

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.

**TML Pooled Formulary
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
2-fucosyllactose/lacto-N-neotetraose packet (OLLIZAC equiv)	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
7T LIDO GEL 2%	-	100%/EX	DERMATOLOGICALS
8-MOP CAP	-	2	DERMATOLOGICALS
A.A.G.C KIT CREAM TERODERM	-	100%/EX	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
ABILIFY MYCI TAB 10MG	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCI TAB 15MG	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCI TAB 20MG	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCI TAB 2MG	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCI TAB 30MG	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCI TAB 5MG	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRAXANE INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	100%/EX	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTI-DIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCUCAINE INJ	-	100%/EX	DERMATOLOGICALS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
acid reducer cap 20.6mg dr, omeprazole cap 20.6mg dr	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	100%/EX	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ACIPHEX TAB	-	100%/EX	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP (QL= 4 vials/fill)	MSP-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTICLATE TAB 75MG, 150MG	-	100%/EX	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIVE-PREP CREAM KIT I, DUAL COMPLEX CREAM 1 KIT	-	100%/EX	DERMATOLOGICALS
ACTIVE-PREP CREAM KIT II	-	100%/EX	DERMATOLOGICALS
ACTIVE-PREP CREAM KIT III	-	100%/EX	DERMATOLOGICALS
ACTIVE-PREP CREAM KIT IV	-	100%/EX	DERMATOLOGICALS
ACTONEL TAB 150MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 30MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 35MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 5MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	100%/EX	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	100%/EX	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	PA	2	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE GEL equiv)	-	NC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	100%/EX	DERMATOLOGICALS
ADBRY INJ	-	NC	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	100%/EX	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC	ANTIDIABETICS
ADOXA CAP 150MG	-	100%/EX	TETRACYCLINES
ADOXA PAK	-	100%/EX	TETRACYCLINES
ADOXA TAB 50MG	-	100%/EX	TETRACYCLINES
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE, KOVALTRY INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB	-	NC	ANTIHYPERTENSIVES
ADYNOVATE INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADZENYS XR TAB	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
AIF #2 DRUG CREAM PREP KIT	-	100%/EX	DERMATOLOGICALS
AIF #3 DRUG CREAM PREP KIT	-	100%/EX	DERMATOLOGICALS
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC	MIGRAINE PRODUCTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
AKLIEF CREAM	-	100%/EX	DERMATOLOGICALS
AKYNZEO CAP 300-0.5MG	-	100%/EX	ANTIEMETICS
ALAMAST OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	NC	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALDURAZYME INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	LMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALIMTA INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNIA equiv)	-	2	ANTIHYPERTENSIVES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALLEGRA ODT	OTC	100%/EX	ANTIHISTAMINES
ALLEGRA TAB	OTC	100%/EX	ANTIHISTAMINES
ALLEGRA-D TAB	OTC	100%/EX	COUGH/COLD/ALLERGY

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLZITAL TAB	-	100%/EX	ANALGESICS - NONNARCOTIC
ALLZITAL TAB, BUPAP TAB	-	100%/EX	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	100%/EX	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	100%/EX	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	100%/EX	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	100%/EX	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
ALPHANATE/HEMOFIL M/KOATE/KOATE-DVI INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD, MONONINE INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANKXIETY AGENTS
ALPROLIX INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSP	-	100%/EX	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	100%/EX	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	100%/EX	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SYRUP	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP, LUBIPROSTONE CAP	PA	2	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
AMLODIPINE/ATORVASTATIN TAB	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
amlodipine/atorvastatin tab (CADUET equiv)	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Cost Share	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	Cost Share	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	100%/EX	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANACAINE OINT	-	100%/EX	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANAPROX DS TAB 550MG	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
ANASTIA LOTION	-	100%/EX	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM DIS 2MG/24HR	-	100%/EX	ANDROGENS-ANABOLIC

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
ANDRODERM DIS 4MG/24HR	-	100%/EX	ANDROGENS-ANABOLIC
ANDRODERM PATCH	-	100%/EX	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING	-	NC	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	100%/EX	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	100%/EX	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APADAZ TAB	-	100%/EX	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	100%/EX	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv)	-	100%/EX	ANTIEMETICS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTENSIO XR CAP	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS
ARAKODA TAB	-	100%/EX	ANTIMALARIALS
ARANESP INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	100%/EX	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
arformoterol tartrate neb soln (BROVANA equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	4	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	100%/EX	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	PA-QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	100%/EX	HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
ASTAMED MYO CAP	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTERO GEL 4%, LDO PLUS GEL 4%	-	100%/EX	DERMATOLOGICALS
ATACAND TAB	-	100%/EX	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	2	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	\$0	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATGAM INJ	MSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSE
atomoxetine cap (STRATTERA CAP equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL	-	100%/EX	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ	-	100%/EX	VASOPRESSORS
AVAGE CREAM	-	100%/EX	DERMATOLOGICALS
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVASTIN INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVEED INJ	-	100%/EX	ANDROGENS-ANABOLIC
AVONEX INJ	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	Cost Share	MIGRAINE PRODUCTS
AXID AR TAB (OTC)	OTC	100%/EX	ULCER DRUGS
AXID SOLN	-	100%/EX	ULCER DRUGS
AYVAKIT TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	100%/EX	MULTIVITAMINS
AZESCO TAB	-	100%/EX	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	100%/EX	OPHTHALMIC AGENTS
AZOR TAB	-	100%/EX	ANTIHYPERTENSIVES
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	100%/EX	DERMATOLOGICALS
baclofen intrathecal inj (BACLOFEN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	100%/EX	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	3	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTIVIRALS
BASAGLAR INJ	-	NC	ANTIDIABETICS
BAVENCIO INJ (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BEBULIN, PROFILNINE INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
BECONASE AQ NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	100%/EX	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	100%/EX	HYPNOTICS
BELVIQ TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BELVIQ XR TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	\$0	ANTIHYPERTENSIVES
BENZAEPRIIL/HCT TAB	-	\$0	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	\$0	ANTIHYPERTENSIVES
BENEFIX/IXINITY/RIXUBIS INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
BENICAR HCT TAB	-	100%/EX	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR	-	100%/EX	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ	-	100%/EX	MISCELLANEOUS THERAPEUTIC CLASSES
BENSAL HP OINT	-	100%/EX	DERMATOLOGICALS
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
benzocaine oint	-	100%/EX	DERMATOLOGICALS
BENZOCAINE POWDER	-	100%/EX	DERMATOLOGICALS
BENZODOX PAK	-	100%/EX	TETRACYCLINES
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
BENZPHETAMINE TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	3	OPHTHALMIC AGENTS
BERINERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	100%/EX	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	100%/EX	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN, TOBI NEB SOLN	-	100%/EX	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVACIZUMAB INJ	MSP-PA	4	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	100%/EX	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	100%/EX	ESTROGENS
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	NC	DERMATOLOGICALS
BINOSTO TAB	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BIVIGAM INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BLENREP INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BLINCYTO INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA TAB 150MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
BONJESTA TAB 20-20MG	-	100%/EX	ANTIEMETICS
BORTEZOMIB INJ, VELCADE INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	LMSP-PA	4	NEUROMUSCULAR AGENTS
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAVELLE INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	100%/EX	OPHTHALMIC AGENTS
BRISDELLE CAP	-	Cost Share	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	100%/EX	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	100%/EX	ANTICONVULSANTS
BRIVIACT TAB	-	100%/EX	ANTICONVULSANTS
BROMDAY OPHTH SOLN 0.09%	-	100%/EX	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	100%/EX	OPHTHALMIC AGENTS
bromfenac ophth soln 0.09% (BROMDAY OPHTH SOLN 0.09% equiv)	-	100%/EX	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	100%/EX	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVEX PEB LIQUID	OTC	100%/EX	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
BRYHALI LOTION	-	100%/EX	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	100%/EX	ANALGESICS - OPIOID
buprenorphine hcl buccal film (BELBUCA equiv)	-	100%/EX	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	PA	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	PA	1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
butalbital/acetaminophen cap	-	100%/EX	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	100%/EX	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 6 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	100%/EX	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3	ANTIDIABETICS
BYLVAY CAP 1200MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADIRAMD KIT	-	100%/EX	DERMATOLOGICALS
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	100%/EX	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	100%/EX	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	100%/EX	MIGRAINE PRODUCTS
CAMPHOMEX SPRAY	-	100%/EX	DERMATOLOGICALS
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv)	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	100%/EX	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPLYTA CAP	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPSAICIN POWDER	-	100%/EX	DERMATOLOGICALS
capsaicin/menthol topical patch (SINELEE equiv)	-	100%/EX	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPXIB KIT	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
CARAC CREAM	-	NC	DERMATOLOGICALS
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONSULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONSULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONSULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONSULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONSULSANTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine soln (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARIMUNE NF INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	100%/EX	DERMATOLOGICALS
CAROSPIR SUSP	-	100%/EX	DIURETICS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	100%/EX	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	\$0	BETA BLOCKERS
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAVERJECT INJ	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
CEFACLOR CAP	-	3	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefaclor susp (CEFACLOR equiv)	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	Cost Share	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEPROTIN INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	HEMATOPOIETIC AGENTS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	MSP-PA	4	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	\$0	VACCINES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
CETACAINE AER	-	100%/EX	DERMATOLOGICALS
cetirizine cap (ZYRTEC equiv)	OTC	100%/EX	ANTIHISTAMINES
cetirizine chew tab (ZYRTEC equiv)	OTC	100%/EX	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	100%/EX	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	100%/EX	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	100%/EX	COUGH/COLD/ALLERGY
CETROTIDE INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlroroxazone tab	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 500MG	-	Cost Share	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CHROMELIN SOLN	OTC	100%/EX	DERMATOLOGICALS
CIBINQO TAB	-	NC	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
CIMETIDINE POW	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
CIMETIDINE SOLN	-	100%/EX	ULCER DRUGS
cimetidine soln (CIMETIDINE equiv)	-	100%/EX	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	100%/EX	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINQAIR INJ	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	100%/EX	ANTIEMETICS
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP 5%	-	3	FLUOROQUINOLONES
CIPRO/FLUOC DRO PF	-	100%/EX	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX REDITAB	-	100%/EX	ANTIHISTAMINES
CLARINEX SYRUP	-	100%/EX	ANTIHISTAMINES
CLARINEX TAB	-	100%/EX	ANTIHISTAMINES
CLARINEX-D TAB	-	100%/EX	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	100%/EX	ANTIHISTAMINES
CLARITIN REDITAB	OTC	100%/EX	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	2	LAXATIVES
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	100%/EX	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	100%/EX	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	--PA	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	PA	1	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv)	-	NC	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	100%/EX	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	100%/EX	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	100%/EX	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	100%/EX	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
CLOMIPHENE CITRATE POWDER	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
CLOMIPHENE CITRATE TAB	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	\$0	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	\$0	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	100%/EX	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	3	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	100%/EX	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
COCAINE HCL POWDER	-	100%/EX	DERMATOLOGICALS
cocaine hcl soln	-	100%/EX	DERMATOLOGICALS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	100%/EX	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMFORT EZ PAD 20-4-1%	-	100%/EX	DERMATOLOGICALS
COMFORT EZ PAD 2-4-1%, PHARM CH TSX PAD 2-4-1%	-	100%/EX	DERMATOLOGICALS
COMPLERA TAB	-	2	ANTIVIRALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONCERTA TAB, RITALIN SR TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
CONTRAVE TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CONVENIENCE PAK	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	100%/EX	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	100%/EX	BETA BLOCKERS
CORIFACT INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORZIDE TAB 80-5MG	-	3	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT (Step Therapy requires trial of 2: dexamethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/year)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days; limit 2 fills/12 months)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 4 fills/12 months)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0	VACCINES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	100%/EX	ANTIFUNGALS
CRESTOR TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
CRINONE GEL	-	100%/EX	VAGINAL PRODUCTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
CRIXIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
C-TOPICAL SOLN	-	100%/EX	DERMATOLOGICALS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	100%/EX	DERMATOLOGICALS
CUVITRU INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYRAMZA INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	4	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4	OPHTHALMIC AGENTS
CYTOGAM INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	100%/EX	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	100%/EX	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	Cost Share	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
DARZALEX INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB (Only available through Accredo 800-803-2523)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYTRANA PATCH (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DAYVIGO TAB	-	100%/EX	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	100%/EX	COUGH/COLD/ALLERGY
deferasirox granules packet (JADENU equiv)	LMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	LMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv)	LMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	-	2	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMSEK CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	100%/EX	DERMATOLOGICALS
DENDRACIN LOTION	-	100%/EX	DERMATOLOGICALS
DENGVAXIA SUSP	VAC	\$0	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPEN TITRATAB	LMSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ	-	100%/EX	ANDROGENS-ANABOLIC

