equiv) | - | Select |
| calcitriol soln (CALCITRIOL equiv) | - | Select |
| cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select |

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| DrugName | Special Code | Tier |
|--|--|--------------------------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Select |
| cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day) | QL | Select |
| levocarnitine soln (CARNITOR equiv) | - | Select |
| levocarnitine tab (CARNITOR equiv) | - | Select |
| paricalcitol cap (ZEMPLAR equiv) | - | Select |
| POSTERIOR PITUITARY HORMONES | | |
| STIMATE NASAL SOLN | - | Preferred |
| desmopressin acetate inj (DDAVP equiv) | - | Select |
| desmopressin acetate nasal spray (DDAVP equiv) | - | Select |
| desmopressin acetate tab (DDAVP equiv) | - | Select |
| desmopressin nasal soln (DDAVP equiv) | - | Select |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| mifepristone tab (MIFEPREX equiv) | - | Select |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | Select |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | AMSP-PA | Generic Specialty |
| OCTREOTIDE INJ 100MCG | AMSP-PA | Generic Specialty |
| SANDOSTATIN LAR INJ KIT | AMSP | Preferred Specialty |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Preferred Specialty |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| PREMPHASE TAB, PREMPRO TAB | - | Preferred |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | Select |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | Select |
| jinteli tab (FEMHRT equiv) | - | Select |
| ESTROGENS | | |
| MENEST TAB | - | Preferred |
| PREMARIN TAB | - | Preferred |
| estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days) | QL | Select |
| estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days) | QL | Select |
| estradiol tab (ESTRACE equiv) | - | Select |
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| | Vaccine Program | |
| | | BRANDS =CAPITAL LETTERS |
| | | LD Limited Distribution |
| | | OTC Over-the-Counter |
| | | RS Restricted to Specialist |
| | | ST Step Therapy |

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| DrugName | Special Code | Tier |
|------------------------------|--------------|--------|
| ESTROGENS Cont. | | |
| estradiol valerate inj | - | Select |
| ESTROPIPATE TAB | - | Select |
| estropipate tab (OGEN equiv) | - | Select |

FLUOROQUINOLONES

| DrugName | Special Code | Tier |
|---|--------------|--------|
| FLUOROQUINOLONES | | |
| ciprofloxacin susp (CIPRO equiv) | - | Select |
| ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv) | - | Select |
| levofloxacin soln (LEVAQUIN equiv) | - | Select |
| levofloxacin tab (LEVAQUIN equiv) | - | Select |
| moxifloxacin tab (AVELOX equiv) | - | Select |
| ofloxacin tab (FLOXIN equiv) | - | Select |

GASTROINTESTINAL AGENTS - MISC.

| DrugName | Special Code | Tier |
|---|--------------|-----------|
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB (QL= 30 tabs/30 days) | QL | Preferred |

| DrugName | Special Code | Tier |
|---|--------------|-----------|
| GALLSTONE SOLUBILIZING AGENTS | | |
| CHENODAL TAB | PA | Preferred |
| RELTONE CAP (Step therapy requires trial of ursodiol tab) | ST | Select |
| ursodiol cap (ACTIGALL equiv) | - | Select |
| ursodiol tab (URSO (FORTE) equiv) | - | Select |

| DrugName | Special Code | Tier |
|--|--------------|--------|
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | Select |

| DrugName | Special Code | Tier |
|------------------------------------|--------------|--------|
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | Select |
| metoclopramide tab (REGLAN equiv) | - | Select |

| DrugName | Special Code | Tier |
|---|--------------|-----------|
| INFLAMMATORY BOWEL AGENTS | | |
| SKYRIZI INJ (QL= 1 cartridge/56 days) | AMSP-PA-QL | Preferred |
| balsalazide cap (COLAZAL equiv) | - | Specialty |
| mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day) | QL | Select |
| mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day) | QL | Select |
| mesalamine enema (ROWASA equiv) | - | Select |
| mesalamine ER cap (APRISO equiv) (QL= 4 caps/day) | QL | Select |
| mesalamine supp (CANASA equiv) (QL= 1 supp/day) | QL | Select |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | Select |
| sulfasalazine tab (AZULFIDINE equiv) | - | Select |

| DrugName | Special Code | Tier |
|------------------------------|--------------|--------|
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | Select |

| DrugName | Special Code | Tier |
|--|--------------|--------|
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTRONEX equiv) | - | Select |

| DrugName | Special Code | Tier |
|---|--------------|-----------|
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTI TAB (QL= 30 tabs/30 days) | PA-QL | Preferred |
| SYMPROIC TAB (QL= 30 tabs/30 days) | PA-QL | Preferred |

| DrugName | Special Code | Tier |
|--------------------------------|--------------|-----------|
| PHOSPHATE BINDER AGENTS | | |
| PHOSLYRA SOLN | - | Preferred |

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

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

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

OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|---------------------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| RENAGEL TAB | - | Preferred |
| RENAGEL TAB 800MG | - | Preferred |
| calcium acetate cap (PHOSLO equiv) | - | Select |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | Select |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| ORACIT SOLN | - | Preferred |
| CYTRA K CRYSTALS | - | Select |
| CYTRA-3 SYRUP | - | Select |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | Select |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | Select |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | Select |
| sodium citrate/citric acid soln (BICITRA equiv) | - | Select |
| tricitrates soln (POLYCITRA-LC equiv) | - | Select |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP (Only available through CVS Specialty 800-237-2767) | LD-PA | Preferred Specialty |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | Preferred |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | Select |
| dutasteride cap (AVODART equiv) | - | Select |
| finasteride tab (PROSCAR equiv) | - | Select |
| tamsulosin cap (FLOMAX equiv) | - | Select |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | Select |
| URINARY STONE AGENTS | | |
| tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Generic Specialty |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | Select |
| GOUT AGENTS | | |
| COLCHICINE CAP (QL= 2 caps/day) | QL | Preferred |
| allopurinol tab (ZYLOPRIM equiv) | - | Select |
| colchicine tab (COLCRYS equiv) (QL= 4 tabs/day) | QL | Select |
| febuxostat tab (ULORIC equiv) (QL= 1 tab/day) | QL | Select |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | Select |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| AFSTYLA KIT (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| HEMLIBRA INJ | AMSP-PA | Preferred Specialty |

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

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

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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier | | | |
|--|---|--|---|---|--|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | | | | |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | | | | |
| icatibant inj (FIRAZYR equiv) (QL= 36ml/30 days) | AMSP-PA-QL | Generic Specialty | | | |
| COMPLEMENT INHIBITORS | | | | | |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Preferred Specialty | | | |
| HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | | | |
| HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty | | | |
| HEMATORHEOLOGIC AGENTS | | | | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | Select | | | |
| PLATELET AGGREGATION INHIBITORS | | | | | |
| anagrelide cap (AGRYLIN equiv) | - | Select | | | |
| cilostazol tab (PLETAL equiv) | - | Select | | | |
| clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days) | QL | Select | | | |
| clopidogrel tab 75mg (PLAVIX equiv) | - | Select | | | |
| dipyridamole tab (PERSANTINE equiv) | - | Select | | | |
| ticlopidine tab (TICLID equiv) | - | Select | | | |
| HEMATOPOIETIC AGENTS | | | | | |
| AGENTS FOR GAUCHER DISEASE | | | | | |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | Generic Specialty | | | |
| CERDELGA CAP | LMSP-PA | Preferred Specialty | | | |
| AGENTS FOR SICKLE CELL ANEMIA | | | | | |
| DROXIA CAP | - | Preferred | | | |
| ENDARI POWDER PACK (Only available through Lumicera 855-847-3553) | LMSP-PA | Preferred Specialty | | | |
| COBALAMINS | | | | | |
| cyanocobalamin inj | - | Select | | | |
| FOLIC ACID/FOLATES | | | | | |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | Preventive | | | |
| folic acid tab 400mcg (Covered for females only) | OTC | Preventive | | | |
| folic acid tab 800mcg (Covered for females only) | OTC | Preventive | | | |
| HEMATOPOIETIC GROWTH FACTORS | | | | | |
| ARANESP INJ (QL= 4 syringes/30 days) | AMSP-QL | Preferred Specialty | | | |
| ARANESP INJ (QL= 4 vials/30 days) | AMSP-QL | Preferred Specialty | | | |
| DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | Preferred Specialty | | | |
| FULPHILA INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Preferred Specialty | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| AMSP LMSP PA SF VAC | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program | EXC M QL SMKG | generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation | LD OTC RS ST | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy |

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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier |
|---------------------------------------|---------------------|---------------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| PROMACTA TAB | AMSP-PA | Preferred Specialty |
| RETACRIT INJ (QL= 12 vials/30 days) | AMSP-QL | Preferred Specialty |
| RETACRIT INJ (QL= 4 vials/30 days) | AMSP-QL | Preferred Specialty |
| ZARXIO INJ (QL= 15 syringes/30 days) | AMSP-QL | Preferred Specialty |
| ZIEXTENZO INJ (QL= 1.2 units/28 days) | AMSP-PA-QL | Preferred Specialty |

HEMATOPOIETIC MIXTURES

| | | |
|--|---|-----------|
| NEPHRON FA TAB | - | Preferred |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | Select |
| multigen folic tab (CHROMAGEN FA equiv) | - | Select |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | Select |
| multigen tab (CHROMAGEN equiv) | - | Select |

IRON

| | | |
|--|-----|------------|
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | Preventive |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | Preventive |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | Preventive |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | OTC | Preventive |
| IRON SUSP (Covered for members 1 year or younger) | OTC | Preventive |

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

| | | |
|--|------|-------------------|
| aminocaproic acid soln (AMICAR equiv) | AMSP | Generic Specialty |
| tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days) | QL | Select |

HYPNOTICS

NON-BARBITURATE HYPNOTICS

| | | |
|---|----|--------|
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | Select |
|---|----|--------|

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTIHISTAMINE HYPNOTICS

| | | |
|---|---|--------|
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Select |
|---|---|--------|

BARBITURATE HYPNOTICS

| | | |
|----------------------|---|--------|
| phenobarbital elixir | - | Select |
| phenobarbital tab | - | Select |

NON-BARBITURATE HYPNOTICS

| | | |
|---|----|--------|
| estazolam tab (PROSOM equiv) | - | Select |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | Select |
| FLURAZEPAM CAP | - | Select |
| midazolam hcl syrup | - | Select |
| midazolam inj (MIDAZOLAM equiv) | - | Select |

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

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

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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| temazepam cap 15mg (RESTORIL equiv) | - | Select |
| temazepam cap 30mg (RESTORIL equiv) | - | Select |
| triazolam tab (HALCION equiv) | - | Select |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | Select |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | Select |

LAXATIVES

| LAXATIVE COMBINATIONS | | |
|---|----|------------|
| CLENPIQ SOLN | - | Preferred |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive |

LAXATIVES - MISCELLANEOUS

| | | |
|----------------|---|--------|
| lactulose soln | - | Select |
|----------------|---|--------|

MACROLIDES

AZITHROMYCIN

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

CLARITHROMYCIN

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

ERYTHROMYCINS

| | | |
|--|---|-----------|
| ERYTHROMYCIN EC CAP | - | Preferred |
| PCE TAB | - | Preferred |
| erythromycin DR cap (ERYC equiv) | - | Select |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | Select |
| erythromycin stearate tab | - | Select |
| erythromycin tab (ERY-TAB equiv) | - | Select |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | Select |

FIDAXOMICIN

| | | |
|-----------------------------------|----|-----------|
| DIFICID SUSP (QL= 136 mL/30 days) | QL | Preferred |
| DIFICID TAB (QL= 20 tabs/30 days) | QL | Preferred |

MEDICAL DEVICES

PARENTERAL THERAPY SUPPLIES

| | | |
|--------------------|-----|-----------|
| HYPODERMIC NEEDLES | OTC | Preferred |
|--------------------|-----|-----------|

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

| | | |
|--------------|---|------------|
| CERVICAL CAP | - | Preventive |
|--------------|---|------------|

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

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

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OEBB High Performance Formulary (INF)

Category/Class

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| DrugName | Special Code | Tier | | | |
|--|---|--|---|---|--|
| MEDICAL DEVICES AND SUPPLIES Cont. | | | | | |
| DIAPHRAGM | - | Preventive | | | |
| FEMALE CONDOMS | OTC | Preventive | | | |
| DIABETIC SUPPLIES | | | | | |
| CALIBRATION LIQUID | OTC | Preferred | | | |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | Preferred | | | |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days) | PA-QL | Preferred | | | |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | Preferred | | | |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | Preferred | | | |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | Preferred | | | |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days) | PA-QL | Preferred | | | |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | Preferred | | | |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | Preferred | | | |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | Preferred | | | |
| LANCET KIT | OTC | Preferred | | | |
| LANCETS | OTC | Preferred | | | |
| OMNIPOD 5 G6 KIT (QL= 1 kit/year) | QL | Preferred | | | |
| OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days) | QL | Preferred | | | |
| OMNIPOD 5 PACK PODS (QL= 15 pods/30 days) | QL | Preferred | | | |
| OMNIPOD DASH KIT (QL= 1 kit/year) | QL | Preferred | | | |
| OMNIPOD DASH PODS (QL= 15 pods/30 days) | QL | Preferred | | | |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | Preferred | | | |
| PARENTERAL THERAPY SUPPLIES | | | | | |
| HYPODERMIC NEEDLES | OTC | Preferred | | | |
| SAFETY SYRINGE | - | Preferred | | | |
| SYRINGE LUER-LOK | OTC | Preferred | | | |
| B-D INSULIN SYRINGE | --OTC | Select | | | |
| BD NEEDLES | OTC | Select | | | |
| B-D PEN NEEDLE | OTC | Select | | | |
| NOVOFINE PEN NEEDLE | OTC | Select | | | |
| NOVOTWIST PEN NEEDLE | OTC | Select | | | |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | Select | | | |
| RESPIRATORY THERAPY SUPPLIES | | | | | |
| AEROCHAMBER | - | Preferred | | | |
| MIGRAINE PRODUCTS | | | | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | | | | |
| AJOVY INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty | | | |
| MIGRAINE COMBINATIONS | | | | | |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | Preferred | | | |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | Preferred | | | |
| MIGERGOT SUPP (QL= 20 supp/28 days) | QL | Preferred | | | |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | Select | | | |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | Select | | | |
| PRODRIN TAB | - | Select | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| AMSP LMSP PA SF VAC | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program | EXC M QL SMKG | generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation | LD OTC RS ST | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy |

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

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

MIGRAINE PRODUCTS Cont.

MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES

| | | |
|-------------------------------|------------|---------------------|
| AJOVY INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Preferred Specialty |
|-------------------------------|------------|---------------------|

SEROTONIN AGONISTS

| | | |
|--|----|-----------|
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days) | QL | Preferred |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | Select |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Select |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | Select |

MINERALS & ELECTROLYTES

FLUORIDE

| | | |
|---|---|------------|
| FLORIVA DROPS | - | Preferred |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| FLUOR-A-DAY CHEW TAB | - | Select |

PHOSPHATE

| | | |
|---|----|--------|
| potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day) | QL | Select |
|---|----|--------|

POTASSIUM

| | | |
|--|---|--------|
| K-TAB | - | Select |
| POT/CHLORIDE EFFER TAB | - | Select |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | Select |
| potassium chloride ER cap (MICRO-K equiv) | - | Select |
| potassium chloride ER tab (K-TAB equiv) | - | Select |
| potassium chloride micro tab (K-DUR equiv) | - | Select |

SODIUM

| | | |
|---------------------|---|--------|
| sodium chloride inj | - | Select |
|---------------------|---|--------|

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

| | | |
|---|----|--------|
| penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days) | QL | Select |
|---|----|--------|

DIGITAL THERAPY

| | | |
|-------------------------------------|-------|-----------|
| SOMRYST (QL= 1 membership/lifetime) | PA-QL | Preferred |
|-------------------------------------|-------|-----------|

IMMUNOMODULATORS

| | | |
|--|----------|---------------------|
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |

POTASSIUM REMOVING AGENTS

| | | |
|----------|---|-----------|
| SPS SUSP | - | Preferred |
|----------|---|-----------|

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| | | | | | |
|------|--|------|-------------------------------|-----|--------------------------------|
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| SF | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Specialist |
| VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation | | Step Therapy |
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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|--------------|------------|
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| LIDOCAINE ORAL SOLN 4% | - | Preferred |
| lidocaine viscous soln 2% | - | Select |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | Preferred |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | Select |
| nystatin susp | - | Select |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | Select |
| DENTAL PRODUCTS | | |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| FLUORIDEX SENSITIVITY PASTE | - | Select |
| sodium fluoride gel (PREVIDENT equiv) | - | Select |
| sodium fluoride paste (PREVIDENT equiv) | - | Select |
| sodium fluoride rinse (PREVIDENT equiv) | - | Select |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | Select |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | Select |
| THROAT PRODUCTS - MISC. | | |
| cevimeline cap (EVOXAC equiv) | - | Select |
| pilocarpine tab (SALAGEN equiv) | - | Select |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | Select |
| DIALYVITE/ZINC TAB | - | Select |
| FOLBEE PLUS CZ TAB | - | Select |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | Preventive |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | Preventive |
| pediatric multiple vitamins/fluoride soln | - | Preventive |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | Preferred |
| PRENATABS RX TAB | - | Preferred |
| PRENATAL 19 CHEW TAB | - | Preferred |
| PRENATAL 19 TAB | - | Preferred |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | Preferred |
| VP-PNV-DHA CAP | - | Select |

MUSCULOSKELETAL THERAPY AGENTS

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OEBB High Performance Formulary (INF)

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

MUSCULOSKELETAL THERAPY AGENTS Cont.

CENTRAL MUSCLE RELAXANTS

| | | |
|--|-------|-----------|
| BACLOFEN TAB 5MG | - | Preferred |
| CHLORZOXAZONE TAB 250MG (QL= 4 tabs/day) | QL | Preferred |
| baclofen tab (BACLOFEN equiv) | - | Select |
| carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Select |
| chlorzoxazone tab (QL= 4 tabs/day) | QL | Select |
| chlorzoxazone tab 500mg | - | Select |
| cyclobenzaprine tab (FLEXERIL equiv) | - | Select |
| methocarbamol tab (ROBAXIN equiv) | - | Select |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | Select |
| tizanidine tab (ZANAFLEX equiv) | - | Select |

MUSCLE RELAXANT COMBINATIONS

| | | |
|--|---|--------|
| CARISOPRODOL/ASPIRIN TAB | - | Select |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | Select |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | Select |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | Select |

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL ANESTHETICS

| | | |
|---------------|---|--------|
| GOPRELTO SOLN | - | Select |
|---------------|---|--------|

NASAL ANTIALLERGY

| | | |
|--|----|--------|
| azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 60ml/30 days) | QL | Select |
|--|----|--------|

NASAL ANTICHOLINERGICS

| | | |
|--|---|--------|
| ipratropium nasal spray (ATROVENT equiv) | - | Select |
|--|---|--------|

SYMPATHOMIMETIC DECONGESTANTS

| | | |
|--|----|--------|
| pseudoephedrine ER tab 120mg (QL= 2 tabs/day) | QL | Select |
| pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days) | QL | Select |
| pseudoephedrine tab 30mg (QL= 8 tabs/day) | QL | Select |
| pseudoephedrine tab 60mg (QL= 4 tabs/day) | QL | Select |

NEUROMUSCULAR AGENTS

ALS AGENTS

| | | |
|--|----------|---------------------|
| riluzole tab (RILUTEK equiv) | AMSP | Generic Specialty |
| EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Preferred Specialty |
| TIGLUTIK SUSP (Only available through Foundation Care 877-291-1122) | LD-PA | Preferred Specialty |

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

| | | |
|--|----|-----------|
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | Preferred |
| METIPRANOLOL OPHTH SOLN | - | Preferred |
| TIMOLOL OPHTH GEL SOLN (Step Therapy requires trial of timolol maleate ophth soln) | ST | Preferred |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | Select |
| CARTEOLOL OPHTH SOLN | - | Select |
| carteolol ophth soln (OCUPRESS equiv) | - | Select |

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|---|---------------------|---------------------|
| OPHTHALMIC AGENTS Cont. | | |
| dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Select |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | Select |
| LEVOBUNOLOL OPHTH SOLN | - | Select |
| levobunolol ophth soln (BETAGAN equiv) | - | Select |
| timolol maleate ophth soln 0.25% (TIMOPTIC equiv) | - | Select |
| timolol maleate ophth soln 0.5% (TIMOPTIC equiv) | - | Select |
| CYCLOPLEGIC MYDRIATICS | | |
| HOMATROPINE OPHTH SOLN | - | Preferred |
| ISOPTO HYOSCINE OPHTH SOLN | - | Preferred |
| atropine ophth oint | - | Select |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) | QL | Select |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | Select |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | Select |
| phenylephrine ophth soln (MYDFRIN equiv) | - | Select |
| tropicamide ophth soln (MYDRIACYL equiv) | - | Select |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | Select |
| OPHTHALMIC - ANGIOGENESIS INHIBITORS | | |
| LUCENTIS INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| ALPHAGAN P OPHTH SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Preferred |
| LUMIFY OPHTH SOLN 0.25% (Step Therapy requires trial of brimonidine ophth soln 0.2%) | ST | Preferred |
| brimonidine ophth soln 0.2% (ALPHAGAN equiv) | - | Select |
| OPHTHALMIC ANTI-INFECTIVES | | |
| BACITRACIN OPHTH OINT | - | Preferred |
| NATACYN OPHTH SUSP (QL= 45ml/30 days) | QL | Preferred |
| SULFACETAMIDE SODIUM OPHTH OINT | - | Preferred |
| ZIRGAN OPHTH GEL | - | Preferred |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | Select |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | Select |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | Select |
| erythromycin ophth oint | - | Select |
| GENTAK OPHTH OINT | - | Select |
| gentamicin ophth oint (GARAMYCIN equiv) | - | Select |
| gentamicin ophth soln (GARAMYCIN equiv) | - | Select |
| levofloxacin ophth soln (QUIXIN equiv) | - | Select |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | Select |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | Select |
| ofloxacin ophth soln (OCUFLOX equiv) | - | Select |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | Select |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | Select |
| tobramycin ophth soln (TOBEX equiv) | - | Select |
| TRIFLURIDINE OPHTH SOLN | - | Select |
| trifluridine ophth soln (VIROPTIC equiv) | - | Select |
| OPHTHALMIC IMMUNOMODULATORS | | |

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Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| RESTASIS MULTI-DOSE (QL= 5.5 ml/30 days) | QL | Preferred |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days) | QL | Select |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | Select |
| tetracaine ophth soln | - | Select |
| OPHTHALMIC STEROIDS | | |
| ALREX OPHTH SUSP | - | Preferred |
| BLEPHAMIDE OPHTH SOLN | - | Preferred |
| FLAREX OPHTH SUSP | - | Preferred |
| LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Preferred |
| MAXIDEX OPHTH SOLN | - | Preferred |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | Preferred |
| PRED MILD OPHTH SOLN | - | Preferred |
| PRED-G OPHTH SOLN | - | Preferred |
| TOBRADEX OPHTH OINT | - | Preferred |
| ZYLET OPHTH SUSP | - | Preferred |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | Select |
| dexamethasone ophth soln | - | Select |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | Select |
| loteprednol ophth susp (LOTEMAX equiv) | - | Select |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | Select |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | Select |
| PREDNISOLONE OPHTH SUSP | - | Select |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | Select |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | Select |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | Select |
| OPHTHALMICS - MISC. | | |
| ACULAR (LS) OPHTH SOLN | - | Preferred |
| ACUVAIL OPHTH SOLN | - | Preferred |
| ALAMAST OPHTH SOLN | - | Preferred |
| ALOCRIAL OPHTH SOLN | - | Preferred |
| FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | Preferred |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Preferred |
| azelastine ophth soln (OPTIVAR equiv) | - | Select |
| cromolyn ophth soln (CROLOM equiv) | - | Select |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | Select |
| dorzolamide ophth soln (TRUSOPT equiv) | - | Select |
| ketorolac ophth soln .05% (ACULAR (LS) equiv) | - | Select |
| PROSTAGLANDINS - OPHTHALMIC | | |
| bimatoprost ophth soln (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select |
| latanoprost ophth soln (XALATAN equiv) | - | Select |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Select |

OTIC AGENTS

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|---|--------------|---------------------|
| OTIC AGENTS Cont. | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | Select |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | Select |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN OTIC SOLN | - | Preferred |
| ofloxacin otic soln (FLOXIN equiv) | - | Select |
| OTIC COMBINATIONS | | |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | Select |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | Select |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | Select |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | Select |
| otomax-HC otic soln (CORTANE-B equiv) | - | Select |
| OTIC STEROIDS | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | Select |
| fluocinolone otic oil (DERMOTIC equiv) | - | Select |
| OXYTOCICS | | |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) | - | Select |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| CUVITRU INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | Preferred Specialty |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| HIZENTRA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Preferred Specialty |
| MONOCLONAL ANTIBODIES | | |
| SYNAGIS INJ (QL= 1 inj/28 days) | LMSP-PA-QL | Preferred Specialty |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | Select |
| amoxicillin chew tab (AMOXIL equiv) | - | Select |
| AMOXICILLIN CHEW TAB 250MG | - | Select |
| amoxicillin susp (TRIMOX equiv) | - | Select |
| amoxicillin tab (AMOXIL equiv) | - | Select |
| ampicillin cap (PRINCIPEN equiv) | - | Select |
| ampicillin susp | - | Select |
| NATURAL PENICILLINS | | |
| penicillin vk soln (VEETIDS equiv) | - | Select |
| penicillin vk tab (VEETIDS equiv) | - | Select |

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| PENICILLINS Cont. | | |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | Select |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | Select |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | Select |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | Select |
| PHARMACEUTICAL ADJUVANTS | | |
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | Preferred |
| PROGESTINS | | |
| hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) | AMSP-PA-QL | Preferred Specialty |
| medroxyprogesterone tab (PROVERA equiv) | - | Select |
| megestrol ES susp (MEGACE ES equiv) | - | Select |
| norethindrone tab (AYGESTIN equiv) | - | Select |
| progesterone cap (PROMETRIUM equiv) | - | Select |
| progesterone oil inj | - | Select |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | Select |
| DISULFIRAM TAB | - | Select |
| disulfiram tab (ANTABUSE equiv) | - | Select |
| ANTIDEMENTIA AGENTS | | |
| NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab) | QL-ST | Preferred |
| NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Preferred |
| donepezil ODT (ARICEPT equiv) | - | Select |
| donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select |
| donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Select |
| galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day) | QL | Select |
| GALANTAMINE SOLN | - | Select |
| galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days) | QL | Select |
| memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Select |
| memantine tab (QL= 2 tabs/day) | QL | Select |
| memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days) | QL | Select |
| rivastigmine cap (EXELON equiv) | - | Select |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | Preferred |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | Select |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | Select |
| MOVEMENT DISORDER DRUG THERAPY | | |
| tetrabenazine tab (XENAZINE equiv) | AMSP-PA | Generic Specialty |
| MULTIPLE SCLEROSIS AGENTS | | |

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|--|---------------------|------------------------|
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| dalfampridine ER tab (AMPYRA equiv) | AMSP-PA | Generic Specialty |
| dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty |
| glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days) | AMSP-QL | Generic Specialty |
| glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days) | AMSP-QL | Generic Specialty |
| AVONEX INJ (QL= 1 kit/28 days) | AMSP-QL | Preferred Specialty |
| GILENYA CAP (QL= 30 caps/30 days) | AMSP-QL | Preferred Specialty |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE TAB | - | Preferred |
| FLUOXETINE CAP (PMDD) | - | Value |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | Preferred |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | Preferred |
| ergoloid mesylates tab (HYDERGINE equiv) | - | Select |
| SMOKING DETERRENENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventiv e |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | Preventiv e |
| RESPIRATORY AGENTS - MISC. | | |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---|------------------------|
| RESPIRATORY AGENTS - MISC. Cont. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| PULMOZYME INH SOLN | AMSP-PA | Preferred Specialty |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | Preferred Specialty |
| PULMONARY FIBROSIS AGENTS | | |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| ESBRIET CAP (QL= 9 caps/day) | AMSP-PA-QL-SF | Preferred Specialty |
| OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Preferred Specialty |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB (QL= 8 tabs/day) | QL | Preferred |
| sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day) | QL | Select |
| TETRACYCLINES | | |
| TETRACYCLINE COMBINATIONS | | |
| NICAZELDOXY KIT | - | Preferred |
| TETRACYCLINES | | |
| demeclocycline tab (DECLOMYCIN equiv) | - | Select |
| doxycycline hyclate cap (QL= 2 caps/day) | QL | Select |
| doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day) | QL | Select |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | Select |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | Select |
| doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day) | QL | Select |
| doxycycline susp (VIBRAMYCIN equiv) | - | Select |
| minocycline cap (MINOCIN equiv) | - | Select |
| tetracycline cap | - | Select |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | Select |
| propylthiouracil tab | - | Select |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | Preferred |
| levothyroxine tab (SYNTHROID equiv) | - | Select |
| liothyronine tab (CYTOMEL equiv) | - | Select |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| AMSP LMSP PA SF VAC | NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program | EXC M QL SMKG |
| | generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation | LD OTC RS ST |
| | BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy | |

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|--------------|--------|
| THYROID AGENTS Cont. | | |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | Select |

TOXOIDS

TOXOID COMBINATIONS

| | | |
|-------------------------------|-----|------------|
| ADACEL/BOOSTRIX INJ | VAC | Preventive |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | Preventive |
| VAXELIS INJ | VAC | Preventive |

ULCER DRUGS

ANTISPASMODICS

| | | |
|--|----|-----------|
| BELLADONNA ALKALOID/OPIUM SUPP | - | Preferred |
| PROPANTHELINE TAB | - | Preferred |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | Select |
| dicyclomine cap (BENTYL equiv) | - | Select |
| dicyclomine soln (BENTYL equiv) | - | Select |
| dicyclomine tab (BENTYL equiv) | - | Select |
| glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day) | QL | Select |
| glycopyrrolate tab (ROBINUL equiv) | - | Select |
| hyoscyamine sulfate CR tab (LEVVID equiv) | - | Select |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | Select |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | Select |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | Select |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | Select |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | Select |
| hyoscyamine tab (LEVSIN equiv) | - | Select |
| methscopolamine tab (PAMINE equiv) | - | Select |

H-2 ANTAGONISTS

| | | |
|---|---|--------|
| CIMETIDINE SOLN | - | Select |
| cimetidine soln (CIMETIDINE equiv) | - | Select |
| cimetidine tab (TAGAMET equiv) | - | Select |
| nizatidine cap (AXID equiv) | - | Select |
| ranitidine cap (ZANTAC equiv) | - | Select |
| ranitidine syrup (ZANTAC equiv) | - | Select |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | Select |

MISC. ANTI-ULCER

| | | |
|---------------------------------|---|--------|
| sucralfate tab (CARAFATE equiv) | - | Select |
|---------------------------------|---|--------|

ULCER DRUGS - PROSTAGLANDINS

| | | |
|---------------------------------|---|--------|
| misoprostol tab (CYTOTEC equiv) | - | Select |
|---------------------------------|---|--------|

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

| | | |
|--------------------------------|---|--------|
| hyoscyamine inj (LEVSIN equiv) | - | Select |
|--------------------------------|---|--------|

H-2 ANTAGONISTS

| | | |
|----------------|---|-----------|
| NIZATIDINE CAP | - | Preferred |
|----------------|---|-----------|

MISC. ANTI-ULCER

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|--------------|--------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| sucralfate susp (CARAFATE equiv) | - | Select |

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

| | | |
|--|----|--------|
| oxybutynin ER tab (DITROPAN XL equiv) | - | Select |
| oxybutynin syrup | - | Select |
| oxybutynin tab (DITROPAN equiv) | - | Select |
| solifenacin tab (VESICARE equiv) (QL= 1 tab/day) | QL | Select |

URINARY ANTISPASMODICS

| | | |
|--------------------------------|---|--------|
| hyoscyamine tab (LEVSIN equiv) | - | Select |
|--------------------------------|---|--------|

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

| | | |
|------------------------------------|---|--------|
| bethanechol tab (URECHOLINE equiv) | - | Select |
|------------------------------------|---|--------|

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)

| | | |
|-------------------------------|---|--------|
| flavoxate tab (URISPAS equiv) | - | Select |
|-------------------------------|---|--------|

VACCINES

BACTERIAL VACCINES

| | | |
|---|-----|------------|
| BEXSERO INJ | VAC | Preventive |
| BIOTHRAX INJ | - | Preventive |
| MENACTRA INJ | VAC | Preventive |
| MENHIBRIX INJ | VAC | Preventive |
| MENOMUNE INJ | VAC | Preventive |
| MENQUADFI INJ | VAC | Preventive |
| MENVEO INJ | VAC | Preventive |
| PNEUMOVAX INJ | VAC | Preventive |
| PREVNAR 13 INJ | VAC | Preventive |
| PREVNAR 20 INJ (QL= 1 vaccine/lifetime; Covered for members age 19 years or older) | QL | Preventive |
| TRUMENBA INJ | VAC | Preventive |
| TYPHIM VI INJ | - | Preventive |
| VAXCHORA SUSP | - | Preventive |
| VAXNEUVANCE INJ (QL= 1 vaccine/lifetime; Covered for members age 19 years or older) | QL | Preventive |
| VIVOTIF CAP | - | Preventive |

VIRAL VACCINES

| | | |
|-------------|-----|------------|
| AFLURIA INJ | VAC | Preventive |
|-------------|-----|------------|

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| VACCINES Cont. | | |
| AFLURIA INJ, FLUZONE INJ | VAC | Preventive |
| CERVARIX INJ | VAC | Preventive |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill) | QL | Preventive |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | Preventive |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | Preventive |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days) | QL | Preventive |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | Preventive |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days) | QL | Preventive |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL | Preventive |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days) | QL | Preventive |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL | Preventive |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days) | QL | Preventive |
| ENGERIX-B INJ | VAC | Preventive |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | Preventive |
| FLUAD INJ | VAC | Preventive |
| FLUAD QUAD INJ | VAC | Preventive |
| FLUBLOK INJ | VAC | Preventive |
| FLUBLOK QUAD PF INJ | VAC | Preventive |
| FLUCELVAX INJ | VAC | Preventive |
| FLUCELVAX QUAD INJ | VAC | Preventive |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | Preventive |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | Preventive |
| FLUVIRIN INJ | VAC | Preventive |
| FLUVIRIN PF INJ | VAC | Preventive |
| FLUZONE HD PF INJ | VAC | Preventive |
| FLUZONE HIGH DOSE PF INJ | VAC | Preventive |

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

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OEBC High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| VACCINES Cont. | | |
| FLUZONE INTRADERMAL INJ | VAC | Preventive |
| FLUZONE QUAD INJ | VAC | Preventive |
| FLUZONE/FLUARIX QUAD INJ | VAC | Preventive |
| GARDASIL 9 INJ | VAC | Preventive |
| GARDASIL INJ | VAC | Preventive |
| HAVRIX INJ, VAQTA INJ | VAC | Preventive |
| HEPLISAV-B INJ | VAC | Preventive |
| IMOVAX INJ | - | Preventive |
| IXIARO INJ | - | Preventive |
| M-M-R II INJ | VAC | Preventive |
| PRIORIX INJ (QL=1 inj/fill; Covered for members age 6 months or older) | QL-VAC | Preventive |
| PROQUAD INJ | - | Preventive |
| RABAVERT INJ | - | Preventive |
| SHINGRIX INJ (Covered for members age 18 or older) | VAC | Preventive |
| STAMARIL INJ | - | Preventive |
| TWINRIX INJ | VAC | Preventive |
| VARIVAX INJ | VAC | Preventive |
| YF-VAX INJ | - | Preventive |

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------------|-----|------------|
| ACIDIC VAGINAL JELLY | - | Preferred |
| SPERMICIDES | | |
| CONTRACEPTIVE FILM | OTC | Preventive |
| CONTRACEPTIVE FOAM | OTC | Preventive |
| CONTRACEPTIVE GEL | OTC | Preventive |
| CONTRACEPTIVE SUPP | OTC | Preventive |
| TODAY SPONGE | OTC | Preventive |

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

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OEBB High Performance Formulary (INF)

Category/Class

Last Updated* 8/1/2022

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

VAGINAL PRODUCTS Cont.