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
DEPRIZINE SUSP 22.4/ML	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX DPN PAK	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DERMACINRX KIT	-	100%/EX	DERMATOLOGICALS
DERMACINRX PAK	-	100%/EX	DERMATOLOGICALS
DERMACINRX PAK SOLN, DICLOFEX DC SOLN, DICLOPAK PAK SOLN,	-	100%/EX	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DERMASORB AF KIT	-	100%/EX	DERMATOLOGICALS
DERMASORB XM KIT	-	100%/EX	DERMATOLOGICALS
dermawerx pak (DERMACINRX KIT equiv)	-	100%/EX	DERMATOLOGICALS
DESCOVY TAB	PA	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	100%/EX	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	100%/EX	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	100%/EX	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	100%/EX	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	2	DERMATOLOGICALS
DESOWEN CREAM	-	100%/EX	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	100%/EX	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	100%/EX	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	2	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESVENLAFAXINE ER TAB	-	100%/EX	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	100%/EX	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
DEXILANT DR CAP	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	100%/EX	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	MSP-PA	4	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DFS/MS/MENTH KIT/CAP PAK	-	100%/EX	DERMATOLOGICALS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIABETIC PUMP	--OTC	100%/EX	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	4	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	4	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIAXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTIDIABETICS
DICLOFENAC DIS 1.3%, FLECTOR DIS 1.3%	-	100%/EX	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	100%/EX	DERMATOLOGICALS
DICLOFENAC GEL 3%	-	100%/EX	DERMATOLOGICALS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	100%/EX	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	100%/EX	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SOLN 1.5%	-	100%/EX	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
DICLOZOR PATCH	-	100%/EX	DERMATOLOGICALS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	2	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	2	ANTIVIRALS
DIETHYLPROPION ER TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN OTC GEL 0.1%	OTC	100%/EX	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill)	QL	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	100%/EX	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diffunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	2	OPHTHALMIC AGENTS
DIGOXIN SOLN	-	1	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	100%/EX	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	100%/EX	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILATRATE SR CAP	-	100%/EX	ANTIANGINAL AGENTS
diltiazem ER cap (CARDIZEM CD equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate dr cap (TECFIDERA equiv)	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN HCT TAB	-	100%/EX	ANTIHYPERTENSIVES
DIOVAN TAB	-	100%/EX	ANTIHYPERTENSIVES
DIPENTOCAINE CREAM	-	100%/EX	DERMATOLOGICALS
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
DISULFIRAM TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITHOL MIS PACK	-	100%/EX	DERMATOLOGICALS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL, ESTROGEL GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	100%/EX	NUTRIENTS
DOLGIC PLUS TAB	-	100%/EX	ANALGESICS - NONNARCOTIC
DOLOTRANZ KIT	-	100%/EX	DERMATOLOGICALS
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	HEMATOPOIETIC AGENTS
DORAL TAB	-	100%/EX	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DORYX MPC TAB	-	100%/EX	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	\$0	ANTIHYPERTENSIVES
DOXEPIIN CAP	-	1	ANTIDEPRESSANTS
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	100%/EX	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	100%/EX	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	Cost Share	TETRACYCLINES
doxycycline hyclate DR 150 mg tab	-	Cost Share	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (DOXYCYCLINE HYCLATE, TARGADOX equiv)	-	Cost Share	TETRACYCLINES
doxycycline hyclate tab 100 mg	-	Cost Share	TETRACYCLINES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
doxycycline hyclate tab 75mg, 150mg	-	100%/EX	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	100%/EX	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	100%/EX	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	Cost Share	TETRACYCLINES
doxycycline monohydrate tab 50mg (ADOXA equiv)	-	100%/EX	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	100%/EX	ANTIEMETICS
D-PENAMINE TAB	LMSP-PA	4	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	2	ANTIEMETICS
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0	CONTRACEPTIVES
drosiprenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	\$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	100%/EX	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DS PREP PAK	-	100%/EX	DERMATOLOGICALS
DSUVIA SL TAB	-	100%/EX	ANALGESICS - OPIOID
DUAC CS KIT	-	100%/EX	DERMATOLOGICALS
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DURAGESIC PATCH 100MCG	-	100%/EX	ANALGESICS - OPIOID
DURAGESIC PATCH 12MCG	-	100%/EX	ANALGESICS - OPIOID
DURAGESIC PATCH 25MCG	-	100%/EX	ANALGESICS - OPIOID
DURAGESIC PATCH 50MCG	-	100%/EX	ANALGESICS - OPIOID
DURAGESIC PATCH 75MCG	-	100%/EX	ANALGESICS - OPIOID
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
DURLAZA CAP	-	100%/EX	HEMATOLOGICAL AGENTS - MISC.
DUROLANE INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	100%/EX	GOUT AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
DXEVO 11-DAY PAK	-	100%/EX	CORTICOSTEROIDS
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DY-O-DERM SOLN	OTC	100%/EX	DERMATOLOGICALS
DYRENIUM CAP	-	3	DIURETICS
DYSPORT INJ	LMSP-PA	4	NEUROMUSCULAR AGENTS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EC-RX PROGESTERONE CREAM	-	100%/EX	PROGESTINS
EC-RX TESTOSTERONE CREAM	-	100%/EX	ANDROGENS-ANABOLIC
EDARBI TAB	-	Cost Share	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	Cost Share	ANTIHYPERTENSIVES
EDEX INJ	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	2	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAPRASE INTRAVENOUS SOLUTION	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELELYSO INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAK equiv)	-	100%/EX	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELLZIA PAK	-	100%/EX	DERMATOLOGICALS
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	100%/EX	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	100%/EX	ANTIEMETICS
EMEND SOLN	-	100%/EX	ANTIEMETICS
EMEND SUSP	-	100%/EX	ANTIEMETICS
EMFLAZA SUSP	-	100%/EX	CORTICOSTEROIDS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
EMFLAZA TAB	-	100%/EX	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
EMPLICITI INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMSAM PATCH	-	100%/EX	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	2	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	3	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	100%/EX	ANTHELMINTICS
EMVOREN CREAM, ZYVODOL CREAM	-	100%/EX	DERMATOLOGICALS
ENABLEX TAB	-	100%/EX	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv)	-	100%/EX	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	-	100%/EX	VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	\$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	100%/EX	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	LMSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	100%/EX	ANTIVIRALS
EPICERAM EMULSION	-	100%/EX	DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	PA	3	DERMATOLOGICALS
EPIFOAM AEROSOL	-	100%/EX	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
eplerenone tab (INSPRA equiv)	-	2	ANTIHYPERTENSIVES
EPOGEN INJ	-	2	HEMATOPOIETIC AGENTS
epoprostenol inj (FLOLAN equiv) (Only available through Accredo 888-773-7376)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
EPROSARTAN TAB	-	100%/EX	ANTIHYPERTENSIVES
EQUAPAX PAK	-	100%/EX	ANTIHYPERLIPIDEMICS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	100%/EX	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
ESOMEPRAZOLE CAP	-	100%/EX	ULCER DRUGS
esomeprazole cap (NEXIUM equiv)	--OTC	100%/EX	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole inj	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESOMEPRAZOLE STRONTIUM CAP	-	100%/EX	ULCER DRUGS
ESOMEPRAZOLE-EZS KIT	-	100%/EX	ULCER DRUGS
ESPEROCT INJ (Only available through Accredo 800-803-2523)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECRIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ETHYL CHLOR AER MIST	-	100%/EX	DERMATOLOGICALS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	2	ANTIVIRALS
EUCRISA OINT	-	100%/EX	DERMATOLOGICALS
EUFLEXXA INJ, HYALGAN INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
EURAX CREAM	-	2	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
everolimus tab (ZORTRESS equiv)	PA	2	MISCELLANEOUS THERAPEUTIC CLASSE!
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-LMSP-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
EVZIO INJ	-	100%/EX	ANTIDOTES AND SPECIFIC ANTAGONISTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
EVZIO INJ	-	100%/EX	ANTIDOTES
exactacain aer	-	100%/EX	DERMATOLOGICALS
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	100%/EX	ANTIHYPERTENSIVES
EXKIVITY CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTARDOL CREAM, INNOPRAX-5 CREAM	-	100%/EX	DERMATOLOGICALS
EXTAVIA INJ	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXTINA AER 2%	-	100%/EX	DERMATOLOGICALS
EYLEA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	100%/EX	DERMATOLOGICALS
FABRAZYME INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine inj	-	100%/EX	ULCER DRUGS
FAMOTIDINE PREMIXED INJ	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
famotidine susp (PEPCID equiv)	-	100%/EX	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	100%/EX	ULCER DRUGS
FAMOTIDINE/NACL INJ	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FASENRA PEN INJ	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASLODEX INJ	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FBL COMPOUND KIT	-	100%/EX	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-φ	2	GOUT AGENTS
FEIBA INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	2	ANTICONSULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONSULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	100%/EX	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
FENORTHO CAP 200MG	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
FERRIPROX TAB	-	100%/EX	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	PA	3	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	PA	3	ANTIDEPRESSANTS
FEXMID TAB 7.5MG	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
fexofenadine susp (ALLEGRA equiv)	OTC	100%/EX	ANTIHISTAMINES
fexofenadine tab (ALLEGRA equiv)	OTC	100%/EX	ANTIHISTAMINES
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	100%/EX	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	100%/EX	COUGH/COLD/ALLERGY
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	100%/EX	DERMATOLOGICALS
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ANTICONVULSANTS
FIORICET CAP	-	100%/EX	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	100%/EX	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	100%/EX	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB	-	100%/EX	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST ATENOLOL SOLN	-	3	BETA BLOCKERS
FIRST METOPROLOL ORAL SOLN	-	3	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	100%/EX	ULCER DRUGS
FIRST-TESTOSTERONE CREAM KIT	-	100%/EX	ANDROGENS-ANABOLIC
FIRST-TESTOSTERONE OINT KIT	-	100%/EX	ANDROGENS-ANABOLIC
FIRST-VANCOMYCIN SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
FLEBOGAMMA INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FLEXIZOL COMBIPAK	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
FLOLAN INJ, VELETRI INJ	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
FLOLIPID SUSP	-	100%/EX	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUAD QUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLUNISOLIDE NASAL SPRAY 0.025%	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
flunisolide nasal spray 0.025% (FLUNISOLIDE NASAL SPRAY equiv)	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2	DERMATOLOGICALS
fluocinolone acetonide oint	-	100%/EX	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	100%/EX	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine cap (SARAFEM equiv)	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLUOXETINE CAP (PMDD)	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	100%/EX	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	100%/EX	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	100%/EX	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv)	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	Cost Share	ANTHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	Cost Share	ANTHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv)	PA	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folbic tab (FOLTX equiv)	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLOTYN INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOLTANX TAB	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folvite-d tab (GENICIN VITA-D equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	2	ANTICOAGULANTS
FORFIVO XL TAB 450MG	-	100%/EX	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	100%/EX	ANTIDIABETICS
FORTEO INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
FOSAMAX TAB 40MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB 70MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	2	ANTIVIRALS
fosaprepitant dimeglumine soln (EMEND equiv)	-	100%/EX	ANTIEMETICS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB	-	100%/EX	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FULPHILA INJ	LMSP-PA	4	HEMATOPOIETIC AGENTS
fulvestrant inj (FASLODEX equiv)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FUROSEMIDE SOLN	-	\$0	DIURETICS
furosemide soln (LASIX equiv)	-	\$0	DIURETICS
furosemide tab (LASIX equiv)	-	\$0	DIURETICS
FUSILEV INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FUZEON INJ	LMSP	4	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONSULTANTS
FYCOMPA SUSP	-	NC	ANTICONSULTANTS
gabapentin cap (NEURONTIN equiv) (QL= 3 caps/day)	QL	1	ANTICONSULTANTS
gabapentin cap 100mg (QL= 6 caps/day)	QL	1	ANTICONSULTANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2	ANTICONSULTANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1	ANTICONSULTANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1	ANTICONSULTANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABITIDINE PAK	-	100%/EX	ULCER DRUGS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GAMASTAN S/D INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
GAMMAGARD INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAKED INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMUNEX-C INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GANCICLOVIR CAP	-	2	ANTIVIRALS
ganirelix ac inj (GANIRELIX equiv)	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	\$0	VACCINES
GARDASIL INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	3	OPHTHALMIC AGENTS
GATTEX KIT	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
gavilyte-h kit	-	NC	LAXATIVES
GAVRETO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
GEBAUERS PAIN EASE	-	100%/EX	DERMATOLOGICALS
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
GELNIQUE GEL	-	100%/EX	URINARY ANTISPASMODICS
GEL-ONE INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3 INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	100%/EX	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	100%/EX	DERMATOLOGICALS
GENOTROPIN INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVISC 850 INJ/SUPARTZ INJ/VISCO-3 INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
GENVOYA TAB	-	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	\$0	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	\$0	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	\$0	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	100%/EX	ANTIDIABETICS
GLUMETZA TAB 500MG	-	100%/EX	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	\$0	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	\$0	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	\$0	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	-	100%/EX	ANTIPARKINSON AGENTS
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
GONAL-F RFF INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	100%/EX	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
GUANENDRUX GEL	-	NC	DERMATOLOGICALS
guanfacine ER tab (INTUNIV equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HAEGARDA INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
HALAC KIT	-	100%/EX	DERMATOLOGICALS
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	100%/EX	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	100%/EX	ANTIVIRALS
HARVONI TAB	-	100%/EX	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	100%/EX	DERMATOLOGICALS
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
HELIXATE FS, KOGENATE FS INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
HEMADY TAB	-	NC	CORTICOSTEROIDS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
HEMLIBRA INJ	LMSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	\$0	VACCINES
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	100%/EX	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1	OPHTHALMIC AGENTS
HOMATROPINE OPTH SOLN	-	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATE-P, WILATE INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	NC	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN N INJ	OTC	NC	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYALGAN INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
HYCAMTIN CAP	LMSP-PA	4	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
hydrochlorothiazide cap (MICROZIDE equiv)	-	\$0	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	\$0	DIURETICS
HYDROCODONE BITARTRATE ER CAP	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv)	-	100%/EX	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	100%/EX	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv)	-	100%/EX	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	100%/EX	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	100%/EX	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYCHLOROQUINE TAB	-	NC	ANTIMALARIALS
HYDROXYCHLOROQUINE TAB 100MG (QL= 1 tab/day)	QL	2	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	LMSP-PA	4	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANSIETY AGENTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMOVIS INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
hyoscyamine inj (LEVSIN equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYPERRHO S/D INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
HYQVIA INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
HYZAAR TAB	-	100%/EX	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	Cost Share	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IBU/MINREX PAK	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN CREAM	-	100%/EX	DERMATOLOGICALS
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	LMSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC	ANTIHYPERLIPIDEMICS
IDELVION INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	4	ANALGESICS - ANTI-INFLAMMATORY
ILEVRO OPHTH SUSP	-	100%/EX	OPHTHALMIC AGENTS
ILUVIEN/RETISERT/YUTIQ INJ	MSP-PA	4	OPHTHALMIC AGENTS
imatinib tab	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
IMCIVREE INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	100%/EX	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	100%/EX	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY 20MG/ACT	-	100%/EX	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY 5MG/ACT	-	100%/EX	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	100%/EX	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM 0.025%	-	100%/EX	DERMATOLOGICALS
IMVEXXY SUPP	-	100%/EX	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	100%/EX	BETA BLOCKERS
INDOCIN SUPP	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFLAMMA-K KIT	-	100%/EX	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLECTRA INJ	LMSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
INTRON-A INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	100%/EX	OPHTHALMIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB	-	100%/EX	ANTIDIABETICS
INVOKAMET XR TAB	-	100%/EX	ANTIDIABETICS
INVOKANA TAB	-	100%/EX	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	100%/EX	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	3	ANTIMYCOBACTERIAL AGENTS
ISONIAZID TAB	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB 40MG	-	100%/EX	ANTIANGINAL AGENTS
ISORDIL TITRADOSE TAB 5MG	-	100%/EX	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	100%/EX	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	NC	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	100%/EX	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	100%/EX	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	PA	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	3	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	PA	2	ANTHELMINTICS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JATENZO CAP	-	100%/EX	ANDROGENS-ANABOLIC
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JETREA INJ	MSP-PA	4	OPHTHALMIC AGENTS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JIVI INJECTION	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
JORNAY PM CAP, ADHANSIA XR CAP	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
JUBLIA SOLN	-	100%/EX	DERMATOLOGICALS
JULUCA TAB	-	2	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	100%/EX	ANTIHYPERLIPIDEMICS
JYNARQUE PAK	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
K.B.G.L IN CREAM	-	100%/EX	DERMATOLOGICALS
KADIAN CAP	-	100%/EX	ANALGESICS - OPIOID
KALBITOR INJ (Only available through US Bioservices 888-518-7246)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
KALETRA TAB	-	3	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	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-SF	4	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP	-	NC	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	100%/EX	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	100%/EX	DERMATOLOGICALS
KESIMPTA INJ	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
KETEK TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	100%/EX	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC GEL 2%	-	100%/EX	DERMATOLOGICALS
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	100%/EX	OPHTHALMIC AGENTS
KEVEYIS TAB	MSP-PA	4	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KEYTRUDA INJ	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHEDEZLA ER TAB	-	100%/EX	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOR-CON POWDER PACKET 25MEQ	-	100%/EX	MINERALS & ELECTROLYTES
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB	-	100%/EX	ANTIDIABETICS
KORLYM TAB	-	100%/EX	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
KRYSTEXXA INJ	MSP-PA	4	GOUT AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	100%/EX	ANTIHYPERTENSIVES
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
LACTULOSE PACK	-	NC	LAXATIVES
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB 2MG	-	100%/EX	ANTICONVULSANTS
LAMICTAL KIT START 35	-	100%/EX	ANTICONVULSANTS
LAMICTAL KIT START 49	-	100%/EX	ANTICONVULSANTS
LAMICTAL KIT START 98	-	100%/EX	ANTICONVULSANTS
LAMICTAL ODT KIT	-	100%/EX	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	100%/EX	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	100%/EX	ANTICONVULSANTS
lamotrigine kit start 35 (LAMICTAL equiv)	-	100%/EX	ANTICONVULSANTS
lamotrigine kit start 49 (LAMICTAL equiv)	-	100%/EX	ANTICONVULSANTS
lamotrigine kit start 98 (LAMICTAL equiv)	-	100%/EX	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	100%/EX	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine titration kit (LAMICTAL equiv)	-	100%/EX	ANTICONVULSANTS
LAMPIT TAB	PA	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	-	100%/EX	ULCER DRUGS
lansoprazole odt	-	100%/EX	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE SUSP	-	100%/EX	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	100%/EX	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	NC	ANTIDIABETICS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
LANTUS SOLOSTAR INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-¢	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY	-	100%/EX	ANALGESICS - OPIOID
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	--PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LEMTRADA INJ	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day)	MSP-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB 80MG	-	100%/EX	ANTIHYPERTENSIVES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	3	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	100%/EX	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	100%/EX	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	100%/EX	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levoleucovorin inj (LEVOLEUCOVORIN equiv)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
levorphanol tab (LEVORPHANOL equiv)	-	100%/EX	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LXETTE FOAM	-	100%/EX	DERMATOLOGICALS
LXIVA SUSP	-	2	ANTIVIRALS
LICART PATCH	-	100%/EX	DERMATOLOGICALS
LIDOCAINE CREAM	-	100%/EX	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	100%/EX	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	100%/EX	DERMATOLOGICALS
lidocaine gel	-	1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	100%/EX	DERMATOLOGICALS
LIDOCAINE GEL POST-OP KIT	-	100%/EX	DERMATOLOGICALS
lidocaine lotion	-	100%/EX	DERMATOLOGICALS
lidocaine oin 5%	-	100%/EX	DERMATOLOGICALS
lidocaine oint/transparent dressing kit	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch 3.5% (GEN7T equiv)	-	100%/EX	DERMATOLOGICALS
lidocaine patch 4%	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	PA-QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	100%/EX	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream 2.5-2.5%	-	100%/EX	DERMATOLOGICALS
LIDOCAINE/PRILOCAINE CREAM 2.5-2.5%, LIDOCAINE-PR CREAM (LIDOCAINE/PRILOCAINE CREAM 2.5-2.5%, LIDOCAINE-PR CREAM equiv)	-	100%/EX	DERMATOLOGICALS
lidocaine/prilocaine cream kit	-	100%/EX	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	100%/EX	DERMATOLOGICALS
LIDOCIN GEL	-	100%/EX	DERMATOLOGICALS
LIDODERM PATCH 4%	-	NC	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	100%/EX	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOPRO OINT	-	100%/EX	DERMATOLOGICALS
LIDOPROFEN CREAM, VOPAC KT CREA,	-	100%/EX	DERMATOLOGICALS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	100%/EX	DERMATOLOGICALS
LIDOTREX GEL	-	100%/EX	DERMATOLOGICALS
LIDOVEX CREAM	-	100%/EX	DERMATOLOGICALS
lindane lotion	-	3	DERMATOLOGICALS
LINDANE SHAMPOO	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	\$0	ANTIHYPERTENSIVES

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	\$0	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
LIVALO TAB 1MG	-	100%/EX	ANTIHYPERLIPIDEMICS
LIVALO TAB 2MG	-	100%/EX	ANTIHYPERLIPIDEMICS
LIVALO TAB 4MG	-	100%/EX	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB	-	NC	ANTIVIRALS
L-METHYLFOLATE TAB	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	3	CONTRACEPTIVES
LOCOID CREAM	-	100%/EX	DERMATOLOGICALS
LOCOID LIPOCREAM	-	100%/EX	DERMATOLOGICALS
LOCOID OINT	-	100%/EX	DERMATOLOGICALS
LOCOID SOLN	-	100%/EX	DERMATOLOGICALS
loestrin 21 tab	-	3	CONTRACEPTIVES
LOESTRIN 24 FE TAB	-	3	CONTRACEPTIVES
loestrin tab	-	3	CONTRACEPTIVES
lohist liquid	OTC	100%/EX	COUGH/COLD/ALLERGY
LOKELMA PAK	-	100%/EX	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	2	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	2	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	100%/EX	ANTIHISTAMINES
loratadine chew tab (CLARITIN equiv)	OTC	100%/EX	ANTIHISTAMINES
loratadine ODT (CLARITIN equiv)	OTC	100%/EX	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC	100%/EX	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC	100%/EX	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	100%/EX	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	100%/EX	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	1	ANTIAXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIAXIETY AGENTS
LORBRENA TAB 100MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIAXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
LORVATUS PHARMAPAK KIT	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	100%/EX	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	100%/EX	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	100%/EX	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	100%/EX	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	100%/EX	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUCEMYRA TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUCENTIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	OPHTHALMIC AGENTS
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	100%/EX	DERMATOLOGICALS
LUMAKRAS TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIFY OPHTH SOLN 0.25%	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUMIZYME/MYOZYME INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPANETA PACK	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
LUVIRA CAP	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	100%/EX	DERMATOLOGICALS
LUXTURNA SUSP	MSP-PA	4	OPHTHALMIC AGENTS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
MACRILEN PACK	-	100%/EX	DIAGNOSTIC PRODUCTS
MACUGEN INJ	MSP-PA	4	OPHTHALMIC AGENTS
MAKENA INJ	-	100%/EX	PROGESTINS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	2	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
MAVENCLAD PAK	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	PA-QL-SP	4	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	4	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MECLIZINE 50MG TAB	-	100%/EX	ANTIEMETICS
meclizine chew tab (BONINE equiv)	OTC	100%/EX	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	-	1	ANTIEMETICS
MECLOFENAMATE CAP	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
MEDI-DERM CREAM	-	100%/EX	DERMATOLOGICALS
MEDI-DERM/L- CREAM	-	100%/EX	DERMATOLOGICALS
MEDI-PATCH W/LIDOCAINE PATCH	-	100%/EX	DERMATOLOGICALS
MEDROX-RX OINT	-	100%/EX	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titration pak (NAMENDA equiv)	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENHIBRIX INJ	VAC	\$0	VACCINES
MENOMUNE INJ	VAC	\$0	VACCINES
MENOPUR INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	\$0	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOLIX SPRAY	-	100%/EX	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
MEPERIDINE TAB	-	NC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR cap (DELZICOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAFOLBIC PLUS TAB	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX CAP	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAXALL CP KIT	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
metaxalone tab (SKELAXIN equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	100%/EX	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	100%/EX	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	\$0	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	\$0	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	\$0	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	100%/EX	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (Trexall equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
METHOXSALEN CAP	-	2	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
METHOXSALEN CRYSTALS	-	100%/EX	DERMATOLOGICALS
METHOXSALEN POWDER	-	100%/EX	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
METHYLCLOTHIAZIDE TAB	-	1	DIURETICS
METHYL SALIC LIQUID	-	100%/EX	DERMATOLOGICALS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	-	100%/EX	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	\$0	BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	100%/EX	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
MEVACOR TAB 20MG	-	100%/EX	ANTIHYPERLIPIDEMICS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
MEVACOR TAB 40MG	-	100%/EX	ANTIHYPERLIPIDEMICS
mexiletine hcl cap	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
mibelas chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
MICARDIS HCT TAB	-	100%/EX	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv)	-	100%/EX	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	Cost Share	TETRACYCLINES
MINOCYCLINE ER CAP	-	100%/EX	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	100%/EX	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	Cost Share	TETRACYCLINES
minoxidil soln (ROGAINE equiv)	OTC	100%/EX	DERMATOLOGICALS
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	100%/EX	LAXATIVES
MIRALAX POWDER	OTC	100%/EX	LAXATIVES
MIRCERA INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	100%/EX	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	100%/EX	GOUT AGENTS
M-M-R II INJ	VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONOCLATE-P INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
MONODOX CAP 100MG	-	100%/EX	TETRACYCLINES
MONODOX CAP 75MG	-	100%/EX	TETRACYCLINES
MONOVISC INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
montelukast chew tab (SINGULAIR equiv)	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	ANTI-INFECTIVE AGENTS - MISC.
MORGIDOX KIT	-	100%/EX	TETRACYCLINES
MORPHABOND TAB	-	100%/EX	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTTEGRITY TAB	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	100%/EX	PENICILLINS
MOXATAG TAB 775MG	-	100%/EX	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MUGARD LIQUID	-	100%/EX	MOUTH/THROAT/DENTAL AGENTS
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
MULTIVITAMIN/MINERALS TAB	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MUSE SUPP	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2	ASSORTED CLASSES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP (Step Therapy requires trial dextroamphetamine ER cap and amphetamine/dextroamphetamine ER cap for a period of 30 days each)	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYLERAN TAB	LMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYOBLOC INJ	-	100%/EX	NEUROMUSCULAR AGENTS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	Cost Share	URINARY ANTISPASMODICS
MYTESI TAB	-	100%/EX	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3	ANTIHYPERTENSIVES
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	3	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	100%/EX	DERMATOLOGICALS
NAFTIN GEL	-	100%/EX	DERMATOLOGICALS
NAFTIN GEL 2%	-	100%/EX	DERMATOLOGICALS
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
NALFON CAP 400MG	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
naloxone hcl nasal spray (NARCAN equiv)	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj (QL= 2 inj/fill)	QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA TITRATION PAK	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 750MG	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
NAPROPAX MIS, NAPROXENPAX MIS	-	100%/EX	DERMATOLOGICALS
NAPROXEN CREAM COMPOUND KIT	-	100%/EX	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	Cost Share	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	2	ANTIDOTES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
NASACORT OTC NASAL SPRAY	OTC	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	100%/EX	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	3	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATESTO NASAL GEL	-	100%/EX	ANDROGENS-ANABOLIC
NATPARA INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	¢	2	BETA BLOCKERS
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NECON TAB	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3	MULTIVITAMINS
NEONATAL FE TAB	-	3	MULTIVITAMINS
NEOSALUS CREAM	-	100%/EX	DERMATOLOGICALS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUMEGA INJ	LMSP	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEURAPTINE CREAM KIT	-	100%/EX	DERMATOLOGICALS
NEVANAC OPHTH SUSP	-	100%/EX	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	2	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2	ANTIVIRALS
NEVIRAPINE SUSP	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
NEXIUM CAP	-	100%/EX	ULCER DRUGS
NEXIUM GRANULE PACK	-	100%/EX	ULCER DRUGS
NEXIUM INJ	-	100%/EX	ULCER DRUGS
NEXLETOL TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
NEXLIZET TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	NC	CONTRACEPTIVES
niacin cap	OTC	100%/EX	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	100%/EX	VITAMINS
niacin ER tab (NIASPAN equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
niacin tab	OTC	100%/EX	VITAMINS
NIACIN TR TAB	OTC	100%/EX	VITAMINS
niacinamide tab	OTC	100%/EX	VITAMINS
NIACOR TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	3	ANTIHYPERLIPIDEMICS
NIASPAN TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	3	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	3	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LMSP-PA	4	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	100%/EX	ULCER DRUGS
nizatidine soln	-	100%/EX	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	100%/EX	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	100%/EX	DERMATOLOGICALS
NOCDURNA SL TAB	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	100%/EX	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	3	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	100%/EX	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	100%/EX	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	2	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NOVACORT GEL	-	100%/EX	DERMATOLOGICALS
NOVOCLAIR CREAM, NUVYA CREAM	-	100%/EX	DERMATOLOGICALS
NOVOEIGHT INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOSEVEN RT	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
NOXIPAK PAK	-	100%/EX	DERMATOLOGICALS
NP #2 DRUG CRE PREP KIT	-	100%/EX	DERMATOLOGICALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NPLATE INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	100%/EX	DERMATOLOGICALS
NUCYNTA ER TAB	-	100%/EX	ANALGESICS - OPIOID
NUCYNTA TAB	-	100%/EX	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUPLAZID CAP	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
NUSURGEPAK KIT	-	100%/EX	DERMATOLOGICALS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	\$0	CONTRACEPTIVES
NUWIQ INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB	-	100%/EX	TETRACYCLINES
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	NC	DERMATOLOGICALS
nystatin/triamcinolone oint	-	NC	DERMATOLOGICALS
NYVEPRIA INJ	-	NC	HEMATOPOIETIC AGENTS
OBIZUR INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
OCALIVA TAB	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
OCREVUS INJ (QL= 600mg/180 days; Only available through Walmart Specialty 877-453-4566)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
octreotide inj (SANDOSTATIN equiv)	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP	-	100%/EX	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	100%/EX	ANTIDEPRESSANTS
OLLIZAC POWDER	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	100%/EX	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
OMECLAMOX-PAK	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	100%/EX	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	100%/EX	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole odt	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	--OTC	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	100%/EX	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	100%/EX	ULCER DRUGS
OMNARIS NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	\$0	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONEXTON GEL	-	100%/EX	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	100%/EX	ANTI-DIABETICS
ONMEL TAB 200MG	-	100%/EX	ANTIFUNGALS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	100%/EX	ANALGESICS - OPIOID
OPANA TAB	-	100%/EX	ANALGESICS - OPIOID
OPDIVO INJ	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
opium tincture	-	3	ANTI-DIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPZELURA CREAM	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	Cost Share	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN ORAL SUSP 4MG/ML	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORLISSA TAB 150MG	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG	-	100%/EX	ENDOCRINE AND METABOLIC 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-SF	4	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-SF	4	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ORTHOVISC INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	ANTIVIRALS
OSMOLEX ER TAB	-	100%/EX	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
OXAYDO TAB, ROXYBOND TAB	-	100%/EX	ANALGESICS - OPIOID
oxazepam cap (SERAX equiv)	-	2	ANTIANKXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	HEMATOPOIETIC AGENTS
OXBRYTA TAB	LD-PA-QL	NC	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	100%/EX	ANTICONVULSANTS
Oxybutynin ER 10 mg tab	-	Cost Share	URINARY ANTISPASMODICS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	1	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	100%/EX	ANALGESICS - OPIOID
oxymorphone ER tab (OPANA ER equiv)	-	100%/EX	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	100%/EX	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	100%/EX	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTIDIABETICS
OZOBAX SOLN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OZURDEX IMPLANT	MSP-PA	4	OPHTHALMIC AGENTS
pain relief lotion	-	100%/EX	DERMATOLOGICALS
PAINGO KIT	-	100%/EX	DERMATOLOGICALS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	4	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	100%/EX	ULCER DRUGS
pantoprazole inj	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
pantoprazole sodium packet (PROTONIX equiv)	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PANZYGA INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PARAFON FORTE TAB 500MG	-	Cost Share	MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	-	\$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	100%/EX	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	3	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	Cost Share	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	100%/EX	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0	ANTIVIRALS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
PAZEO OPHTH SOLN 0.7%	-	100%/EX	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	NC	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	LMSP	4	ANTIVIRALS
PEG-INTRON INJ	-	100%/EX	ANTIVIRALS
PEMAZYRE TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillamine cap (CUPRIMINE equiv)	LMSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv)	LMSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	100%/EX	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pepcid chewable	-	100%/EX	ULCER DRUGS
PEPCID COMPLETE	-	100%/EX	ULCER DRUGS
PEPCID INJ	-	100%/EX	ULCER DRUGS
PEPCID PREMIXED INJ	-	100%/EX	ULCER DRUGS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
PERJETA INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERMAVAN PAD	-	100%/EX	DERMATOLOGICALS
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERTZYE CAP	-	100%/EX	DIGESTIVE AIDS
PEXEVA TAB	-	100%/EX	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	100%/EX	GENITOURINARY AGENTS - MISCELLANEOUS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
phenazopyridine tab 97.5mg (AZO equiv)	OTC	100%/EX	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	100%/EX	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL	-	NC	VAGINAL AND RELATED PRODUCTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	2	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	3	OPHTHALMIC AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	\$0	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
PLENITY CAP	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
PLIAGLIS CREAM	-	100%/EX	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	100%/EX	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv)	OTC	100%/EX	LAXATIVES
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	100%/EX	MINERALS & ELECTROLYTES
potassium chloride soln	-	2	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROKIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium phosphate monobasic tab (K-PHOS equiv)	-	2	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONSULTANTS
PRADAXA CAP	-	3	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMLYTE PAK	-	100%/EX	ANTIDEPRESSANTS
PRAMOSONE CREAM 1-1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 1-2.5%	-	100%/EX	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
PRAMOTIC DROPS	-	100%/EX	OTIC AGENTS
pramox gel	-	100%/EX	DERMATOLOGICALS
PRAMOXINE HCL POWDER	-	100%/EX	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	100%/EX	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	100%/EX	MULTIVITAMINS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
PREGNYL INJ	INF	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREHEVBRIO SUSP	VAC	NC	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	100%/EX	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	1	MULTIVITAMINS
PREPIV KIT	-	100%/EX	DERMATOLOGICALS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVACID OTC CAP	OTC	100%/EX	ULCER DRUGS
PREVACID SOLUTAB	-	100%/EX	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
PREVYMIS TAB	-	100%/EX	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	100%/EX	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	100%/EX	ULCER DRUGS
PRILOSEC POWDER PACKET	-	100%/EX	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONSULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PROAIR RESPICLICK INHALER	-	100%/EX	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI CAP	-	100%/EX	GENITOURINARY AGENTS - MISCELLANEOUS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
PROCYSBI GRANULES PACKET	-	100%/EX	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPTH SOLN 0.07%	-	100%/EX	OPHTHALMIC AGENTS
PROLEUKIN INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	LMSP-PA	4	HEMATOPOIETIC AGENTS
PROMACTA TAB	LMSP-PA	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	\$0	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	100%/EX	MOUTH/THROAT/DENTAL AGENTS
PROTONIX INJ	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PROTONIX PAK	-	100%/EX	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	100%/EX	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP-PA	4	RESPIRATORY AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
PUMP SUPPLIES	OTC	100%/EX	MEDICAL DEVICES AND SUPPLIES
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURINETHOL TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PURIXAN SUSP (Only available through CVS Specialty 800-237-2767)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	100%/EX	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN	-	100%/EX	ANTIHYPERTENSIVES
QBREXZA PAD	-	100%/EX	DERMATOLOGICALS
QDOLO SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QINLOCK TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QTERN TAB	-	100%/EX	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP	-	100%/EX	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLICHEW ER TAB (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QUILLIVANT XR SUSP (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	100%/EX	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUTENZA KIT	-	100%/EX	DERMATOLOGICALS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	100%/EX	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv)	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	100%/EX	ULCER DRUGS
RANITIDINE INJ	-	100%/EX	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	100%/EX	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	100%/EX	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	¢	2	ANTIPARKINSON AGENTS
RAVICTI LIQUID	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	100%/EX	CORTICOSTEROIDS
REBETOL SOLN	LMSP	4	ANTIVIRALS
REBIF INJ	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	100%/EX	HEMATOPOIETIC AGENTS
RECLAST INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELISTOR INJ	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMAXAZON PAD	-	100%/EX	DERMATOLOGICALS
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMODULIN INJ 10MG/ML	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	100%/EX	DERMATOLOGICALS
RENUU PAD	-	100%/EX	DERMATOLOGICALS
REVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANTIHYPERTENSIVES
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTI-DOSE (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RETACRIT INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
RETEVMO CAP	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM 0.025%	-	100%/EX	DERMATOLOGICALS
RETIN-A CREAM 0.05%	-	100%/EX	DERMATOLOGICALS
RETIN-A CREAM 0.1%	-	100%/EX	DERMATOLOGICALS
RETIN-A GEL 0.01%	-	100%/EX	DERMATOLOGICALS
RETIN-A GEL 0.025%	-	100%/EX	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1%	-	100%/EX	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	100%/EX	DERMATOLOGICALS
REVATIO SUSP	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day)	MSP-QL	4	ASSORTED CLASSES
REXAPHENAC CREAM	-	100%/EX	DERMATOLOGICALS
REXULTI TAB	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIAX FOAM	-	100%/EX	DERMATOLOGICALS
RIBAPAK TAB	-	NC	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	4	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	4	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
RIOMET ER SUSP	-	100%/EX	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	Cost Share	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	Cost Share	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS
RITUXAN INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	100%/EX	DERMATOLOGICALS
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
ROSZET TAB	-	NC	ANTIHYPERTENSIVES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB	-	100%/EX	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONSULTANTS
rufinamide tab (BANZEL TAB equiv)	PA	2	ANTICONSULTANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RUZURGI TAB	-	100%/EX	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYBELSUS TAB (QL=1 tab/day)	QL	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLOLA SOLN	-	NC	ANTIHISTAMINES
RYDAPT CAP	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
SABRIL TAB	-	NC	ANTICONVULSANTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SANCTURA XR CAP	-	100%/EX	URINARY ANTISPASMODICS
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT (QL= 1 kit/28 days)	LMSP-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAXENDA INJ	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SCARCIN GEL	-	100%/EX	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	100%/EX	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	3	ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	3	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	100%/EX	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	OTC	100%/EX	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	NC	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	2	ANTIVIRALS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv)	-	2	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv)	-	2	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	100%/EX	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	100%/EX	DERMATOLOGICALS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	100%/EX	TETRACYCLINES
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
SIGNIFOR INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	100%/EX	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	100%/EX	DERMATOLOGICALS
SILMANIX CREAM	-	100%/EX	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	100%/EX	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	LMSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP	-	100%/EX	ANTIHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB 800MG	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION	-	100%/EX	DERMATOLOGICALS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
SKYTROFA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLO-NIACIN TAB	OTC	100%/EX	VITAMINS
SLYND TAB	-	3	CONTRACEPTIVES
SMARTRX GABA-V KIT	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	100%/EX	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	PA	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANTIVIRALS
SOLAICE PATCH	-	100%/EX	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLQUA INJ	-	100%/EX	ANTIDIABETICS
SOLIRIS INJ (Only available through Walmart Specialty 877-453-4566)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
SOLODYN TAB	-	100%/EX	TETRACYCLINES
SOLOSEC GRANULES PACKET	-	100%/EX	AMEBICIDES
SOMA TAB 250MG	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 350MG	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	100%/EX	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
SPRYCEL TAB	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI SOLN	-	2	COUGH/COLD/ALLERGY
STAMARIL INJ	-	NC	VACCINES
STAVUDINE CAP	-	2	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	2	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	100%/EX	ANTIDIABETICS
STEGLUJAN TAB	-	100%/EX	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
STENDRA TAB	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	100%/EX	ANDROGENS-ANABOLIC
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	100%/EX	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	100%/EX	ANALGESICS - OPIOID
SUBSYS SPRAY	-	100%/EX	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFICS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	3	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT, SUMAXIN KIT	-	100%/EX	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	100%/EX	MIGRAINE PRODUCTS
SUMAXIN WASH	PA	3	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv)	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPPRELIN LA KIT	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN	-	NC	LAXATIVES
SUSTIVA TAB	-	3	ANTIVIRALS
SUSTOL INJ	-	100%/EX	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	3	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
SYMLINPEN INJ	-	100%/EX	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	100%/EX	ANTICONVULSANTS
SYMPROIC TAB	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAGIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNALAR CREAM 0.025%	-	100%/EX	DERMATOLOGICALS
SYNALAR TS KIT	-	100%/EX	DERMATOLOGICALS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	100%/EX	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	100%/EX	DERMATOLOGICALS
SYNVISC INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE INJ	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
TABLOID TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRADOL SUSP	-	100%/EX	MUSCULOSKELETAL THERAPY AGENTS
TABRECTA TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ	LD-PA-QL	NC	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
TALZENNA CAP 0.25MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	100%/EX	ANTIDIABETICS
TARCEVA TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	LMSP-PA	4	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASIGNA CAP	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	100%/EX	DERMATOLOGICALS
TAVALISSE TAB	-	100%/EX	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	100%/EX	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
TAZORAC CREAM (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
TAZORAC CREAM 0.05% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TAZORAC GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TAZVERIK TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
TECENTRIQ INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	100%/EX	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	Cost Share	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TEMOVATE CREAM 0.05%	-	100%/EX	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2	ANTIVIRALS
TEPMETKO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERIPARATIDE INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
TESTONE CIK KIT	-	100%/EX	ANDROGENS-ANABOLIC
TESTOPEL PELLETS	-	100%/EX	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	100%/EX	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv)	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv)	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv)	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	100%/EX	ANDROGENS-ANABOLIC