VAGINAL ANTI-INFECTIVES

| | | |
|---|-------|-----------|
| AVC VAGINAL CREAM | - | Preferred |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln) | QL-ST | Preferred |
| clindamycin vaginal cream (CLEOCIN equiv) | - | Select |
| metronidazole vaginal gel (METROGEL equiv) | - | Select |
| NYSTATIN VAGINAL TAB | - | Select |
| terconazole cream (TERAZOL equiv) | - | Select |
| TERCONAZOLE CREAM 0.8% | - | Select |
| terconazole supp (TERAZOL equiv) | - | Select |

VAGINAL ESTROGENS

| | | |
|---|----|-----------|
| ESTRING (QL= 1 ring/90 days; 3 copays per Rx) | QL | Preferred |
| PREMARIN VAGINAL CREAM | - | Preferred |
| estradiol cream (ESTRACE equiv) | - | Select |
| estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) | - | Select |

VAGINAL PROGESTINS

| | | |
|-------------------|----|-----------|
| ENDOMETRIN INSERT | PA | Preferred |
|-------------------|----|-----------|

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

| | | |
|--|----|-------|
| EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill) | QL | Value |
| EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill) | QL | Value |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | Value |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | Value |

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

| | | |
|--------------------------------|------|-------------------|
| droxidopa cap (NORTHERA equiv) | AMSP | Generic Specialty |
|--------------------------------|------|-------------------|

VASOPRESSORS

| | | |
|----------------------------------|---|-----------|
| EPINEPHRINE INJ | - | Preferred |
| midodrine tab (PROAMATINE equiv) | - | Select |

VITAMINS

OIL SOLUBLE VITAMINS

| | | |
|-----------------------------------|---|--------|
| phytonadione tab (MEPHYTON equiv) | - | Select |
| vitamin D cap (RX strength only) | - | Select |

WATER SOLUBLE VITAMINS

| | | |
|----------------------|---|-----------|
| POTABA POWDER PACKET | - | Preferred |
| POTABA TAB | - | Preferred |

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

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**OEBB High Performance Formulary (INF)
 Prior Authorization Drug List
 Last Updated* 8/1/2022**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------------|--|
| abiraterone acetate tab 500mg | Generic Specialty |
| abiraterone tab 250mg | Generic Specialty |
| ACTHAR HP GEL INJ | Preferred Specialty |
| AFSTYLA KIT | Preferred Specialty |
| AJOVY INJ | Preferred Specialty |
| ALECENSA CAP | Preferred Specialty |
| ALUNBRIG TAB 30MG | Preferred Specialty |
| ALUNBRIG TAB 90MG, 180MG | Preferred Specialty |
| ambrisentan tab | Generic Specialty |
| apomorphine inj | Generic Specialty |
| BARACLUDE SOLN | Preferred Specialty |
| BENZNIDAZOLE TAB | Preferred |
| betaine powder for oral solution | Generic Specialty |
| bexarotene cap | Generic Specialty |
| bexarotene gel | Generic Specialty |
| bosentan tab | Generic Specialty |
| BOSULIF TAB | Preferred Specialty |
| CABOMETYX TAB | Preferred Specialty |
| CALQUENCE CAP | Preferred Specialty |
| CAPRELSA TAB | Preferred Specialty |
| carglumic acid tab | Generic Specialty |
| CAYSTON INH SOLN | Preferred Specialty |
| CERDELGA CAP | Preferred Specialty |
| CHENODAL TAB | Preferred Specialty |
| CINRYZE INJ | Preferred Specialty |
| COMETRIQ KIT | Preferred Specialty |
| COSENTYX INJ (1-PACK) | Preferred Specialty |
| COSENTYX INJ (2-PACK) | Preferred Specialty |
| COTELLIC TAB | Preferred Specialty |
| CUVITRU INJ | Preferred Specialty |
| CYSTADANE POWDER | Preferred Specialty |
| CYSTAGON CAP | Preferred Specialty |
| CYSTARAN OPHTH SOLN | Preferred Specialty |
| dalfampridine ER tab | Generic Specialty |
| deferasirox granules packet | Generic Specialty |
| deferasirox tab | Generic Specialty |
| deferasirox tab 90mg, 360mg | Generic Specialty |
| deferiprone tab | Generic Specialty |
| deferiprone tab 1000mg | Generic Specialty |
| DESCOVY TAB | Preferred |
| DEXCOM G6 RECEIVER | Preferred |
| DEXCOM G6 SENSOR | Preferred |

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OEBB High Performance Formulary (INF) cont.
Prior Authorization Drug List
Last Updated* 8/1/2022

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| DEXCOM G6 TRANSMITTER | Preferred |
| DOPTELET TAB | Preferred Specialty |
| DUPIXENT INJ | Preferred Specialty |
| DUPIXENT PEN INJ | Preferred Specialty |
| DUPIXIENT PEN INJ | Preferred Specialty |
| ENBREL INJ | Preferred Specialty |
| ENBREL INJ 25MG | Preferred Specialty |
| ENBREL INJ 50MG | Preferred Specialty |
| ENBREL MINI INJ | Preferred Specialty |
| ENBREL SURECLICK INJ 50MG | Preferred Specialty |
| ENDARI POWDER PACK | Preferred Specialty |
| ENDOMETRIN INSERT | Preferred |
| EPIDIOLEX SOLN | Preferred Specialty |
| ERIVEDGE CAP | Preferred Specialty |
| ERLEADA TAB | Preferred Specialty |
| erlotinib tab 100mg | Generic Specialty |
| erlotinib tab 150mg | Generic Specialty |
| erlotinib tab 25mg | Generic Specialty |
| ESBRIET CAP | Preferred Specialty |
| everolimus tab | Generic Specialty |
| everolimus tab for oral susp | Generic Specialty |
| EXSERVAN FILM | Preferred Specialty |
| FREESTYLE LIBRE 2 RECEIVER | Preferred |
| FREESTYLE LIBRE 2 SENSOR | Preferred |
| FREESTYLE LIBRE 3 SENSOR | Preferred |
| FREESTYLE LIBRE RECEIVER | Preferred |
| FREESTYLE LIBRE SENSOR (10-DAY) | Preferred |
| FREESTYLE LIBRE SENSOR (14-DAY) | Preferred |
| FULPHILA INJ | Preferred Specialty |
| GENOTROPIN INJ 0.8MG | Preferred Specialty |
| GILOTRIF TAB | Preferred Specialty |
| HAEGARDA INJ 2000U | Preferred Specialty |
| HAEGARDA INJ 3000U | Preferred Specialty |
| HEMLIBRA INJ | Preferred Specialty |
| HIZENTRA INJ | Preferred Specialty |
| HUMIRA INJ 10MG | Preferred Specialty |
| HUMIRA INJ 20MG | Preferred Specialty |
| HUMIRA INJ 40MG | Preferred Specialty |
| HUMIRA INJ 80MG | Preferred Specialty |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | Preferred Specialty |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | Preferred Specialty |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | Preferred Specialty |

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OEBB High Performance Formulary (INF) cont.
Prior Authorization Drug List
Last Updated* 8/1/2022

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | Preferred Specialty |
| HUMIRA PEN INJ 40MG | Preferred Specialty |
| HYCAMTIN CAP | Preferred Specialty |
| hydroxyprogesterone caproate inj | Preferred Specialty |
| HYQVIA INJ | Preferred Specialty |
| IBRANCE CAP | Preferred Specialty |
| IBRANCE TAB | Preferred Specialty |
| icatibant inj | Generic Specialty |
| ICLUSIG TAB | Preferred Specialty |
| ILARIS INJ | Preferred Specialty |
| imatinib tab 100mg | Generic Specialty |
| imatinib tab 400mg | Generic Specialty |
| IMBRUVICA CAP 140MG | Preferred Specialty |
| IMBRUVICA CAP 70MG | Preferred Specialty |
| IMBRUVICA TAB | Preferred Specialty |
| INLYTA TAB | Preferred Specialty |
| IRESSA TAB | Preferred Specialty |
| JAKAFI TAB | Preferred Specialty |
| JUXTAPID CAP | Preferred Specialty |
| JYNARQUE PAK | Preferred Specialty |
| JYNARQUE TAB 15MG | Preferred Specialty |
| JYNARQUE TAB 30MG | Preferred Specialty |
| KALYDECO PAK | Preferred Specialty |
| KALYDECO TAB | Preferred Specialty |
| KEVEYIS TAB | Preferred Specialty |
| KORLYM TAB | Preferred Specialty |
| lamivudine tab 100mg | Generic Specialty |
| lapatinib ditosylate tab | Generic Specialty |
| LEDIPASVIR/SOFOSBUVIR TAB | Preferred Specialty |
| lenalidomide cap | Generic Specialty |
| LENVIMA CAP | Preferred Specialty |
| LONSURF TAB | Preferred Specialty |
| LUCENTIS INJ | Preferred Specialty |
| LUPRON DEPOT INJ | Preferred Specialty |
| LUPRON INJ | Preferred Specialty |
| LYNPARZA CAP | Preferred Specialty |
| LYNPARZA TAB | Preferred Specialty |
| MAVYRET PAK | Preferred Specialty |
| MAVYRET TAB | Preferred Specialty |
| MEKINIST TAB 0.5MG | Preferred Specialty |
| MEKINIST TAB 2MG | Preferred Specialty |
| melphalan tab | Generic Specialty |

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OEBB High Performance Formulary (INF) cont.
Prior Authorization Drug List
Last Updated* 8/1/2022

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| miglustat cap | Generic Specialty |
| MOVANTIK TAB | Preferred |
| nilutamide tab | Generic Specialty |
| NINLARO CAP | Preferred Specialty |
| nitisinone cap | Generic Specialty |
| NUBEQA TAB | Preferred Specialty |
| NUCALA INJ | Preferred Specialty |
| NUDEXTA CAP | Preferred |
| octreotide inj | Generic Specialty |
| OCTREOTIDE INJ 100MCG | Generic Specialty |
| ODOMZO CAP | Preferred Specialty |
| OFEV CAP | Preferred Specialty |
| OPSUMIT TAB | Preferred Specialty |
| ORENITRAM TAB | Preferred Specialty |
| ORKAMBI GRANULES PACKET | Preferred Specialty |
| ORKAMBI TAB | Preferred Specialty |
| oxandrolone tab | Select |
| PEGASYS INJ | Preferred Specialty |
| pirfenidone tab 267mg | Generic Specialty |
| pirfenidone tab 801mg | Generic Specialty |
| POMALYST CAP | Preferred Specialty |
| PRALUENT INJ | Preferred Specialty |
| PROLIA INJ | Preferred Specialty |
| PROMACTA TAB | Preferred Specialty |
| PULMOZYME INH SOLN | Preferred Specialty |
| PURIXAN SUSP | Preferred Specialty |
| pyrimethamine tab | Generic Specialty |
| REPATHA INJ | Preferred Specialty |
| REPATHA PUSHTRONEX INJ | Preferred Specialty |
| REVLIMID CAP | Preferred Specialty |
| RINVOQ ER TAB | Preferred Specialty |
| RUBRACA TAB | Preferred Specialty |
| sapropterin dihydrochloride powder packet | Generic Specialty |
| sapropterin dihydrochloride soluble tab | Generic Specialty |
| SIGNIFOR INJ | Preferred Specialty |
| sildenafil susp | Generic Specialty |
| simvastatin tab 80mg | Preventive |
| SKYRIZI INJ | Preferred Specialty |
| SKYRIZI INJ 150MG/ML | Preferred Specialty |
| SKYRIZI INJ 75MG/0.83ML | Preferred Specialty |
| SKYRIZI PEN 150MG/ML | Preferred Specialty |
| sodium phenylbutyrate powder | Generic Specialty |

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OEBB High Performance Formulary (INF) cont.
Prior Authorization Drug List
Last Updated* 8/1/2022

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| sodium phenylbutyrate tab | Generic Specialty |
| SOFOSBUVIR/VELPATASVIR TAB | Preferred Specialty |
| SOMAVERT INJ | Preferred Specialty |
| SOMRYST | Preferred |
| sorafenib tosylate tab | Preferred Specialty |
| SPRYCEL TAB | Preferred Specialty |
| STELARA INJ | Preferred Specialty |
| STIVARGA TAB | Preferred Specialty |
| STRENSIQ INJ | Preferred Specialty |
| sunitinib malate cap | Generic Specialty |
| SYMDEKO TAB | Preferred Specialty |
| SYMPROIC TAB | Preferred |
| SYNAGIS INJ | Preferred Specialty |
| SYNRIBO INJ | Preferred Specialty |
| tadalafil tab | Select |
| TAFINLAR CAP | Preferred Specialty |
| TAGRISSO TAB | Preferred Specialty |
| TASIGNA CAP | Preferred Specialty |
| TERIPARATIDE INJ | Preferred Specialty |
| TESTOSTERONE GEL 1% 25MG | Preferred |
| TESTOSTERONE GEL PUMP | Preferred |
| tetrabenazine tab | Generic Specialty |
| THALOMID CAP | Preferred Specialty |
| TIGLUTIK SUSP | Preferred Specialty |
| tiopronin tab | Generic Specialty |
| tobramycin neb soln | Generic Specialty |
| tolvaptan tab | Generic Specialty |
| tolvaptan tab 15mg | Generic Specialty |
| TRACLEER TAB 32MG | Preferred Specialty |
| treprostinil inj 10mg/ml | Generic Specialty |
| treprostinil inj 1mg/ml | Generic Specialty |
| treprostinil inj 2.5mg/ml | Generic Specialty |
| treprostinil inj 5mg/ml | Generic Specialty |
| TYMLOS INJ | Preferred Specialty |
| TYVASO DPI POWDER 16-32-48MCG | Preferred Specialty |
| TYVASO DPI POWDER 16-32MCG | Preferred Specialty |
| TYVASO DPI POWDER 32-48MCG | Preferred Specialty |
| TYVASO DPI POWDER | Preferred Specialty |
| TYVASO INH SOLN | Preferred Specialty |
| TYZEKA TAB | Preferred Specialty |
| UPTRAVI TAB | Preferred Specialty |
| VALCHLOR GEL | Preferred Specialty |