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
TESTOSTERONE GEL PUMP	-	100%/EX	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv)	-	100%/EX	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	100%/EX	ANDROGENS-ANABOLIC
TESTOSTERONE INJ	-	100%/EX	ANDROGENS-ANABOLIC
TESTOSTERONE INJ 150MG/ML	-	100%/EX	ANDROGENS-ANABOLIC
TESTOSTERONE INJ 200MG	-	100%/EX	ANDROGENS-ANABOLIC
TESTOSTERONE INJ CYPIONATE	-	100%/EX	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv)	-	100%/EX	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TETRAMEX SPRAY	-	100%/EX	DERMATOLOGICALS
TETRAVEX GEL	-	100%/EX	DERMATOLOGICALS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP-PA	4	ASSORTED CLASSES
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE ER TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB (Only available through Eversana Life Science 866-849-4481)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB (Only available through Eversana Life Science 866-849-4481)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THROMBAT III INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
THYROGEN INJ	-	100%/EX	DIAGNOSTIC PRODUCTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICALAST KIT	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TICOVAC INJ	VAC	\$0	VACCINES
TIGLUTIK SUSP	-	100%/EX	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
TIMOLOL MALEATE TAB	-	1	BETA BLOCKERS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	3	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (Only available through Eversana Life Science 866-849-4481)	LMSP-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL	-	NC	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
TIVORBEX CAP 20MG	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
TIVORBEX CAP 40MG	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
tizanidine cap (ZANAFLEX equiv)	-	Cost Share	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	MSP-PA	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	LMSP-PA	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOLAK CREAM 4%	-	100%/EX	DERMATOLOGICALS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP 65MG	-	100%/EX	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	Cost Share	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOLVAPTAN TAB	LD-PA-QL	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	100%/EX	DERMATOLOGICALS
TOPICORT OINT	-	100%/EX	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	100%/EX	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	100%/EX	URINARY ANTISPASMODICS
TRACLEER TAB 32MG	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	100%/EX	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
TRAMADOL ER CAP	-	100%/EX	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
TRAMADOL HCL TAB 100MG	-	NC	ANALGESICS - OPIOID
TRAMADOL HYDROCHLORIDE/AC	-	3	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	100%/EX	ANTIDEPRESSANTS
TREANDA INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TRELSTAR INJ	INF	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	4	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP-PA	4	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TRETIN-X KIT	-	100%/EX	DERMATOLOGICALS
TRETTEN INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	100%/EX	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	100%/EX	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
TRIAMCINOLONE ACETONIDE OINT 0.05%	-	100%/EX	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv)	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	1	DERMATOLOGICALS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
TRIAMINIC SYRUP	OTC	100%/EX	COUGH/COLD/ALLERGY
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
TRIANEX OINT 0.05%	-	100%/EX	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	MSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	-	100%/EX	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	-	100%/EX	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	100%/EX	ANTIHYPERLIPIDEMICS
TRIOLOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	100%/EX	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
TRINAZ CAP	-	100%/EX	MULTIVITAMINS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	Cost Share	ANTIDEPRESSANTS
TRIPLE COMPLEX CREA,	-	100%/EX	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ TAB	-	2	ANTIVIRALS
TRIXYLITRAL PAK	-	100%/EX	DERMATOLOGICALS
TROKENDI XR CAP	-	100%/EX	ANTICONVULSANTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	2	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	2	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUSELTIQ PACK 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 75MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURPENTINE SOLN	-	100%/EX	DERMATOLOGICALS
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUSSLIN LIQUID	OTC	NC	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	100%/EX	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	\$0	VACCINES
TWIRLA PATCH	-	NC	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	NC	VACCINES
TYRVAYA SOLN	-	NC	OPHTHALMIC AGENTS
TYSABRI INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AGENTS
U-CORT CREAM	-	100%/EX	DERMATOLOGICALS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
UKONIQ TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB	-	NC	GOUT AGENTS
ULTOMIRIS INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
ULTRAM ER TAB	-	100%/EX	ANALGESICS - OPIOID
ULTRAVATE LOTION 0.05%	-	100%/EX	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	100%/EX	DERMATOLOGICALS
UMECTA EMULSION	-	100%/EX	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	100%/EX	DERMATOLOGICALS
UPNEEQ SOLN	-	100%/EX	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	100%/EX	DERMATOLOGICALS
URAMAXIN GEL	-	100%/EX	DERMATOLOGICALS
urea cream	-	100%/EX	DERMATOLOGICALS
urea cream 41% (UTOPIC equiv)	-	100%/EX	DERMATOLOGICALS
urea emulsion	-	100%/EX	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	100%/EX	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	100%/EX	DERMATOLOGICALS
UREA NAIL KIT	-	100%/EX	DERMATOLOGICALS
UREA SUSP	-	100%/EX	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	100%/EX	DERMATOLOGICALS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
UTOPIC CREAM 41%	-	100%/EX	DERMATOLOGICALS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL	-	100%/EX	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	2	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTI-HYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTI-HYPERTENSIVES
VALTOCO NASAL SPRAY	-	100%/EX	ANTICONVULSANTS
VALTURNIA TAB	-	3	ANTI-HYPERTENSIVES
VANATOL LQ SOLN, VANATOL S SOLN	-	100%/EX	ANALGESICS - NONNARCOTIC
VANOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCIN equiv) (QL= 56 caps/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANIQA CREAM	-	100%/EX	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM 0.1%	-	100%/EX	DERMATOLOGICALS
vardefafil ODT (STAXYN equiv)	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
vardefafil tab (LEVITRA equiv)	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
VARIVAX INJ	VAC	\$0	VACCINES
VAROPHEN KIT	-	100%/EX	DERMATOLOGICALS
VARUBI INJ	-	100%/EX	ANTIEMETICS
VARUBI TAB	-	100%/EX	ANTIEMETICS
VASCEPA CAP 0.5GM (QL= 4 caps/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
VASCEPA CAP 1GM (QL= 4 caps/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXCHORA SUSP	VAC	\$0	VACCINES
VAXELIS INJ	VAC	\$0	TOXOIDS
VAXNEUVANCE INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	-	100%/EX	ASSORTED CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENIPUNCTURE KIT	-	100%/EX	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	100%/EX	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL CAP 100MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	\$0	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	\$0	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	100%/EX	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	100%/EX	URINARY ANTISPASMODICS
VEXOL OPTH SUSP	-	2	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	4	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	PA	3	ANTIDEPRESSANTS
VIIBRYD TAB	PA	3	ANTIDEPRESSANTS
VIMIZIM INJ (Only available through Accredo 800-803-2523)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VIMOVO TAB	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT POWDER	-	2	ANTIVIRALS
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISICOL TAB	-	3	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
VISUDYNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	OPHTHALMIC AGENTS
VITADYE LOTION	OTC	100%/EX	DERMATOLOGICALS
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITA-RESPA TAB	-	100%/EX	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
VITEKTA TAB	-	2	ANTIVIRALS
VITRAKVI CAP 100MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVELLE-DOT PATCH	-	NC	ESTROGENS
VIVITROL INJ	LMSP-PA	4	ANTIDOTES
VIVLODEX CAP	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0	VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS
VOGELXO PUMP	-	100%/EX	ANDROGENS-ANABOLIC