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OEBB High Performance Formulary (INF) cont.
Prior Authorization Drug List
Last Updated* 8/1/2022

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| VENCLEXTA STARTER PACK | Preferred Specialty |
| VENCLEXTA TAB | Preferred Specialty |
| VENTAVIS INH SOLN | Preferred Specialty |
| VERZENIO TAB | Preferred Specialty |
| vigabatrin powder pack | Generic Specialty |
| vigabatrin tab | Generic Specialty |
| VOSEVI TAB | Preferred Specialty |
| VOTRIENT TAB | Preferred Specialty |
| XALKORI CAP | Preferred Specialty |
| XELJANZ SOLN | Preferred Specialty |
| XELJANZ TAB | Preferred Specialty |
| XELJANZ XR TAB | Preferred Specialty |
| XOLAIR INJ | Preferred Specialty |
| ZEJULA CAP | Preferred Specialty |
| ZELBORAF TAB | Preferred Specialty |
| ZIEXTENZO INJ | Preferred Specialty |
| ZOLINZA CAP | Preferred Specialty |
| ZYDELIG TAB | Preferred Specialty |
| ZYKADIA CAP | Preferred Specialty |
| ZYKADIA TAB | Preferred Specialty |

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OEBB High Performance Formulary (INF)
Last Updated* 8/1/2022
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------|-----------------------|------------------------|------------------------|
| aspirin chew tab 81mg | aspirin ec tab 81mg | B-D INSULIN SYRINGE | BD NEEDLES |
| B-D PEN NEEDLE | CALIBRATION LIQUID | clemastine tab | CONTOUR TEST STRIP |
| CONTRACEPTIVE FILM | CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | CONTRACEPTIVE SUPP |
| COVID-19 TEST | FEMALE CONDOMS | ferrous sulfate elixir | FERROUS SULFATE LIQUID |
| ferrous sulfate soln | ferrous sulfate syrup | folic acid tab 400mcg | folic acid tab 800mcg |
| FREESTYLE INSULINX | FREESTYLE LITE TEST | FREESTYLE PRECISION | FREESTYLE TEST STRIP |
| TEST STRIP | STRIP | NEO TEST STRIP | |
| guaifenesin/codeine syrup | HYPODERMIC NEEDLES | IRON SUSP | LANCET KIT |
| LANCETS | levonorgestrel tab | medizine chew tab | NICODERM PATCH |
| NICORETTE GUM | NICORETTE LOZENGE | nicotine gum | NICOTINE KIT |
| nicotine lozenge | nicotine patch | nizoral a-d shampoo | NOVOFINE PEN NEEDLE |
| NOVOTWIST PEN NEEDLE | NOVOTWIST/NOVOFINE | PLAN B TAB | PRECISION XTRA TEST |
| | PEN NEEDLE | | STRIP |
| SYRINGE LUER-LOK | TODAY SPONGE | | |

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OEBB High Performance Formulary (INF)
Last Updated* 8/1/2022
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|---|---|--|--|
| ABILIFY MAINTENA INJ | abiraterone acetate tab 500mg | abiraterone tab 250mg | adefovir dipivoxil tab |
| AFSTYLA KIT | AJOVY INJ | ALECENSA CAP | ALUNBRIG TAB 30MG |
| ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | aminocaproic acid soln | apomorphine inj |
| ARANESP INJ | ARISTADA 675MG/2.4ML IN | AVONEX INJ | BARACLUDGE SOLN |
| betaine powder for oral solution | bexarotene cap | bexarotene gel | bosentan tab |
| BOSULIF TAB | CABOMETYX TAB | CALQUENCE CAP | capecitabine tab |
| CAPRELSA TAB | carglumic acid tab | CAYSTON INH SOLN | CERDELGA CAP |
| CINRYZE INJ | COMETRIQ KIT | COSENTYX INJ (1-PACK) | COSENTYX INJ (2-PACK) |
| COTELLIC TAB | CUVITRU INJ | CYTAGON CAP | CYSTARAN OPHTH SOLN |
| dalfampridine ER tab | deferasirox granules packet | deferasirox tab | deferasirox tab 90mg, 360mc |
| deferiprone tab | deferiprone tab 1000mg | dimethyl fumarate DR cap | dimethyl fumarate DR starter pack |
| DOPTELET TAB | droxidopa cap | DUPIXENT INJ | DUPIXENT PEN INJ |
| DUPIXIENT PEN INJ | ENBREL INJ | ENBREL INJ 25MG | ENBREL INJ 50MG |
| ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | ENDARI POWDER PACK | entecavir tab |
| EPIDIOLEX SOLN | EPIVIR HBV SOLN | ERIVEDGE CAP | ERLEADA TAB |
| erlotinib tab 100mg | erlotinib tab 150mg | erlotinib tab 25mg | ESBRIET CAP |
| everolimus tab | everolimus tab for oral susp | EXSERVAN FILM | FULPHILA INJ |
| FUZEON INJ | GENOTROPIN INJ 0.2MG | GENOTROPIN INJ 0.4MG | GENOTROPIN INJ 0.6MG |
| GENOTROPIN INJ 0.8MG | GENOTROPIN INJ 1.2MG | GENOTROPIN INJ 1.4MG | GENOTROPIN INJ 1.6MG |
| GENOTROPIN INJ 1.8MG | GENOTROPIN INJ 12MG | GENOTROPIN INJ 1MG | GENOTROPIN INJ 2MG |
| GENOTROPIN INJ 5MG | GILENYA CAP | GILOTRIF TAB | glatiramer inj 20mg/ml |
| glatiramer inj 40mg/ml | HAEGARDA INJ 2000U | HAEGARDA INJ 3000U | haloperidol decanoate inj |
| HEMLIBRA INJ | HEXALEN CAP | HIZENTRA INJ | HUMIRA INJ 10MG |
| HUMIRA INJ 20MG | HUMIRA INJ 40MG | HUMIRA INJ 80MG | HUMIRA INJ CROHNS/UC/HIDRADENITI- STARTER PACK |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | HUMIRA INJ PEDIATRIC UC STARTER PACK | HUMIRA INJ PSORIASIS/UEVEITIS STARTER PACK | HUMIRA PEN INJ 40MG |
| HYCAMTIN CAP | HYDROXYPROGESTERON E CAPROATE INJ | HYQVIA INJ | IBRANCE CAP |
| IBRANCE TAB | icatibant inj | ICLUSIG TAB | ILARIS INJ |
| imatinib tab 100mg | imatinib tab 400mg | IMBRUVICA CAP 140MG | IMBRUVICA CAP 70MG |

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| | | | |
|----------------------------|----------------------------|---|---|
| IMBRUVICA TAB | IMPAVIDO CAP | INCRELEX INJ | INLYTA TAB |
| INTRON-A INJ | INVEGA HAFYERA INJ | INVEGA INJ | IRESSA TAB |
| JAKAFI TAB | JUXTAPID CAP | JYNARQUE PAK | JYNARQUE TAB 15MG |
| JYNARQUE TAB 30MG | KALYDECO PAK | KALYDECO TAB | KEVEYIS TAB |
| KORLYM TAB | lamivudine tab 100mg | lapatinib ditosylate tab | LEDIPASVIR/SOFOSBUVIR TAB |
| lenalidomide cap | LENVIMA CAP | LONSURF TAB | LUCENTIS INJ |
| LUPRON DEPOT INJ | LUPRON INJ | LYNPARZA CAP | LYNPARZA TAB |
| LYSODREN TAB | MATULANE CAP | MAVYRET PAK | MAVYRET TAB |
| MEKINIST TAB 0.5MG | MEKINIST TAB 2MG | melphalan tab | MESNEX TAB |
| miglustat cap | MYLERAN TAB | nilutamide tab | NINLARO CAP |
| nitisinone cap | NUBEQA TAB | NUCALA INJ | octreotide inj |
| OCTREOTIDE INJ 100MCG | ODOMZO CAP | OFEV CAP | OPSUMIT TAB |
| ORENITRAM TAB | ORKAMBI GRANULES PACKET | ORKAMBI TAB | PEGASYS INJ |
| PEG-INTRON INJ | pirfenidone tab 267mg | pirfenidone tab 801mg | POMALYST CAP |
| PRALUENT INJ | PROLIA INJ | PROMACTA TAB | PULMOZYME INH SOLN |
| PURIXAN SUSP | pyrimethamine tab | REBETOL SOLN | REPATHA INJ |
| REPATHA PUSHTRONEX INJ | RETACRIT INJ | REVLIMID CAP | RIBAPAK TAB |
| ribavirin cap | ribavirin tab | riluzole tab | RINVOQ ER TAB |
| RUBRACA TAB | SANDOSTATIN LAR INJ KIT | sapropterin dihydrochloride powder packet | sapropterin dihydrochloride soluble tab |
| SIGNIFOR INJ | sildenafil susp | SIRTURO TAB | SKYRIZI INJ |
| SKYRIZI INJ 150MG/ML | SKYRIZI INJ 75MG/0.83ML | SKYRIZI PEN 150MG/ML | sodium phenylbutyrate powder |
| sodium phenylbutyrate tab | SOFOSBUVIR/VELPATASVIR TAB | SOMAVERT INJ | sorafenib tosylate tab |
| SPRYCEL TAB | STELARA INJ | STIVARGA TAB | STRENSIQ INJ |
| sunitinib malate cap | SYMDEKO TAB | SYNAGIS INJ | SYNRIBO INJ |
| TAFINLAR CAP | TAGRISSO TAB | TASIGNA CAP | temozolomide cap |
| TERIPARATIDE INJ | tetrabenazine tab | THALOMID CAP | TIGLUTIK SUSP |
| tiopronin tab | tobramycin neb soln | tolvaptan tab | tolvaptan tab 15mg |
| TRACLEER TAB 32MG | treprostinil inj 10mg/ml | treprostinil inj 1mg/ml | treprostinil inj 2.5mg/ml |
| treprostinil inj 5mg/ml | tretinoin cap | TYMLOS INJ | TYVASO DPI POWDER 16-32-48MCG |
| TYVASO DPI POWDER 16-32MCG | TYVASO DPI POWDER 32-48MCG | TYVASO DPI POWDER | TYVASO INH SOLN |
| TYZEKA TAB | UPTRAVI TAB | VALCHLOR GEL | VEMLIDY TAB |
| VENCLEXTA STARTER PACK | VENCLEXTA TAB | VENTAVIS INH SOLN | VERZENIO TAB |
| vigabatrin powder pack | vigabatrin tab | VISTOGARD PAK | VIVITROL INJ |
| VOSEVI TAB | VOTRIENT TAB | XALKORI CAP | XELJANZ SOLN |
| XELJANZ TAB | XELJANZ XR TAB | XOLAIR INJ | ZARXIO INJ |
| ZEJULA CAP | ZELBORAF TAB | ZIEXTENZO INJ | ZOLINZA CAP |
| ZYDELIG TAB | ZYKADIA CAP | ZYKADIA TAB | ZYPREXA RELPREVV INJ |

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OEBB High Performance Formulary (INF)
Last Updated* 8/1/2022
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------------------|--|
| ALPHAGAN P OPHTH SOLN 0.1% | Step Therapy requires trial of brimonidine ophth soln 0.2% |
| aprepitant cap 125mg | QL= 1 cap/21 days; Step Therapy requires trial of ondansetron |
| aprepitant cap 40mg | QL= 1 cap/28 days; Step Therapy requires trial of ondansetron |
| aprepitant cap 80mg | QL= 2 caps/21 days; Step Therapy requires trial of ondansetron |
| aprepitant pak | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |
| arformoterol tartrate neb soln | QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| ASPRUZYO SPRINKLE GRANULES | QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab |
| bimatoprost ophth soln | QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln |
| candesartan tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| candesartan/hydrochlorothiazide tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug |
| carisoprodol tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| clindamycin/benzoyl peroxide gel | Step Therapy requires trial of clindamycin |
| DEXPAK TAB | Step Therapy requires trial of dexamethasone |
| diclofenac gel | QL= 100gm/fill, 2 fills/month; Step therapy requires trial of fluorouracil cream or imiquimod cream |
| dorzolamide/timolol (pf) ophth soln | Step Therapy requires trial of dorzolamide/timolol ophth soln |
| FLURBIPROFEN OPHTH SOLN | Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| fluvastatin cap | QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastati pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| fluvastatin ER tab | QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| GLYXAMBI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab |
| HYDROXYCHLOROQUINE TAB | QL= 1 tab/day; Step therapy requires trial of hydroxychloroquine sulfate 200mg tab |
| LEVEMIR FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| LEVEMIR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| LOTEMAX OPHTH OINT 0.5% | Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| LUMIFY OPHTH SOLN 0.25% | Step Therapy requires trial of brimonidine ophth soln 0.2% |
| memantine ER cap | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| morphine sulfate ER cap 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--------------------------------------|--|
| morphine sulfate ER cap 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| NAMENDA XR TITRATION PACK | QL= 28 caps/28 days; Step Therapy requires trial of memantine tab |
| NAMZARIC CAP | QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er |
| NOXAFIL SUSP | Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| NOXAFIL TAB | QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| NUVESSA VAGINAL GEL, VANDA ZOLE GEL | QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln |
| OXYCODONE ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 80MG | QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OZEMPIC INJ | QL= 3ml/28 days; Step therapy requires trial of metformin or metformin ER |
| QVAR REDIHALER | QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA |
| RELTONE CAP | Step therapy requires trial of ursodiol tab |
| RIBAPAK TAB | Step Therapy requires trial of ribavirin |
| SIMVASTATIN SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler |
| TIMOLOL OPHTH GEL SOLN | Step Therapy requires trial of timolol maleate ophth soln |
| toemifene tab | Step Therapy requires trial of tamoxifen |
| travoprost ophth soln | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln |
| TRESIBA FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| TRESIBA INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| trimipramine cap | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| TRULICITY INJ | QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron |
| VICTOZA INJ | QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER |