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
VONJO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
VOPAC 5 CREAM	-	100%/EX	DERMATOLOGICALS
VOPAC CREAM	-	100%/EX	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANTIVIRALS
VOTRIENT TAB	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOXZOGO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	1	MULTIVITAMINS
VPRIV INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
VRAYLAR CAP	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	100%/EX	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	100%/EX	ANTIDIARRHEALS
VTOL SOLN 50-325-40 MG/15ML	-	100%/EX	ANALGESICS - NONNARCOTIC
VUITY OPTH SOLN	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP	-	100%/EX	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VYTONNE CREAM 1.9-1%	-	100%/EX	DERMATOLOGICALS
VYTORIN TAB	-	100%/EX	ANTIHYPERLIPIDEMICS
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVANSE CHEW TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYZULTA SOLN	-	100%/EX	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY INJ	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WELCHOL PACK	-	3	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	3	ANTIHYPERLIPIDEMICS
WELIREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	100%/EX	DERMATOLOGICALS
WHYTEDERM KIT	-	100%/EX	DERMATOLOGICALS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINRHO SDF INJ	MSP-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	100%/EX	DERMATOLOGICALS

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

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.

TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022

Drug Name	Special Code	Tier	Category
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	NC	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG	-	NC	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	100%/EX	OPHTHALMIC AGENTS
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	100%/EX	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEOMIN INJ	LMSP-PA	4	NEUROMUSCULAR AGENTS
XEPI CREAM	-	100%/EX	DERMATOLOGICALS
XERESE CREAM	-	100%/EX	DERMATOLOGICALS
XERMELO TAB	-	100%/EX	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3	ANTIVIRALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOLAIR INJ	LMSP-PA	4	ASTHMA AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE	LMSP-PA	4	ASTHMA AND BRONCHODILATOR AGENTS
XOLEGEL	-	100%/EX	DERMATOLOGICALS
XOLEGEL COREPAK KIT	-	100%/EX	DERMATOLOGICALS
XOSPATA TAB	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIDERM KIT	-	100%/EX	DERMATOLOGICALS
XRYLIX PAK	-	100%/EX	DERMATOLOGICALS
XTAMPZA ER CAP	-	100%/EX	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	2	ANTIDIABETICS
XURIDEN POWDER (Only available through Cardinal Health Specialty 800-926-3161)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ	-	100%/EX	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	100%/EX	ANTIHISTAMINES
XYZAL TAB	-	100%/EX	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
YERVOY INJ	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YODOXIN TAB	-	3	AMEBICIDES
YONSA TAB	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	100%/EX	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	100%/EX	ASTHMA AND BRONCHODILATOR AGENTS
ZADITOR OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2	ASTHMA AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZALVIT TAB	-	100%/EX	MULTIVITAMINS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ZANTAC EFFER TAB	-	100%/EX	ULCER DRUGS
ZANTAC INJ	-	100%/EX	ULCER DRUGS
ZARXIO INJ	LMSP	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ	-	NC	ANTIDIABETICS
ZEGERID CAP	-	100%/EX	ULCER DRUGS
ZEGERID CAP OTC	OTC	100%/EX	ULCER DRUGS
ZEGERID POWDER PACK	-	100%/EX	ULCER DRUGS
ZEJULA CAP	-	100%/EX	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZEMAIRA INJ	MSP-PA	4	RESPIRATORY AGENTS - MISC.
ZEMBRACE SYM INJ 3/0.5ML	-	100%/EX	MIGRAINE PRODUCTS
ZENZEDI TAB	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	100%/EX	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT SOLN	-	3	ANTIVIRALS
ZERVIATE OPHTH SOLN	-	100%/EX	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	100%/EX	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	PA	3	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
ZIEXTENZO INJ	LMSP	4	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	Cost Share	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB 80MG	-	100%/EX	ANTIHYPERLIPIDEMICS
ZOHYDRO ER CAP	-	100%/EX	ANALGESICS - OPIOID
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLADEX IMP	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLEDRONIC ACID INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid inj (ZOMETA equiv)	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLINZA CAP	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	Cost Share	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	Cost Share	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Cost Share	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	Cost Share	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	Cost Share	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMETA INJ	-	100%/EX	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORVOLEX CAP	-	100%/EX	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0	VACCINES
ZOVIRAX CREAM	-	100%/EX	DERMATOLOGICALS
ZOVIRAX OINT	-	100%/EX	DERMATOLOGICALS
ZTLIDO PAD 1.8%	-	100%/EX	DERMATOLOGICALS
ZUBSOLV SL TAB	-	100%/EX	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	100%/EX	ANTIEMETICS
ZURAMPIC TAB	-	100%/EX	GOUT AGENTS
ZYCLARA CREAM	-	100%/EX	DERMATOLOGICALS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS

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

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.

**TML Pooled Formulary Cont.
Alphabetical Index
Last Updated 4/1/2022**

Drug Name	Special Code	Tier	Category
ZYCLARA CREAM 3.75%	-	100%/EX	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	100%/EX	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	100%/EX	OPHTHALMIC AGENTS
ZYLET OPHTH SUSP 10ML	-	100%/EX	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	100%/EX	ANTIHYPERTENSIVES
ZYRTEC ODT	OTC	100%/EX	ANTIHISTAMINES
ZYTIGA TAB 250MG	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	100%/EX
EVEKEO ODT	-	100%/EX
ZENZEDI TAB	-	100%/EX
zenzedi tab 10mg (DEXEDRINE equiv)	-	100%/EX
zenzedi tab 5mg (DEXEDRINE equiv)	-	100%/EX
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
ADZENYS ER SUSP	PA	3
ADZENYS XR TAB	PA	3
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	PA	3
dextroamphetamine soln (PROCENTRA equiv)	-	3
MYDAYIS CAP (Step Therapy requires trial dextroamphetamine ER cap and amphetamine/dextroamphetamine ER cap for a period of 30 days each)	ST	3
ADDERALL XR CAP	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine tab	-	100%/EX
DIETHYLPROPION ER TAB	-	100%/EX
diethylpropion tab	-	100%/EX
LOMAIRA TAB	-	100%/EX
PHENDIMETRAZINE ER TAB	-	100%/EX
phendimetrazine tab (BONTRIL PDM equiv)	-	100%/EX
phentermine cap (ADIPEX equiv)	-	100%/EX
phentermine tab (ADIPEX equiv)	-	100%/EX
PLENITY CAP	-	100%/EX
QSYMIA CAP	-	100%/EX
ANTI-OBESITY AGENTS		
BELVIQ TAB	-	100%/EX
BELVIQ XR TAB	-	100%/EX
CONTRAVE TAB	-	100%/EX
SAXENDA INJ	-	100%/EX
WEGOVY INJ	-	100%/EX
WEGOVY INJ 1.7MG/0.75ML	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
WEGOVY INJ 2.4MG/0.75ML	-	100%/EX
XENICAL CAP	-	100%/EX
IMCIVREE INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	100%/EX
atomoxetine cap (STRATTERA CAP equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	2
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1
APTENSIO XR CAP	-	100%/EX
CONCERTA TAB, RITALIN SR TAB	-	100%/EX
JORNAY PM CAP, ADHANSIA XR CAP	-	100%/EX
methylphenidate ER cap (APTENSIO XR equiv)	-	100%/EX
methylphenidate ER cap (RITALIN LA equiv)	-	100%/EX
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER tab	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
COTEMPLA XR ODT (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3
DAYTRANA PATCH (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3
methylphenidate chew tab (METHYLIN equiv)	-	3
QUILLICHEW ER TAB (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3
QUILLIVANT XR SUSP (Step Therapy requires trial of 2: dexmethylphenidate ER cap and METHYLPHENIDATE ER)	ST	3
AZSTARYS CAP	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	4
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC
AMEBICIDES		
AMEBICIDES		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
AMEBICIDES Cont.		
SOLOSEC GRANULES PACKET	-	100%/EX
YODOXIN TAB	-	3

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
neomycin tab	-	1
BETHKIS NEB SOLN, TOBI NEB SOLN	-	100%/EX
paromomycin cap (HUMATIN equiv)	-	3
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	4
TOBI PODHALER	MSP-PA	4
tobramycin neb soln (TOBI equiv)	LMSP-PA	4
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANALGESICS - ANTI-INFLAMMATORY COMBINATIONS		
IBU/MINREX PAK	-	100%/EX

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	4
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	4
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	4
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	4

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	4
SIMPONI ARIA INJ	LMSP-PA	4
SIMPONI AUTO-INJECTOR 100MG (QL= 1 inj/28 days)	LMSP-PA-QL	4
SIMPONI INJ 100MG (QL= 1 inj/28 days)	LMSP-PA-QL	4
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC

GOLD COMPOUNDS		
RIDAURA CAP	-	2

INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC

INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
ANAPROX DS TAB 550MG	-	100%/EX
CAPXIB KIT	-	100%/EX
fenoprofen calcium tab	-	100%/EX
FENOPROFEN TAB	-	100%/EX
FENORTHO CAP 200MG	-	100%/EX
FLEXIZOL COMBIPAK	-	100%/EX
ibuprofen-famotidine tab (DUEXIS equiv)	-	100%/EX
INDOCIN SUPP	-	100%/EX
KETOPROFEN CAP	-	100%/EX
KETOPROFEN ER CAP	-	100%/EX
MECLOFENAMATE CAP	-	100%/EX
meloxicam cap (VIVLODEX equiv)	-	100%/EX
MELOXICAM COMFORT KIT	-	100%/EX
NALFON CAP 400MG	-	100%/EX
NAPRELAN CR TAB	-	100%/EX
NAPRELAN CR TAB 750MG	-	100%/EX
naproxen sodium CR tab (NAPRELAN CR equiv)	-	100%/EX
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	100%/EX
SPRIX NASAL SPRAY	-	100%/EX
TIVORBEX CAP 20MG	-	100%/EX
TIVORBEX CAP 40MG	-	100%/EX
VIMOVO TAB	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
VIVLODEX CAP	-	100%/EX
YBUPHEN TAB	-	100%/EX
ZORVOLEX CAP	-	100%/EX
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	Cost Share
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
IBU 600-EZS KIT	-	NC
INDOCIN SUSP	-	NC
INFLATHERM PAK	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
ZIPSOR CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	4
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	4
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bupropion/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 6 tabs/day)	QL	1
ALLZITAL TAB	-	100%/EX
ALLZITAL TAB, BUPAP TAB	-	100%/EX
butalbital/acetaminophen cap	-	100%/EX
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	100%/EX
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	100%/EX
DOLGIC PLUS TAB	-	100%/EX
ESGIC TAB	-	100%/EX
FIORICET CAP	-	100%/EX
FIORINAL CAP	-	100%/EX
VANATOL LQ SOLN, VANATOL S SOLN	-	100%/EX
VTOL SOLN 50-325-40 MG/15ML	-	100%/EX
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
ZORPRIN TAB	-	3

ANALGESICS - OPIOID

OPIOID AGONISTS		
CODEINE SULFATE TAB	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
ARYMO ER TAB	-	100%/EX
DSUVIA SL TAB	-	100%/EX
DURAGESIC PATCH 100MCG	-	100%/EX
DURAGESIC PATCH 12MCG	-	100%/EX
DURAGESIC PATCH 25MCG	-	100%/EX
DURAGESIC PATCH 50MCG	-	100%/EX
DURAGESIC PATCH 75MCG	-	100%/EX
EMBEDA CAP	-	100%/EX
hydrocodone bitartrate er tab (HYSINGLA equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydromorphone ER tab (EXALGO equiv)	-	100%/EX
HYDROMORPHONE SUPP	-	100%/EX
KADIAN CAP	-	100%/EX
LAZANDA NASAL SPRAY	-	100%/EX
levorphanol tab (LEVORPHANOL equiv)	-	100%/EX
MORPHABOND TAB	-	100%/EX
NUCYNTA ER TAB	-	100%/EX
NUCYNTA TAB	-	100%/EX
OPANA ER TAB (CRUSH RESISTANT)	-	100%/EX
OPANA TAB	-	100%/EX
OXAYDO TAB, ROXYBOND TAB	-	100%/EX
OXYMORPHONE ER TAB	-	100%/EX
oxymorphone ER tab (OPANA ER equiv)	-	100%/EX
oxymorphone tab (OPANA equiv)	-	100%/EX
SUBSYS SPRAY	-	100%/EX
TRAMADOL ER CAP	-	100%/EX
ULTRAM ER TAB	-	100%/EX
XTAMPZA ER CAP	-	100%/EX
ZOHYDRO ER CAP	-	100%/EX
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2
fentanyl patch (DURAGESIC equiv)	-	2
MORPHINE SULFATE SUPP	-	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
tramadol ER tab (ULTRAM ER equiv)	-	3
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
HYDROCODONE BITARTRATE ER CAP	-	NC
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC
MEPERIDINE TAB	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
QDOLO SOLN	-	NC
RYBIX ODT	-	NC
TRAMADOL HCL TAB 100MG	-	NC

OPIOID COMBINATIONS

acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCO CET equiv)	-	1
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
APADAZ TAB	-	100%/EX
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	100%/EX
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
TRAMADOL HYDROCHLORIDE/AC	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC

OPIOID PARTIAL AGONISTS

buprenorphine SL tab (SUBUTEX equiv)	-	1
BELBUCA FILM	-	100%/EX
BUNAVAIL FILM	-	100%/EX
buprenorphine hcl buccal film (BELBUCA equiv)	-	100%/EX
SUBLOCADE INJ	-	100%/EX
SUBOXONE SL FILM	-	100%/EX
ZUBSOLV SL TAB	-	100%/EX
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	NC
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM DIS 2MG/24HR	-	100%/EX
ANDRODERM DIS 4MG/24HR	-	100%/EX
ANDRODERM PATCH	-	100%/EX
AVEED INJ	-	100%/EX
DEPO-TESTOSTERONE INJ	-	100%/EX
EC-RX TESTOSTERONE CREAM	-	100%/EX
FIRST-TESTOSTERONE CREAM KIT	-	100%/EX
FIRST-TESTOSTERONE OINT KIT	-	100%/EX
JATENZO CAP	-	100%/EX
METHITEST TAB	-	100%/EX
methyltestosterone cap	-	100%/EX
NATESTO NASAL GEL	-	100%/EX
STRIANT FILM	-	100%/EX
TESTONE CIK KIT	-	100%/EX
TESTOPEL PELLETS	-	100%/EX
TESTOSTERONE ENANTHATE INJ	-	100%/EX
TESTOSTERONE GEL 1% 25MG	-	100%/EX
testosterone gel 1% 25mg (ANDROGEL equiv)	-	100%/EX
testosterone gel 1% 50mg (ANDROGEL equiv)	-	100%/EX
testosterone gel 1% pump (ANDROGEL equiv)	-	100%/EX
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	100%/EX
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	100%/EX
testosterone gel 2% (FORTESTA equiv)	-	100%/EX
TESTOSTERONE GEL PUMP	-	100%/EX
testosterone gel pump 1.62% (ANDROGEL equiv)	-	100%/EX
TESTOSTERONE GEL, VOGELXO GEL	-	100%/EX
TESTOSTERONE INJ	-	100%/EX
TESTOSTERONE INJ 150MG/ML	-	100%/EX
TESTOSTERONE INJ 200MG	-	100%/EX
TESTOSTERONE INJ CYPIONATE	-	100%/EX
testosterone soln (AXIRON equiv)	-	100%/EX
VOGELXO PUMP	-	100%/EX
XYOSTED INJ	-	100%/EX
danazol cap (DANOCRINE equiv)	-	2

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3

RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1

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

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

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

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
EMVERM TAB	-	100%/EX
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMEKTOL equiv)	PA	2
praziquantel tab (BILTRICIDE equiv)	-	2
BILTRICIDE TAB	-	3
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EGATEN TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
NITRATES		
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
DILATRATE SR CAP	-	100%/EX
GONITRO POWDER	-	100%/EX
ISORDIL TITRADOSE TAB 40MG	-	100%/EX
ISORDIL TITRADOSE TAB 5MG	-	100%/EX
ISOSORBIDE DINITRATE ER TAB	-	100%/EX
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	100%/EX
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	100%/EX
NITRO-BID OINT	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier																														
ANTIAXIETY AGENTS																																
ANTIAXIETY AGENTS - MISC.																																
bupirone tab (BUSPAR equiv)	-	1																														
hydroxyzine pamoate cap (VISTARIL equiv)	-	1																														
hydroxyzine syrup (ATARAX equiv)	-	1																														
hydroxyzine tab (ATARAX equiv)	-	1																														
meprobamate tab (MILTOWN equiv)	-	NC																														
BENZODIAZEPINES																																
alprazolam tab (XANAX equiv)	-	1																														
chlordiazepoxide cap (LIBRIUM equiv)	-	1																														
diazepam conc (VALIUM equiv)	-	1																														
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1																														
diazepam tab (VALIUM equiv)	-	1																														
lorazepam conc (ATIVAN equiv)	-	1																														
lorazepam tab (ATIVAN equiv)	-	1																														
alprazolam ER tab (XANAX XR equiv)	-	2																														
oxazepam cap (SERAX equiv)	-	2																														
alprazolam ODT (NIRAVAM equiv)	-	3																														
clorazepate tab (TRANXENE-T equiv)	-	3																														
LOREEV XR CAP	-	NC																														
ANTIARRHYTHMICS																																
ANTIARRHYTHMICS TYPE I-A																																
disopyramide cap (NORPACE equiv)	-	1																														
quinidine sulfate tab	-	1																														
disopyramide ER cap (NORPACE CR equiv)	-	2																														
NORPACE CR CAP	-	2																														
quinidine gluconate CR tab	-	2																														
QUINIDINE SULFATE ER TAB	-	3																														
QUINIDINE SULFATE TAB	-	NC																														
ANTIARRHYTHMICS TYPE I-B																																
mexiletine hcl cap	-	2																														
ANTIARRHYTHMICS TYPE I-C																																
flecainide tab (TAMBOCOR equiv)	-	1																														
propafenone tab (RYTHMOL equiv)	-	1																														
propafenone ER cap (RYTHMOL SR equiv)	-	2																														
ANTIARRHYTHMICS TYPE III																																
amiodarone tab (CORDARONE equiv)	-	1																														
dofetilide cap (TIKOSYN equiv)	-	2																														
MULTAQ TAB	-	2																														
ANTIASTHMATIC AND BRONCHODILATOR AGENTS																																
ANTIASTHMATIC - MONOCLONAL ANTIBODIES																																
CINQAIR INJ	-	100%/EX																														
FASENRA PEN INJ	-	100%/EX																														
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4																														
XOLAIR INJ	LMSP-PA	4																														
XOLAIR SYRINGE	LMSP-PA	4																														
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">EXC Plan Exclusion</td> <td style="width: 25%;">NC =Not Covered</td> <td style="width: 25%;">INF Infertility</td> <td style="width: 25%;">generic =small letters</td> <td style="width: 25%;">LD Limited Distribution</td> <td style="width: 25%;">BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td></td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td></td> <td>OTC Over-the-Counter</td> <td></td> </tr> <tr> <td>PA Prior Authorization</td> <td></td> <td>QL Quantity Limit</td> <td></td> <td>RS Restricted to Specialist</td> <td></td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td></td> <td>SMKG Smoking Cessation</td> <td></td> <td>SP Available through Specialty Pharmacy Program</td> <td></td> </tr> <tr> <td>ST Step Therapy</td> <td></td> <td>VAC Vaccine Program</td> <td></td> <td>¢ RxCENTS</td> <td></td> </tr> </table>			EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LD Limited Distribution	BRANDS =CAPITAL LETTERS	LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program		OTC Over-the-Counter		PA Prior Authorization		QL Quantity Limit		RS Restricted to Specialist		SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation		SP Available through Specialty Pharmacy Program		ST Step Therapy		VAC Vaccine Program		¢ RxCENTS	
EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LD Limited Distribution	BRANDS =CAPITAL LETTERS																											
LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program		OTC Over-the-Counter																												
PA Prior Authorization		QL Quantity Limit		RS Restricted to Specialist																												
SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation		SP Available through Specialty Pharmacy Program																												
ST Step Therapy		VAC Vaccine Program		¢ RxCENTS																												

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
LONHALA MAGNAIR SOLN	-	100%/EX
YUPELRI SOLN	-	100%/EX
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
ZYFLO TAB	-	100%/EX
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
zileuton ER tab (ZYFLO CR equiv)	-	Cost Share
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	100%/EX
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	1
METAPROTERENOL SYRUP	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
AIRDUO RESPICLICK	-	100%/EX
PROAIR RESPICLICK INHALER	-	100%/EX
TRELEGY ELLIPTA INHALER	-	100%/EX
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	-	2
BREO ELLIPTA INHALER	-	2
BREZTRI AEROSPHERE INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
SYMBICORT INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
AIRDUO POWDER INHALER W/SENSOR	-	NC
ALBUTEROL HFA INHALER	-	NC
albuterol HFA inhaler (PROAIR equiv)	-	NC
albuterol HFA inhaler (PROVENTIL equiv)	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER	-	NC
DUAKLIR INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE ER TAB	-	2
LUFYLLIN TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
XARELTO SUSP	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	-	2
FRAGMIN INJ	-	3
THROMBIN INHIBITORS		
PRADAXA CAP	-	3
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
SYMPAZAN ORAL FILM	-	100%/EX
VALTOCO NASAL SPRAY	-	100%/EX
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
clonazepam ODT (KLONOPIN equiv)	-	3
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 3 caps/day)	QL	1
gabapentin cap 100mg (QL= 6 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
zonisamide cap (ZONEGRAN equiv)	-	1
BRIVIACT INJ 50MG/5ML	-	100%/EX
BRIVIACT SOLN 10MG/ML	-	100%/EX
BRIVIACT TAB	-	100%/EX
LAMICTAL CHEW TAB 2MG	-	100%/EX
LAMICTAL KIT START 35	-	100%/EX
LAMICTAL KIT START 49	-	100%/EX
LAMICTAL KIT START 98	-	100%/EX
LAMICTAL ODT KIT	-	100%/EX
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	100%/EX
lamotrigine ER tab (LAMICTAL XR equiv)	-	100%/EX
lamotrigine kit start 35 (LAMICTAL equiv)	-	100%/EX
lamotrigine kit start 49 (LAMICTAL equiv)	-	100%/EX
lamotrigine kit start 98 (LAMICTAL equiv)	-	100%/EX
lamotrigine ODT (LAMICTAL equiv)	-	100%/EX
lamotrigine titration kit (LAMICTAL equiv)	-	100%/EX
levetiracetam ER tab (KEPPRA XR equiv)	-	100%/EX
OXTELLAR XR TAB	-	100%/EX
QUDEXY XR CAP	-	100%/EX
topiramate ER cap (QUDEXY equiv)	-	100%/EX
TROKENDI XR CAP	-	100%/EX
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
rufinamide tab (BANZEL TAB equiv)	PA	2
VIMPAT SOLN	-	2
BANZEL SUSP	PA	3
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	4
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	4
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	4
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
APTiom TAB	-	NC
BANZEL TAB	-	NC
ELEPSIA XR TAB	-	NC
SPRITAM TAB	-	NC
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2
XCOPRI PAK 100-150MG	-	NC
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	4
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANT COMBINATIONS		
PRAMLYTE PAK	-	100%/EX
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	PA	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	PA	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	100%/EX
FORFIVO XL TAB 450MG	-	100%/EX
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
EMSAM PATCH	-	100%/EX
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	100%/EX
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
fluoxetine weekly cap (PROZAC equiv)	-	100%/EX
paroxetine ER tab (PAXIL CR equiv)	-	100%/EX
PEXEVA TAB	-	100%/EX
PROZAC WEEKLY CAP	-	100%/EX
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv)	PA	2
paroxetine oral susp (PAXIL equiv)	-	3
CITALOPRAM CAP	-	NC
FLUOXETINE TAB 60MG	-	NC
SERTRALINE CAP	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	100%/EX
trazodone tab 300mg (DESYREL equiv)	-	100%/EX
VIIBRYD STARTER KIT	PA	3
VIIBRYD TAB	PA	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	Cost Share
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
DESVENLAFAXINE ER TAB	-	100%/EX
KHEDEZLA ER TAB	-	100%/EX
VENLAFAXINE ER TAB	-	100%/EX
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
FETZIMA CAP	PA	3
FETZIMA TITRATION PACK	PA	3