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OEBB High Performance Formulary (INF)
Smoking Cessation Agents
Last Updated* 8/1/2022

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | Preventive |
| CHANTIX PAK(Limited to 180 days/plan year) | Preventive |
| CHANTIX TAB(Limited to 180 days/plan year) | Preventive |
| NICODERM PATCH(Limited to 180 days/plan year) | Preventive |
| NICORETTE GUM(Limited to 180 days/plan year) | Preventive |
| NICORETTE LOZENGE(Limited to 180 days/plan year) | Preventive |
| nicotine gum(Limited to 180 days/plan year) | Preventive |
| NICOTINE KIT(Limited to 180 days/plan year) | Preventive |
| nicotine lozenge(Limited to 180 days/plan year) | Preventive |
| nicotine patch(Limited to 180 days/plan year) | Preventive |
| NICOTROL INHALER(Limited to 180 days/plan year) | Preventive |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | Preventive |
| ZYBAN TAB(Limited to 180 days/plan year) | Preventive |

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OEBB High Performance Formulary (INF)
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| abacavir soln | QL= 960ml/30 days |
| abacavir tab | QL= 2 tabs/day |
| abacavir/lamivudine tab | QL= 1 tab/day |
| abacavir/lamivudine/zidovudine tab | QL= 2 tabs/day |
| abiraterone acetate tab 500mg | QL= 2 tabs/day |
| abiraterone tab 250mg | QL= 3 tabs/day |
| ACTINEL LIQUID | QL= 1200ml/30 days |
| adefovir dipivoxil tab | QL= 1 tab/day |
| ADVAIR HFA INHALER | QL= 1 inhaler/30 days |
| ADVIL COLD/ TAB SINUS | QL= 240 tabs/30 days |
| AJOVY INJ | QL= 1 inj/28 days |
| ALBUTEROL HFA INHALER | QL= 2 inhalers/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| ALENDRONATE SOLN | QL= 300ml/28 days |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| amphetamine/dextroamphetamine tab 10mg | QL= 180 tabs/30 days |
| amphetamine/dextroamphetamine tab 12.5mg | QL= 150 tabs/30 days |
| amphetamine/dextroamphetamine tab 15mg | QL= 120 tabs/30 days |
| amphetamine/dextroamphetamine tab 20mg | QL= 90 tabs/30 days |
| amphetamine/dextroamphetamine tab 30mg | QL= 60 tabs/30 days |
| amphetamine/dextroamphetamine tab 5mg | QL= 360 tabs/30 days |
| amphetamine/dextroamphetamine tab 7.5mg | QL= 240 tabs/30 days |
| ANORO ELLIPTA INHALER | QL= 60gm/30 days |
| apomorphine inj | QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767 |
| aprepitant cap 125mg | QL= 1 cap/21 days; Step Therapy requires trial of ondansetron |
| aprepitant cap 40mg | QL= 1 cap/28 days; Step Therapy requires trial of ondansetron |
| aprepitant cap 80mg | QL= 2 caps/21 days; Step Therapy requires trial of ondansetron |
| aprepitant pak | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |
| APTIOM TAB | QL= 1 tab/day |
| APTIVUS CAP | QL= 4 caps/day |
| APTIVUS SOLN | QL= 380ml/30 days |
| ARANESP INJ | QL= 4 syringes/30 days |
| arformoterol tartrate neb soln | QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| aripiprazole ODT | QL= 2 tabs/day |
| aripiprazole soln | QL= 30 ml/day |
| armodafinil tab 150mg | QL= 1 tab/day |
| armodafinil tab 200mg | QL= 1 tab/day |
| armodafinil tab 250mg | QL= 1 tab/day |
| armodafinil tab 50mg | QL= 3 tabs/day |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ARNUITY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| ASMANEX HFA INHALER | QL= 1 inhaler/30 days |
| ASMANEX INHALER | QL= 1 inhaler/30 days |
| ASPRUZYO SPRINKLE GRANULES | QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab |
| atazanavir cap 150mg | QL= 2 caps/day |
| atazanavir cap 200mg | QL= 2 caps/day |
| atazanavir cap 300mg | QL= 1 cap/day |
| atomoxetine cap 100mg | QL= 1 cap/day |
| atomoxetine cap 10mg | QL= 2 caps/day |
| atomoxetine cap 18mg | QL= 2 caps/day |
| atomoxetine cap 25mg | QL= 2 caps/day |
| atomoxetine cap 40mg | QL= 2 caps/day |
| atomoxetine cap 60mg | QL= 1 cap/day |
| atomoxetine cap 80mg | QL= 1 cap/day |
| atorvastatin tab 10mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| atorvastatin tab 20mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| atorvastatin tab 40mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| atorvastatin tab 80mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| ATRIPLA TAB | QL= 1 tab/day |
| atropine ophth soln | QL= 1 bottle/30 days |
| ATROVENT HFA INHALER | QL= 25.8gm/30 days |
| AVONEX INJ | QL= 1 kit/28 days |
| azelastine nasal spray 0.1% | QL= 60ml/30 days |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill, 2 fills/month |
| BARACLUDE SOLN | QL= 630ml/30 days |
| betaine powder for oral solution | QL= 540 grams/30 days |
| BIKTARVY TAB | QL= 1 tab/day |
| bimatoprost ophth soln | QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln |
| BREO ELLIPTA INHALER | QL= 1 inhaler/30 days |
| BREZTRI AEROSPHERE INHALER | QL= 1 inhaler/30 days |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml | QL= 120 units/30 days |
| budesonide inh susp 1mg/2ml | QL= 60 units/30 days |
| buprenorphine patch | QL= 4 patches/28 days |
| buprenorphine SL tab | QL= 3 tabs/day |
| buprenorphine/naloxone sl film 12-3mg | QL= 2 films/day |
| buprenorphine/naloxone sl film 2-0.5MG | QL= 4 films/day |
| buprenorphine/naloxone sl film 4-1MG | QL= 4 films/day |
| buprenorphine/naloxone sl film 8-2mg | QL= 3 films/day |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| buprenorphine/naloxone SL tab | QL= 90 tabs/30 days |
| bupropion SR tab | Limited to 180 days/plan year |
| butalbital/acetaminophen tab | QL= 6 tabs/day |
| butorphanol nasal spray | QL= 5ml/30 days |
| CABOMETYX TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| CALQUENCE CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| CAPMIST DM TAB | QL= 4 tabs/day |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 25-100-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 50-200-200mg | QL= 6 tabs/day |
| carbinoxamine tab | QL= 240 tabs/30 days |
| carisoprodol tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| CHLORPROMAZINE CONC | QL= 800ml/30 days |
| chlorzoxazone tab | QL= 4 tabs/day |
| CHLORZOXAZONE TAB 250MG | QL= 4 tabs/day |
| cinacalcet tab 30mg | QL= 2 tabs/day |
| cinacalcet tab 60mg | QL= 2 tabs/day |
| cinacalcet tab 90mg | QL= 4 tabs/day |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767 |
| clobazam susp | QL= 480ml/30 days |
| clobazam tab | QL= 2 tabs/day |
| clonidine ER tab | QL= 4 tabs/day |
| clopidogrel tab 300mg | QL= 4 tabs/30 days |
| CLOZAPINE ODT | QL= 3 tabs/day |
| clozapine ODT 25mg, 100mg | QL= 3 tabs/day |
| clozapine tab | QL= 3 tabs/day |
| CODITUSSIN LIQUID DAC | QL= 1200ml/30 days |
| COLCHICINE CAP | QL= 2 caps/day |
| colchicine tab | QL= 4 tabs/day |
| cold/allergy elx children | QL= 2400ml/30 days |
| COMBIVENT RESPIMAT INHALER | QL= 2 inhalers/30 days |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| COMPLERA TAB | QL= 1 tab/day |
| CONTOUR BLOOD GLUCOSE TEST STRIP | QL= 300 strips/30 days |
| CONTOUR TEST STRIP | QL= 300 test strips/30 days |
| COSENTYX INJ (1-PACK) | QL= 1 inj/28 days |
| COSENTYX INJ (2-PACK) | QL= 2 inj/28 days |
| COTELLIC TAB | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| COVID-19 TEST | QL= 8 tests/30 days |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) | QL=1 inj/fill |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ (NOVAVAX) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) | QL= 1 dose/24 days |
| CUE COVID-19 INJ TEST CARTRIDGE | QL= 8 cartridges/30 days |
| CUE HEALTH MIS MONITOR | QL= 1 kit/year |
| cyclosporine ophth emulsion | QL= 60 vials/30 days |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416 |
| dabigatran etexilate mesylate cap | QL= 2 caps/day |
| DEPO-PROVERA INJ | QL= 1 inj/84 days |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/84 days |
| dermawerx pak | QL= 1 kit/30 days |
| DESCOVY TAB | QL= 1 tab/day |
| desloratadine tab | QL= 1 tab/day |
| desvenlafaxine ER tab | QL= 1 tab/day |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days |
| dexmethylphenidate tab 10mg | QL= 60 tabs/30 days |
| dexmethylphenidate tab 2.5mg | QL= 240 tabs/30 days |
| dexmethylphenidate tab 5mg | QL= 120 tabs/30 days |
| dextroamphetamine 5mg tab | QL= 180 tabs/30 days |
| dextroamphetamine tab 10mg | QL= 6 tabs/day |
| diazepam oral soln | QL= 360ml/30 days |
| DIAZEPAM RECTAL GEL | QL= 1 kit/30 days |
| diclofenac gel | QL= 100gm/fill, 2 fills/month; Step therapy requires trial of fluorouracil cream or imiquimod cream |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| diclofenac potassium tab | QL= 4 tabs/day |
| didanosine DR cap | QL= 1 cap/day |
| DIFICID SUSP | QL= 136 mL/30 days |
| DIFICID TAB | QL= 20 tabs/30 days |
| digoxin tab 62.5mcg | QL= 1 tab/day |
| dimethyl fumarate DR cap | QL= 60 caps/30 days |
| dimethyl fumarate DR starter pack | QL= 60 caps/30 days |
| donepezil tab 10mg | QL= 1 tab/day |
| donepezil tab 23mg | QL= 1 tab/day |
| donepezil tab 5mg | QL= 1 tab/day |
| DOPTELET TAB | QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767 |
| doxepin cap | QL= 2 tabs/day |
| doxycycline hyclate cap | QL= 2 caps/day |
| doxycycline hyclate tab | QL= 2 tabs/day |
| doxycycline monohydrate tab | QL= 2 tabs/day |
| doxylamine/pyridoxine dr tab | QL= 120 tabs/30 days |
| dronabinol cap | QL= 2 caps/day |
| DULERA INHALER | QL= 1 inhaler/30 days |
| duloxetine EC cap 20mg | QL= 6 caps/day |
| duloxetine EC cap 30mg | QL= 4 caps/day |
| duloxetine EC cap 60mg | QL= 2 caps/day |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 syringes/28 days |
| EDURANT TAB | QL= 1 tab/day |
| efavirenz/emtricitabine/tenofovir df tab | QL= 1 tab/day |
| ELIQUIS STARTER PACK 5MG | QL= 1 pack/30 days |
| ELIQUIS TAB 2.5MG | QL= 60 tabs/30 days |
| ELIQUIS TAB 5MG | QL= 74 tabs/30 days |
| emtricitabine cap | QL= 1 cap/day |
| emtricitabine/tenofovir disoproxil fumarate tab | QL= 30 tabs/30 days |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg | QL= 30 tabs/30 days |
| EMTRIVA SOLN | QL= 850ml/30 days |
| ENBREL INJ | QL= 8 inj/28 days |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| EPINEPHRINE INJ 0.15MG | QL= 2 inj/fill |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| EPINEPHRINE INJ 0.3MG | QL= 2 inj/fill |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| EPIVIR HBV SOLN | QL= 720ml/30 days |
| ERIVEDGE CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416 |
| ERLEADA TAB | QL= 4 tabs/day |
| erlotinib tab 100mg | QL= 3 tabs/day |
| erlotinib tab 150mg | QL= 3 tabs/day |
| erlotinib tab 25mg | QL= 2 tabs/day |
| ESBRIET CAP | QL= 9 caps/day |
| estradiol patch | QL= 8 patches/28 days |
| ESTRING | QL= 1 ring/90 days; 3 copays per Rx |
| eszopiclone tab | QL= 1 tab/day |
| etravirine tab 100mg | QL= 4 tabs/day |
| etravirine tab 200mg | QL= 2 tabs/day |
| everolimus tab | QL= 1 tab/day |
| everolimus tab for oral susp | QL= 1 tab/day |
| EVOTAZ TAB | QL= 1 tab/day |
| EXSERVAN FILM | QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479 |
| ezetimibe tab | QL= 1 tab/day |
| famciclovir tab 125mg | QL= 2 tabs/day |
| famciclovir tab 250mg | QL= 2 tabs/day |
| famciclovir tab 500mg | QL= 21 tabs/fill, 2 fills/month |
| FARXIGA TAB | QL= 1 tab/day |
| febuxostat tab | QL= 1 tab/day |
| felbamate susp | QL= 30ml/day |
| felbamate tab 400mg | QL= 9 tabs/day |
| felbamate tab 600mg | QL= 6 tabs/day |
| FIASP FLEXTOUCH INJ | QL= 60 units/30 days |
| FIASP INJ | QL= 60 units/30 days |
| FIASP PENFILL INJ | QL= 60 units/30 days |
| FIRVANQ SOLN 25MG/ML | QL= 300ml/30 days |
| FIRVANQ SOLN 50MG/ML | QL= 280ml/28 days |
| FLOVENT DISKUS INHALER 250MCG | QL= 2 inhalers/30 days |
| FLOVENT DISKUS INHALER 50MCG, 100MCG | QL= 1 inhaler/30 days |
| FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG | QL= 1 inhaler/30 days |
| FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG | QL= 2 inhalers/30 days |
| FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG | QL= 2 inhalers/30 days |
| fluoxetine cap 90mg | QL= 4 caps/28 days |
| fluticasone/salmeterol inhaler, wixela inhale | QL= 1 inhaler/30 days |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|---|
| FLUTICASONE/VILANTEROL INHALER | QL= 1 inhaler/30 days |
| fluvastatin cap | QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| fluvastatin ER tab | QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| fosamprenavir tab | QL= 4 tabs/day |
| FREESTYLE INSULINX TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days |
| FREESTYLE LITE TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE PRECISION NEO TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE TEST STRIPS | QL= 300 strips/30 days |
| FULPHILA INJ | QL= 2 syringes/28 days |
| galantamine ER cap | QL= 1 cap/day |
| galantamine tab | QL= 60 tabs/30 days |
| GAVILYTE-C SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GENOTROPIN INJ 0.2MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.4MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.6MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.8MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.2MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.4MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.6MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.8MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 12MG | QL= 4 cartridges/28 days |
| GENOTROPIN INJ 1MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 2MG | QL= 21 syringes/28 days |
| GENOTROPIN INJ 5MG | QL= 9 cartridges/28 days |
| GENVOYA TAB | QL= 1 tab/day |
| GILENYA CAP | QL= 30 caps/30 days |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| glatiramer inj 20mg/ml | QL= 30 syringes/30 days |
| glatiramer inj 40mg/ml | QL= 12 syringes/28 days |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill, 2 fills/month |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| glycopyrrolate oral soln | QL= 9ml/day |
| GLYXAMBI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab |
| granisetron tab | QL= 8 tabs/30 days |
| guaifenesin/codeine syrup | QL= 240ml/fill, 2 fills/month |
| guanfacine ER tab | QL= 1 tab/day |
| guanfacine ER tab 1mg | QL= 2 tabs/day |
| guanfacine ER tab 2mg | QL= 2 tabs/day |
| GVOKE INJ | QL= 2 inj/fill, 2 fills/month |
| GVOKE INJ KIT | QL= 2 vials/fill, 2 fills/30 days |
| GVOKE PFS INJ | QL= 2 inj/fill, 2 fills/month |
| HAEGARDA INJ 2000U | QL= 30 vials/30 days; Only available through Walgreens 888-347-3416 |
| HAEGARDA INJ 3000U | QL= 20 vials/30 days; Only available through Walgreens 888-347-3416 |
| HEMADY TAB | QL= 8 tabs/30 days |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ 80MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| HUMULIN R U-500 KWIKPEN INJ | QL= 24ml/30 days |
| hydrocodone/acetaminophen soln | QL= 180ml/day |
| hydrocodone/acetaminophen tab 10-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 2.5-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 5-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 7.5mg-325mg | QL= 12 tabs/day |
| HYDROCODONE/IBUPROFEN TAB | QL= 5 tabs/day |
| HYDROXYCHLOROQUINE TAB | QL= 1 tab/day; Step therapy requires trial of hydroxychloroquine sulfate 200mg tab |
| hydroxyprogesterone caproate inj | QL= 4 vials/28 days |
| IBRANCE CAP | QL= 21 caps/28 days; Only available through Walgreens 888-347-3416 |
| IBRANCE TAB | QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416 |
| ibuprofen tab cold/sinus | QL= 240 tabs/30 days |
| icatibant inj | QL= 36ml/30 days |
| imatinib tab 100mg | QL= 3 tabs/day |
| imatinib tab 400mg | QL= 2 tabs/day |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| IMBRUVICA CAP 140MG | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| imiquimod cream 5% | QL= 24gm/30 days |
| IMPAVIDO CAP | QL= 3 caps/day; Restricted to Infectious Disease Specialist |
| INCRUSE ELLIPTA INHALER | QL= 30 units/30 days |
| INLYTA TAB | QL= 8 tabs/day; Only available through Walgreens 888-347-3416 |
| INSULIN ASPART FLEXPEN INJ | QL= 60 units/30 days |
| INSULIN ASPART INJ | QL= 60 units/30 days |
| INSULIN ASPART MIX FLEXPEN INJ | QL= 60 units/30 days |
| INSULIN ASPART MIX INJ | QL= 60 units/30 days |
| INSULIN ASPART PENFILL INJ | QL= 60 units/30 days |
| INTELENCE TAB | QL= 4 tabs/day |
| INTELENCE TAB 25MG | QL= 4 tabs/day |
| INVIRASE CAP | QL= 10 caps/day |
| INVIRASE TAB | QL= 4 tabs/day |
| ISENTRESS (HD) TAB | QL= 2 tabs/day |
| ISENTRESS CHEW TAB | QL= 6 tabs/day |
| ISENTRESS POWDER PACK | QL= 2 packets/day |
| isosorbide dinitrate-hydralazine hcl tab | QL= 6 tabs/day |
| ISOXSUPRINE TAB | QL= 120 tabs/30 days |
| JAKAFI TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JARDIANCE TAB | QL= 1 tab/day |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JULUCA TAB | QL= 1 tab/day |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 15MG | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 30MG | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| KALETRA TAB 100-25MG | QL= 2 tabs/day |
| KALETRA TAB 200-50MG | QL= 4 tabs/day |
| KALYDECO PAK | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KEYEYIS TAB | QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| KRINTAFEL TAB | QL= 2 tabs/365 days |
| lacosamide oral solution | QL= 1200ml/30 days |
| lacosamide tab | QL= 2 tabs/day |
| lamivudine soln | QL= 960ml/30 days |
| lamivudine tab 100mg | QL= 1 tab/day |
| lamivudine tab 150mg | QL= 2 tabs/day |
| lamivudine tab 300mg | QL= 1 tab/day |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|--|
| lamivudine/zidovudine tab | QL= 2 tabs/day |
| lamotrigine ER tab 100mg | QL= 3 tabs/day |
| lamotrigine ER tab 200mg | QL= 2 tabs/day |
| lamotrigine ER tab 250mg | QL= 2 tabs/day |
| lamotrigine ER tab 25mg | QL= 6 tabs/day |
| lamotrigine ER tab 300mg | QL= 2 tabs/day |
| lamotrigine ER tab 50mg | QL= 6 tabs/day |
| lamotrigine ODT 100mg | QL= 3 tabs/day |
| lamotrigine ODT 200mg | QL= 2 tabs/day |
| lamotrigine ODT 25mg | QL= 6 tabs/day |
| lamotrigine ODT 50mg | QL= 6 tabs/day |
| LAMPIT TAB 120MG | QL= 225 tabs/30 days |
| LAMPIT TAB 30MG | QL= 360 tabs/30 days |
| LATUDA TAB | QL= 1 tab/day |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/day |
| lenalidomide cap | QL= 1 cap/day; Only available through Walgreens 888-347-3416 |
| LENVIMA CAP | QL= 3 caps/day; Only available through Accredo 800-803-2523 |
| LEVEMIR FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn an Toujeo |
| LEVEMIR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn an Toujeo |
| levocetirizine soln | QL= 10ml/day |
| lidocaine oint | QL= 8gm/day |
| lopinavir/ritonavir soln | QL= 480ml/30 days |
| lopinavir-ritonavir tab 100-25mg | QL= 2 tabs/day |
| lopinavir-ritonavir tab 200-50mg | QL= 4 tabs/day |
| LORTUSS EX LIQUID | QL= 1200ml/30 days |
| LORTUSS LIQUID | QL= 1200ml/30 days |
| lovastatin tab | QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| LYNPARZA CAP | QL= 16 caps/day; Only available through Biologics 800-850-4306 |
| LYNPARZA TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| maraviroc tab 150mg | QL= 2 tabs/day |
| maraviroc tab 300mg | QL= 4 tabs/day |
| MAVYRET PAK | QL= 5 packets/day |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/84 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| memantine ER cap | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| memantine tab | QL= 2 tabs/day |
| memantine titrapak | QL= 49 tabs/28 days |
| M-END DMX LIQUID | QL= 1800ml/30 days |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|--|
| meperidine tab | QL= 6 tabs/day |
| mesalamine DR cap | QL= 6 caps/day |
| mesalamine DR tab | QL= 4 tabs/day |
| mesalamine ER cap | QL= 4 caps/day |
| mesalamine supp | QL= 1 supp/day |
| methadone soln | QL= 20ml/day |
| methadone tab 10mg | QL= 4 tabs/day |
| methadone tab 5mg | QL= 8 tabs/day |
| methadose tab | QL= 1 tab/day |
| METHYLPHENIDATE ER TAB | QL= 1 tab/day |
| methylphenidate ER tab 10mg | QL= 3 tabs/day |
| methylphenidate ER tab 20mg | QL= 3 tabs/day |
| methylphenidate tab 10mg | QL= 180 tabs/30 days |
| methylphenidate tab 20mg | QL= 90 tabs/30 days |
| methylphenidate tab 5mg | QL= 360 tabs/30 days |
| MIGERGOT SUPP | QL= 20 supp/28 days |
| modafinil tab | QL= 2 tabs/day |
| MOLNUIPIRAVIR CAP | QL= 40 caps/fill |
| morphine sulfate ER cap 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER tab | QL= 3 tabs/day |
| MOVANTIK TAB | QL= 30 tabs/30 days |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill, 2 fills/month |
| NAMENDA XR TITRATION PACK | QL= 28 caps/28 days; Step Therapy requires trial of memantine tab |
| NAMZARIC CAP | QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er |
| naratriptan tab | QL= 9 tabs/30 days |
| NATACYN OPTH SUSP | QL= 45ml/30 days |
| nevirapine ER tab | QL= 1 tab/day |
| NEVIRAPINE SUSP | QL= 1200ml/30 days |
| nevirapine tab | QL= 2 tabs/day |
| NEXAFED SINUS TAB + PAIN | QL= 240 tabs/30 days |
| NICODERM PATCH | Limited to 180 days/plan year |
| NICORETTE GUM | Limited to 180 days/plan year |
| NICORETTE LOZENGE | Limited to 180 days/plan year |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | Limited to 180 days/plan year |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nilutamide tab | QL= 150mg/day after the first 30 days |
| NORVIR CAP | QL= 12 caps/day |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| NORVIR POWDER PACK | QL= 12 packets/day |
| NORVIR SOLN | QL= 480ml/30 days |
| NOVOLIN R FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLOG FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLOG INJ | QL= 60 units/30 days |
| NOVOLOG MIX FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLOG MIX INJ | QL= 60 units/30 days |
| NOVOLOG PENFILL INJ | QL= 60 units/30 days |
| NOXAFIL TAB | QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND |
| NUBEQA TAB | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| NUCALA INJ | QL= 1 inj/28 days |
| NUDEXTA CAP | QL= 2 caps/day |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL | QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln |
| ODEFSEY TAB | QL= 1 tab/day |
| OFEV CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| olanzapine ODT | QL= 1 tab/day |
| olanzapine tab | QL= 1 tab/day |
| olmesartan/amlodipine/hydrochlorothiazide tab | QL= 30 tabs/30 days |
| omega-3-acid ethyl esters cap | QL= 4 caps/day |
| OMNIPOD 5 G6 KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 MIS PODS | QL= 15 pods/30 days |
| OMNIPOD 5 PACK PODS | QL= 15 pods/30 days |
| OMNIPOD DASH KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 15 pods/30 days |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| ondansetron soln | QL= 50ml/fill, 1 fill/15 days |
| OPSUMIT TAB | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| oseltamivir cap 30mg | QL= 40 caps/183 days |
| oseltamivir cap 45mg | QL= 40 caps/183 days |
| oseltamivir cap 75mg | QL= 20 caps/183 days |
| oseltamivir susp | QL= 360ml/183 days |
| OXYCODONE ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|---|
| OXYCODONE ER TAB 80MG | QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| oxycodone/acetaminophen tab 10-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 2.5-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 5-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 7.5-325mg | QL= 12 tabs/day |
| OXYMORPHONE ER TAB 10MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 15MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 20MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 30MG | QL= 4 tabs/day |
| OXYMORPHONE ER TAB 40MG | QL= 4 tabs/day |
| OXYMORPHONE ER TAB 5MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 7.5MG | QL= 2 tabs/day |
| OZEMPIC INJ | QL= 3ml/28 days; Step therapy requires trial of metformin or metformin ER |
| paliperidone ER tab | QL= 1 tab/day |
| PAXLOVID TAB | QL= 30 tabs/fill |
| PAXLOVID TAB 100-150MG | QL= 20 tabs/fill |
| peg 3350/electrolytes soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| penicillamine tab | QL= 480 tabs/30 days |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| POMALYST CAP | QL= 21 caps/28 days; Only available through Walgreens 888-347-3416 |
| potassium iodide oral soln | QL= 90ml/30 days |
| potassium phosphate monobasic tab | QL= 8 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| pravastatin tab | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| PRECISION XTRA TEST STRIP | QL= 300 test strips/30 days |
| pregabalin cap 100mg | QL= 3 caps/day |
| pregabalin cap 150mg | QL= 3 caps/day |
| pregabalin cap 200mg | QL= 3 caps/day |
| pregabalin cap 225mg | QL= 3 caps/day |
| pregabalin cap 25mg | QL= 3 caps/day |
| pregabalin cap 300mg | QL= 3 caps/day |
| pregabalin cap 50mg | QL= 3 caps/day |
| pregabalin cap 75mg | QL= 3 caps/day |
| pregabalin soln | QL= 30ml/day |
| PREVNAR 20 INJ | QL= 1 vaccine/lifetime; Covered for members age 19 years or older |
| PREZCOBIX TAB | QL= 1 tab/day |
| PREZISTA SUSP | QL= 400ml/30 days |
| PREZISTA TAB 150MG | QL= 8 tabs/day |
| PREZISTA TAB 600MG | QL= 2 tabs/day |
| PREZISTA TAB 75MG | QL= 16 tabs/day |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| PREZISTA TAB 800MG | QL= 1 tab/day |
| PRIORIX INJ | QL=1 inj/fill; Covered for members age 6 months or older |
| pseudoephedrine ER tab 120mg | QL= 2 tabs/day |
| pseudoephedrine liquid 15mg/5ml | QL= 2400ml/30 days |
| pseudoephedrine tab 30mg | QL= 8 tabs/day |
| pseudoephedrine tab 60mg | QL= 4 tabs/day |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| quetiapine tab | QL= 3 tabs/day |
| quetiapine XR tab | QL= 1 tab/day |
| quinidine sulfate tab | QL= 8 tabs/day |
| QUINIDINE SULFATE TAB 200MG | QL= 8 tabs/day |
| QUINIDINE SULFATE TAB 300MG | QL= 5 tabs/day |
| QVAR REDHALER | QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA |
| raloxifene tab | QL= 1 tab/day |
| ranolazine tab | QL= 120 tabs/30 days |
| rasagiline tab | QL= 1 tab/day |
| RELENZA DISKHALER | QL= 1 inhaler/fill, 1 fill/month |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| RESTASIS MULTI-DOSE | QL= 5.5 ml/30 days |
| RETACRIT INJ | QL= 4 vials/30 days |
| REVLIMID CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416 |
| REYATAZ POWDER PACK | QL= 5 packets/day |
| RINVOQ ER TAB | QL= 1 tab/day |
| ritonavir tab | QL= 12 tabs/30 days |
| rizatriptan ODT | QL= 12 tabs/30 days |
| rizatriptan tab | QL= 12 tabs/30 days |
| rosuvastatin tab | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| SANTYL OINT | QL= 90gm/30 days |
| scopolamine patch | QL= 10 patches/30 days |
| selegiline tab | QL= 2 tabs/day |
| SELZENTRY SOLN | QL= 31ml/day |
| SELZENTRY TAB 150MG | QL= 2 tabs/day |
| SELZENTRY TAB 25MG | QL= 4 tabs/day |
| SELZENTRY TAB 300MG | QL= 4 tabs/day |
| SELZENTRY TAB 75MG | QL= 2 tabs/day |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) | QL= 60ml/30 days |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) | QL= 60ml/30 days |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| SEREVENT DISKUS INHALER | QL= 1 inhaler/30 days |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| sildenafil susp | QL= 224ml/30 days |
| sildenafil tab 20mg | QL= 3 tabs/day |
| SIMVASTATIN SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| simvastatin tab 5mg, 10mg, 20mg, 40mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| simvastatin tab 80mg | QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay |
| SIVEXTRO TAB | QL= 6 tabs/fill |
| SKYRIZI INJ | QL= 1 cartridge/56 days |
| SKYRIZI INJ 150MG/ML | QL= 1 syringe/84 days |
| SKYRIZI INJ 75MG/0.83ML | QL= 2 inj/84 days |
| SKYRIZI PEN 150MG/ML | QL= 1 pen/84 days |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/day |
| solifenacin tab | QL= 1 tab/day |
| SOMRYST | QL= 1 membership/lifetime |
| SPINOSAD SUSP | QL= 1 bottle/fill, 1 fill/month |
| SPIRIVA HANDIHALER | QL= 1 cap/day; For use with Handihaler device |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | QL= 1 inhaler/30 days |
| STAHIST AD TAB 25-60MG | QL= 4 tabs/day |
| stavudine cap | QL= 2 caps/day |
| stavudine soln | QL= 2400ml/30 days |
| STELARA INJ | QL= 1 inj/84 days |
| STIOLTO INHALER | QL= 1 inhaler/30 days |
| STIVARGA TAB | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| STRIBILD TAB | QL= 1 tab/day |
| SUBOXONE SL FILM 12-3MG | QL= 2 films/day |
| SUBOXONE SL FILM 8-2MG | QL= 3 films/day |
| SULFADIAZINE TAB | QL= 8 tabs/day |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 8 inj/30 days |
| sumatriptan tab | QL= 9 tabs/30 days |
| sunitinib malate cap | QL= 1 cap/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYMPROIC TAB | QL= 30 tabs/30 days |
| SYNAGIS INJ | QL= 1 inj/28 days |
| SYNJARDY TAB | QL= 2 tabs/day |