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier																														
ANTIDEPRESSANTS Cont.																																
DESVENLAFAXINE ER TAB	-	NC																														
DRIZALMA DR CAP	-	NC																														
duloxetine cap 40mg (IRENKA equiv)	-	NC																														
TRICYCLIC AGENTS																																
amitriptyline tab (ELAVIL equiv)	-	1																														
AMOXAPINE TAB	-	1																														
DOXEPIN CAP	-	1																														
doxepin cap (SINEQUAN equiv)	-	1																														
doxepin conc (SINEQUAN equiv)	-	1																														
imipramine tab (TOFRANIL equiv)	-	1																														
nortriptyline cap (PAMELOR equiv)	-	1																														
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1																														
desipramine tab (NORPRAMIN equiv)	-	2																														
NORTRIPTYLINE SOLN	-	2																														
clomipramine cap (ANAFRANIL equiv)	-	3																														
imipramine pamoate cap (TOFRANIL PM equiv)	-	3																														
protriptyline tab (VIVACTIL equiv)	-	3																														
trimipramine cap (SURMONTIL equiv)	-	3																														
ANTIDIABETICS																																
ALPHA-GLUCOSIDASE INHIBITORS																																
acarbose tab (PRECOSE equiv)	-	1																														
miglitol tab (MIGLITOL equiv)	-	3																														
ANTIDIABETIC - AMYLIN ANALOGS																																
SYMLINPEN INJ	-	100%/EX																														
ANTIDIABETIC COMBINATIONS																																
glyburide/metformin tab (GLUCOVANCE equiv)	-	\$0																														
glipizide/metformin tab (METAGLIP equiv)	-	1																														
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	100%/EX																														
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	100%/EX																														
INVOKAMET TAB	-	100%/EX																														
INVOKAMET XR TAB	-	100%/EX																														
KOMBIGLYZE XR TAB	-	100%/EX																														
QTERN TAB	-	100%/EX																														
SEGLUROMET TAB	-	100%/EX																														
SOLIQUA INJ	-	100%/EX																														
STEGLUJAN TAB	-	100%/EX																														
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	-	100%/EX																														
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	-	100%/EX																														
AVANDAMET TAB	-	2																														
AVANDARYL TAB	-	2																														
GLYXAMBI TAB (QL= 1 tab/day)	QL	2																														
JANUMET TAB (QL= 2 tabs/day)	QL	2																														
JANUMET XR TAB (QL= 2 tabs/day)	QL	2																														
JENTADUETO TAB (QL= 2 tabs/day)	QL	2																														
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2																														
SYNJARDY TAB (QL= 2 tabs/day)	QL	2																														
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 25%;">EXC Plan Exclusion</td> <td style="width: 25%;">NC =Not Covered</td> <td style="width: 25%;">INF Infertility</td> <td style="width: 25%;">generic =small letters</td> <td style="width: 25%;">LD Limited Distribution</td> <td style="width: 25%;">BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td></td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td></td> <td>OTC Over-the-Counter</td> <td></td> </tr> <tr> <td>PA Prior Authorization</td> <td></td> <td>QL Quantity Limit</td> <td></td> <td>RS Restricted to Specialist</td> <td></td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td></td> <td>SMKG Smoking Cessation</td> <td></td> <td>SP Available through Specialty Pharmacy Program</td> <td></td> </tr> <tr> <td>ST Step Therapy</td> <td></td> <td>VAC Vaccine Program</td> <td></td> <td>¢ RxCENTS</td> <td></td> </tr> </tbody> </table>			EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LD Limited Distribution	BRANDS =CAPITAL LETTERS	LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program		OTC Over-the-Counter		PA Prior Authorization		QL Quantity Limit		RS Restricted to Specialist		SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation		SP Available through Specialty Pharmacy Program		ST Step Therapy		VAC Vaccine Program		¢ RxCENTS	
EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LD Limited Distribution	BRANDS =CAPITAL LETTERS																											
LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program		OTC Over-the-Counter																												
PA Prior Authorization		QL Quantity Limit		RS Restricted to Specialist																												
SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation		SP Available through Specialty Pharmacy Program																												
ST Step Therapy		VAC Vaccine Program		¢ RxCENTS																												

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier																				
ANTIDIABETICS Cont.																						
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2																				
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2																				
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2																				
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2																				
XULTOPHY INJ (QL= 15ml/30 days)	QL	2																				
ACTOPLUS MET XR TAB	-	3																				
ACTOPLUS MET TAB	-	NC																				
DUETACT TAB	-	NC																				
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC																				
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC																				
PRANDIMET TAB	-	NC																				
REPAGLINIDE TAB	-	NC																				
BIGUANIDES																						
metformin ER tab (GLUCOPHAGE XR equiv)	-	\$0																				
metformin soln (RIOMET equiv)	-	\$0																				
metformin tab (GLUCOPHAGE equiv)	-	\$0																				
FORTAMET TAB	-	100%/EX																				
GLUMETZA TAB 1000MG	-	100%/EX																				
GLUMETZA TAB 500MG	-	100%/EX																				
metformin ER osmotic tab (FORTAMET equiv)	-	100%/EX																				
metformin ER osmotic tab (GLUMETZA equiv)	-	100%/EX																				
RIOMET ER SUSP	-	100%/EX																				
DIABETIC OTHER																						
KORLYM TAB	-	100%/EX																				
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2																				
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2																				
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2																				
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2																				
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2																				
GVOKE INJ (QL= 2 inj/fill)	QL	2																				
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2																				
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2																				
diazoxide susp (PROGLYCEM equiv)	-	3																				
ZEGALOGUE INJ	-	NC																				
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS																						
ALOGLIPTIN TAB, NESINA TAB	-	100%/EX																				
ONGLYZA TAB	-	100%/EX																				
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2																				
TRADJENTA TAB (QL= 1 tab/day)	QL	2																				
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC																						
CYCLOSET TAB	-	3																				
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)																						
ADLYXIN INJ	-	100%/EX																				
TANZEUM INJ	-	100%/EX																				
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2																				
BYDUREON INJ (QL= 4 inj/28 days)	QL	2																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">EXC Plan Exclusion</td> <td style="width: 25%;">INF Infertility</td> <td style="width: 25%;">LD Limited Distribution</td> <td style="width: 25%;">BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> <td></td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> <td></td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> <td></td> </tr> <tr> <td>ST Step Therapy</td> <td>VAC Vaccine Program</td> <td>¢ RxCENTS</td> <td></td> </tr> </table>			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	BRANDS =CAPITAL LETTERS	LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter		PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist		SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program		ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	
EXC Plan Exclusion	INF Infertility	LD Limited Distribution	BRANDS =CAPITAL LETTERS																			
LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter																				
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist																				
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																				
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS																				

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
RYBELSUS TAB (QL=1 tab/day)	QL	2
TRULICITY INJ (QL= 4 pens/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
INSULIN		
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv)	-	2
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv)	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ	-	NC
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
LANTUS INJ	-	NC
LANTUS SOLOSTAR INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
SEMGLEE SOLN	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	\$0
AVANDIA TAB	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
INVOKANA TAB	-	100%/EX
STEGLATRO TAB	-	100%/EX
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	\$0
glipizide ER tab (GLUCOTROL XL equiv)	-	\$0
glipizide tab (GLUCOTROL equiv)	-	\$0
glyburide micronized tab (GLYNASE equiv)	-	\$0
glyburide tab (MICRONASE equiv)	-	\$0
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	100%/EX
ANTIDIARRHEAL AGENTS - MISC.		
VSL #3 CAP	-	100%/EX
REZYST CHEW TAB	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
EVZIO INJ	-	100%/EX
NARCAN NASAL SPRAY	-	2
VIVITROL INJ	LMSP-PA	4
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
FERRIPROX TAB	-	100%/EX
deferasirox granules packet (JADENU equiv)	LMSP	4
deferasirox tab (EXJADE equiv)	LMSP	4
deferasirox tab 180mg (JADENU equiv)	LMSP	4
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	4
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	-	1
naloxone inj	-	1
naloxone prefilled inj (QL= 2 inj/fill)	QL	1
EVZIO INJ	-	100%/EX
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
ZIMHI SOLN	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ONDANSETRON TAB	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
SUSTOL INJ	-	100%/EX
ZUPLENZ SL FILM	-	100%/EX
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine tab (ANTIVERT equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
trimethobenzamide cap (TIGAN equiv)	-	1
MECLIZINE 50MG TAB	-	100%/EX
meclizine chew tab (BONINE equiv)	OTC	100%/EX
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5MG	-	100%/EX
BONJESTA TAB 20-20MG	-	100%/EX
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	100%/EX
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant pak (EMEND equiv)	-	100%/EX
CINVANTI INJ	-	100%/EX
EMEND INJ	-	100%/EX
EMEND SOLN	-	100%/EX
EMEND SUSP	-	100%/EX
fosaprepitant dimeglumine soln (EMEND equiv)	-	100%/EX
VARUBI INJ	-	100%/EX
VARUBI TAB	-	100%/EX
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB	-	NC
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
CRESEMBA CAP	-	100%/EX
ONMEL TAB 200MG	-	100%/EX
TOLSURA CAP 65MG	-	100%/EX
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
posaconazole DR tab (NOXAFIL equiv)	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX SOLN	PA	3
NOXAFIL TAB	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA SOLN	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
CARBINOXAMINE SOLN	-	3
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
ALLEGRA ODT	OTC	100%/EX
ALLEGRA TAB	OTC	100%/EX
cetirizine cap (ZYRTEC equiv)	OTC	100%/EX
cetirizine chew tab (ZYRTEC equiv)	OTC	100%/EX
cetirizine syrup (ZYRTEC equiv)	OTC	100%/EX
cetirizine tab (ZYRTEC equiv)	OTC	100%/EX
CLARINEX REDITAB	-	100%/EX
CLARINEX SYRUP	-	100%/EX
CLARINEX TAB	-	100%/EX
CLARITIN CAP	OTC	100%/EX
CLARITIN REDITAB	OTC	100%/EX
DES Loratadine ODT	-	100%/EX
desloratadine tab (CLARINEX equiv)	-	100%/EX
fexofenadine susp (ALLEGRA equiv)	OTC	100%/EX
fexofenadine tab (ALLEGRA equiv)	OTC	100%/EX
levocetirizine soln (XYZAL equiv)	-	100%/EX
levocetirizine tab (XYZAL equiv)	-	100%/EX
loratadine cap (CLARITIN equiv)	OTC	100%/EX
loratadine chew tab (CLARITIN equiv)	OTC	100%/EX
loratadine ODT (CLARITIN equiv)	OTC	100%/EX
loratadine syrup (CLARITIN equiv)	OTC	100%/EX
loratadine tab (CLARITIN equiv)	OTC	100%/EX
XYZAL SOLN	-	100%/EX
XYZAL TAB	-	100%/EX
ZYRTEC ODT	OTC	100%/EX
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB	-	100%/EX
ANTHYPERLIPIDEMICS - COMBINATIONS		
NEXLIZET TAB	-	100%/EX
VYTORIN TAB	-	100%/EX
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ANTHYPERLIPIDEMICS - MISC.		
KYNAMRO INJ	-	100%/EX
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	100%/EX
VASCEPA CAP 0.5GM (QL= 4 caps/day)	PA-QL	2
VASCEPA CAP 1GM (QL= 4 caps/day)	PA-QL	2
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	3
WELCHOL TAB	-	3
FIBRIC ACID DERIVATIVES		
gemfibrozil tab (LOPID equiv)	-	1
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	100%/EX
ANTARA CAP, LOFIBRA CAP	-	100%/EX
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	100%/EX
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	100%/EX
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	100%/EX
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	100%/EX
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	100%/EX
fenofibric acid DR cap (TRILIPIX equiv)	-	100%/EX
FENOFIBRIC TAB, FIBRICOR TAB	-	100%/EX
FENOGLIDE TAB	-	100%/EX
TRIGLIDE TAB	-	100%/EX
TRILIPIX CAP	-	100%/EX
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	\$0
atorvastatin tab 80mg (LIPITOR equiv)	-	\$0
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	\$0
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv)	-	\$0
simvastatin tab 80mg (ZOCOR equiv)	-	\$0
ALTOPREV TAB	-	100%/EX
CRESTOR TAB	-	100%/EX
EQUAPAX PAK	-	100%/EX
FLOLIPID SUSP	-	100%/EX
LESCOL XL TAB 80MG	-	100%/EX
LIVALO TAB	-	100%/EX
LIVALO TAB 1MG	-	100%/EX
LIVALO TAB 2MG	-	100%/EX
LIVALO TAB 4MG	-	100%/EX
MEVACOR TAB 20MG	-	100%/EX
MEVACOR TAB 40MG	-	100%/EX
SIMVASTATIN SUSP	-	100%/EX
ZOCOR TAB 80MG	-	100%/EX
ZYPITAMAG TAB	-	100%/EX
fluvastatin cap (LESCOL equiv)	-	Cost Share
fluvastatin ER tab (LESCOL XL equiv)	-	Cost Share
ADVICOR TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
SIMCOR TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	100%/EX
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	100%/EX
NIACOR TAB	-	100%/EX
NIASPAN TAB	-	100%/EX
NIASPAN ER TAB	-	3
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril tab (LOTENSIN equiv)	-	\$0
---------------------------------	---	-----