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

OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| tadalafil tab | QL= 1 tab/day; Prior Authorization for BPH |
| tadalafil tab (PAH) | QL= 2 tabs/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| tenofovir disoproxil fumarate tab | QL= 1 tab/day |
| TERIPARATIDE INJ | QL= 2.48 units/28 days |
| TESTOSTERONE ENANTHATE INJ | QL= 4 vials/28 days |
| TESTOSTERONE GEL 1% 25MG | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 300gm/30 days |
| testosterone gel 1% pump | QL= 300gm/30 days |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ | QL= 1 vial/28 days |
| THALOMID CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| tiagabine tab 12mg | QL= 4 tabs/day |
| tiagabine tab 16mg | QL= 3 tabs/day |
| tiagabine tab 2mg | QL= 4 tabs/day |
| tiagabine tab 4mg | QL= 4 tabs/day |
| tiopronin tab | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| TIVICAY PD TAB | QL= 180 tabs/30 days |
| TIVICAY TAB | QL= 180 tabs/30 days |
| tolvaptan tab | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| tolvaptan tab 15mg | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| TOUJEO MAX SOLOSTAR INJ | QL= 18ml/30 days |
| TOUJEO SOLOSTAR INJ | QL= 18ml/30 days |
| TRACLEER TAB 32MG | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| TRADJENTA TAB | QL= 1 tab/day |
| tramadol hcl tab 100mg | QL= 4 tabs/day |
| tranexamic acid tab | QL= 180 tabs/30 days |
| travoprost ophth soln | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln |
| TRELEGY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| TRESIBA FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn an Toujeo |
| TRESIBA INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn an Toujeo |
| TRIHEXYPHENIDYL SOLN | QL= 946ml/28 days |
| trilyte soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| triprolidine/pseudoephedrine tab 2.5-60 mg | QL= 4 tabs/day |

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

OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| trispes liquid | QL= 1200ml/30 days |
| TRIUMEQ PD TAB | QL= 6 tabs/day |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRULANCE TAB | QL= 30 tabs/30 days |
| TRULICITY INJ | QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER |
| tussin cf liquid | QL= 1200ml/30 days |
| TYMLOS INJ | QL= 1.56 units/30 days |
| TYVASO DPI POWDER 16-32-48MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER 16-32MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER 32-48MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Avella (877) 546-5779 |
| vancomycin cap 125mg | QL= 56 caps/30 days |
| vancomycin cap 250mg | QL= 112 caps/30 days |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron |
| VAXNEUVANCE INJ | QL= 1 vaccine/lifetime; Covered for members age 19 years or older |
| VEMLIDY TAB | QL= 1 tab/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VERZENIO TAB | QL= 2 tabs/day |
| VICTOZA INJ | QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER |
| VIDEX SOLN | QL= 600ml/30 days |
| vigabatrin powder pack | QL= 6 packs/day; Only available through PantheRx 855-726-8479 |
| vigabatrin tab | QL= 6 tabs/day; Only available through Lumicera 855-847-3553 |
| VIREAD TAB | QL= 1 tab/day |
| VITEKTA TAB | QL= 1 tab/day |
| VOSEVI TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| XARELTO STARTER PACK 15MG/20MG | QL= 1 pack/30 days |
| XARELTO SUSP | QL= 10ml/day |
| XARELTO TAB 10MG | QL= 30 tabs/30 days |
| XARELTO TAB 15MG | QL= 60 tabs/30 days |
| XARELTO TAB 2.5MG | QL= 60 tabs/30 days |
| XARELTO TAB 20MG | QL= 30 tabs/30 days |
| XELJANZ SOLN | QL= 10ml/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XOLAIR INJ | QL= 1 syringe/28 days |

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OEBB High Performance Formulary (INF) Cont.
Last Updated* 8/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------|---|
| zaleplon cap | QL= 1 cap/day |
| ZARXIO INJ | QL= 15 syringes/30 days |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB | QL= 8 tabs/day; Only available through Walgreens 888-347-3416 |
| zidovudine cap | QL= 6 caps/day |
| zidovudine syrup | QL= 1920ml/30 days |
| zidovudine tab | QL= 2 tabs/day |
| ZIEXTENZO INJ | QL= 1.2 units/28 days |
| ziprasidone cap | QL= 2 caps/day |
| zolpidem ER tab | QL= 1 tab/day |
| zolpidem tab | QL= 1 tab/day |
| ZYBAN TAB | Limited to 180 days/plan year |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |

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

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:

Medicare Customer Service,
877-299-9062 (TDD/TTY 711)

Medicaid Customer Service,
888-788-9821 (TDD/TTY 711)

Customer Service for all other plans,
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: 711) 1-877-605-3229

بوتے ہیں تو سانی (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 (TTY: 711) 1-877-605-3229 تماس بگیرید.

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 Sprachassistentendienste 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 (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໂປດຊາຍ: 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 คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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)