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	\$0
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
enalapril maleate oral soln (EPANED equiv)	-	100%/EX
QBRELIS SOLN	-	100%/EX
captopril tab (CAPOTEN equiv)	-	2
EPANED SOLN	PA	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLININE equiv)	-	2
DEMSEER CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ATACAND TAB	-	100%/EX
DIOVAN TAB	-	100%/EX
EPROSARTAN TAB	-	100%/EX
EDARBI TAB	-	Cost Share
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	\$0
clonidine tab (CATAPRES equiv)	-	\$0
doxazosin tab (CARDURA equiv)	-	\$0
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methylodopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
RESERPINE TAB	-	3
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
BENAZEPRIL/HCT TAB	-	\$0
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	\$0
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	\$0

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
AZOR TAB	-	100%/EX
BENICAR HCT TAB	-	100%/EX
DIOVAN HCT TAB	-	100%/EX
EXFORGE HCT TAB	-	100%/EX
HYZAAR TAB	-	100%/EX
MICARDIS HCT TAB	-	100%/EX
amlodipine/olmesartan tab (AZOR equiv)	-	2
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
CORZIDE TAB 80-5MG	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
VALTURNA TAB	-	3
amlodipine/valsartan tab (EXFORGE equiv)	-	Cost Share
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	Cost Share
EDARBYCLOR TAB	-	Cost Share
telmisartan/amlodipine tab (TWYNSTA equiv)	-	Cost Share
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC

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

EXC	NC =Not Covered Plan Exclusion	INF	generic =small letters Infertility	LD	BRANDS =CAPITAL LETTERS Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialty
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	100%/EX
aliskiren tab (TEKTURNA equiv)	-	2
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	2
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
IMPAVIDO CAP	-	100%/EX
pentamidine neb soln (NEBUPENT equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	3
AEMCOLO TAB	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA CAP	-	NC
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2
LAMPIT TAB	PA	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
GLYCOPEPTIDES		
FIRST-VANCOMYCIN SOLN	-	1
FIRVANQ SOLN	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOCIN CAP (QL= 56 caps/fill)	QL	3
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN INJ	-	NC
VANCOMYCIN SOLN	-	NC
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
MONUROL GRANULE PACK	-	3
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	3
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
FANSIDAR TAB	-	3
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
ARAKODA TAB	-	100%/EX
DARAPRIM TAB	-	100%/EX
HYDROXYCHLOROQUINE TAB 100MG (QL= 1 tab/day)	QL	2
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
HYDROXYCHLOROQUINE TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
FIRDAPSE TAB	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
RUZURGI TAB	-	100%/EX
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridostigmine soln (MESTINON equiv)	-	3
PYRIDOSTIGMINE TAB 30MG	-	NC

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
ISONIAZID SYRUP	-	3
CYCLOSERINE CAP	-	NC
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC
SIRTURO TAB	-	NC
TRECTOR TAB	-	NC

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	LMSP-PA	4
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	4

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS		
cyclophosphamide cap	-	2
CYCLOPHOSPHAMIDE TAB	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	MSP-PA	4
MYLERAN TAB	LMSP	4
temozolomide cap (TEMODAR equiv)	LMSP-PA	4
TREANDA INJ	MSP-PA	4

ANTIMETABOLITES		
METHOTREXATE INJ	-	1
methotrexate tab (Trexall equiv)	-	1
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3
ALIMTA INJ	MSP-PA	4
capecitabine tab (XELODA equiv)	LMSP-PA	4
FOLOTYN INJ	MSP-PA	4
mercaptopurine tab (PURINETHOL equiv)	MSP-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
PURINETHOL TAB	MSP-PA	4
PURIXAN SUSP (Only available through CVS Specialty 800-237-2767)	LD-PA	4
TABLOID TAB	MSP-PA	4
ONUREG TAB	-	NC
TREXALL TAB	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	MSP-PA	4
CYRAMZA INJ	MSP-PA	4
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	4
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
ANTINEOPLASTIC - ANTIBODIES		
BAVENCIO INJ (Only available through Biologics 800-850-4306)	LD-PA	4
BLINCYTO INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4
DARZALEX INJ	MSP-PA	4
EMPLICITI INJ	MSP-PA	4
KEYTRUDA INJ	LMSP-PA	4
OPDIVO INJ	LMSP-PA	4
RITUXAN INJ	MSP-PA	4
TECENTRIQ INJ	MSP-PA	4
YERVOY INJ	LMSP-PA	4
BLNREP INJ	-	NC
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN INJ	MSP-PA	4
PERJETA INJ	MSP-PA	4
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - EGFR INHIBITORS		
TARCEVA TAB	-	100%/EX
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
EXKIVITY CAP	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB (Only available through Accredo 800-803-2523)	LD-PA	4
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	4
ODOMZO CAP	LMSP-PA-SF	4
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
leuprolide inj (LUPRON equiv)	INF	100%/EX
TRELSTAR INJ	INF	100%/EX
EMCYT CAP	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
abiraterone acetate tab 500mg (ZYTIGA equiv)	LMSP-PA	4
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-PA-QL	4
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	4
FASLODEX INJ	LMSP-PA	4
fulvestrant inj (FASLODEX equiv)	MSP-PA	4
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	4
nilutamide tab (NILANDRON equiv)	LMSP-PA	4
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL	4
YONSA TAB	LMSP-PA	4
ZOLADEX IMP	MSP-PA	4
ZYTIGA TAB 250MG	LMSP-PA	4
ZYTIGA TAB 500MG	LMSP-PA	4
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ORGOVYX TAB	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	4
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB	-	100%/EX
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB	-	100%/EX
KISQALI PAK	LMSP-PA	4
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
HERCEPTIN HYLECTA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BALVERSA TAB 3MG	-	100%/EX
BALVERSA TAB 4MG	-	100%/EX
BALVERSA TAB 5MG	-	100%/EX
CALQUENCE CAP	-	100%/EX
COPIKTRA CAP	-	100%/EX
IDHIFA TAB	-	100%/EX
LORBRENA TAB 100MG	-	100%/EX
LORBRENA TAB 25MG	-	100%/EX
PEMAZYRE TAB	-	100%/EX
PIQRAY TAB	-	100%/EX
QINLOCK TAB	-	100%/EX
RETEVMO CAP	-	100%/EX
TABRECTA TAB	-	100%/EX
TALZENNA CAP 0.25MG	-	100%/EX
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	100%/EX
TAZVERIK TAB	-	100%/EX
TIBSOVO TAB	-	100%/EX
VITRAKVI CAP 100MG	-	100%/EX
VITRAKVI CAP 25MG	-	100%/EX
VITRAKVI SOLN	-	100%/EX
XOSPATA TAB	-	100%/EX
ZEJULA CAP	-	100%/EX
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
BORTEZOMIB INJ, VELCADE INJ	MSP-PA	4
BOSULIF TAB	MSP-PA-SF	4
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	4
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	4
everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day)	LMSP-PA-QL	4
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	4
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	4
GLEEVEC TAB	LMSP-PA	4
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	4
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	4
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	4
imatinib tab	LMSP-PA	4
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	4
KISQALI TAB	LMSP-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	4
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	4
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	4
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
NEXAVAR TAB	MSP-PA-SF	4
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	4
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4
RYDAPT CAP	LMSP-PA	4
SPRYCEL TAB	LMSP-PA-SF	4
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
sunitinib malate cap (SUTENT equiv)	LMSP-PA-SF	4
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	4
TASIGNA CAP	LMSP-PA-SF	4
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
UKONIQ TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	4
VOTRIENT TAB	LMSP-PA-SF	4
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	4
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	4
ZOLINZA CAP	LMSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	4
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	4
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
FOTIVDA CAP	-	NC
GAVRETO CAP	-	NC
INREBIC CAP	-	NC
LUMAKRAS TAB	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TEPMETKO TAB	-	NC
TRUSELTIQ PACK 100MG	-	NC
TRUSELTIQ PACK 50MG, 125MG	-	NC
TRUSELTIQ PACK 75MG	-	NC
TYKERB TAB	-	NC
VONJO CAP	-	NC

ANTINEOPLASTICS MISC.

hydroxyurea cap (HYDREA equiv)	-	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALFERON-N INJ	LMSP	4
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	4
INTRON-A INJ	MSP	4
MATULANE CAP	MSP-PA	4
PROLEUKIN INJ	MSP-PA	4
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
BESREMI INJ	-	NC
SYLATRON INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
FUSILEV INJ	MSP-PA	4
levoleucovorin inj (LEVOLEUCOVORIN equiv)	MSP-PA	4
MESNEX TAB	LMSP-PA	4
MITOTIC INHIBITORS		
ABRAXANE INJ	MSP-PA	4
ETOPOSIDE CAP	LMSP-PA	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
GOCOVRI CAP	-	100%/EX
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
NEUPRO PATCH	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
DUOPA ENTERAL SUSP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ANTICHOLINERGICS

trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1

ANTIPARKINSON COMT INHIBITORS

ONGENTYS CAP	-	NC
--------------	---	----

ANTIPARKINSON DOPAMINERGICS

CARBIDOPA/LEVODOPA ODT	-	1
OSMOLEX ER TAB	-	100%/EX
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
OSMOLEX ER TAB	-	NC

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
LITHIUM CITRATE SOLN	-	1

ANTIPSYCHOTICS - MISC.

ziprasidone cap (GEODON equiv)	-	1
CAPLYTA CAP	-	100%/EX
NUPLAZID CAP	-	100%/EX
NUPLAZID TAB	-	100%/EX
VRAYLAR CAP	-	100%/EX
VRAYLAR PACK	-	100%/EX
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-¢	2

BENZISOXAZOLES

risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	-	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA HAFYERA INJ	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
INVEGA INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	PA-QL	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY MYCI TAB 10MG	-	100%/EX
ABILIFY MYCI TAB 15MG	-	100%/EX
ABILIFY MYCI TAB 20MG	-	100%/EX
ABILIFY MYCI TAB 2MG	-	100%/EX
ABILIFY MYCI TAB 30MG	-	100%/EX
ABILIFY MYCI TAB 5MG	-	100%/EX
ARISTADA INJ	-	100%/EX
REXULTI TAB	-	100%/EX
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier																														
ANTISEPTICS & DISINFECTANTS																																
ANTISEPTICS & DISINFECTANTS																																
HYLAMEND GEL FIRST AID	-	NC																														
CHLORINE ANTISEPTICS																																
PHISOHEX LIQUID	-	3																														
IODINE ANTISEPTICS																																
IODOFLEX PAD	-	NC																														
ANTIVIRALS																																
ANTIRETROVIRALS																																
DESCOVY TAB	PA	\$0																														
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0																														
nevirapine tab (VIRAMUNE equiv)	-	1																														
abacavir soln (ZIAGEN equiv)	-	2																														
abacavir tab (ZIAGEN equiv)	-	2																														
abacavir/lamivudine tab (EPZICOM equiv)	-	2																														
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2																														
APTIVUS CAP	-	2																														
APTIVUS SOLN	-	2																														
atazanavir cap (REYATAZ equiv)	-	2																														
BIKTARVY TAB	-	2																														
CIMDUO TAB	-	2																														
COMPLERA TAB	-	2																														
CRIXIVAN CAP	-	2																														
DELSTRIGO TAB	-	2																														
didanosine DR cap (VIDEX EC equiv)	-	2																														
DIDANOSINE DR CAP, VIDEX EC CAP	-	2																														
DOVATO TAB	-	2																														
EDURANT TAB	-	2																														
efavirenz cap (SUSTIVA equiv)	-	2																														
efavirenz tab (SUSTIVA equiv)	-	2																														
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2																														
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2																														
emtricitabine cap (EMTRIVA equiv)	-	2																														
EMTRIVA SOLN	-	2																														
etravirine tab (INTELENCE equiv)	-	2																														
EVOTAZ TAB	-	2																														
fosamprenavir tab (LEXIVA equiv)	-	2																														
GENVOYA TAB	-	2																														
INTELENCE TAB	-	2																														
INVIRASE CAP	-	2																														
INVIRASE TAB	-	2																														
ISENTRESS (HD) TAB	-	2																														
ISENTRESS CHEW TAB	-	2																														
ISENTRESS POWDER PACK	-	2																														
JULUCA TAB	-	2																														
lamivudine soln (EPIVIR equiv)	-	2																														
lamivudine tab (EPIVIR equiv)	-	2																														
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 25%;">EXC Plan Exclusion</td> <td style="width: 25%;">NC =Not Covered</td> <td style="width: 25%;">INF Infertility</td> <td style="width: 25%;">generic =small letters</td> <td style="width: 25%;">LD Limited Distribution</td> <td style="width: 25%;">BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td></td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td></td> <td>OTC Over-the-Counter</td> <td></td> </tr> <tr> <td>PA Prior Authorization</td> <td></td> <td>QL Quantity Limit</td> <td></td> <td>RS Restricted to Specialist</td> <td></td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td></td> <td>SMKG Smoking Cessation</td> <td></td> <td>SP Available through Specialty Pharmacy Program</td> <td></td> </tr> <tr> <td>ST Step Therapy</td> <td></td> <td>VAC Vaccine Program</td> <td></td> <td>¢ RxCENTS</td> <td></td> </tr> </tbody> </table>			EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LD Limited Distribution	BRANDS =CAPITAL LETTERS	LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program		OTC Over-the-Counter		PA Prior Authorization		QL Quantity Limit		RS Restricted to Specialist		SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation		SP Available through Specialty Pharmacy Program		ST Step Therapy		VAC Vaccine Program		¢ RxCENTS	
EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LD Limited Distribution	BRANDS =CAPITAL LETTERS																											
LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program		OTC Over-the-Counter																												
PA Prior Authorization		QL Quantity Limit		RS Restricted to Specialist																												
SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation		SP Available through Specialty Pharmacy Program																												
ST Step Therapy		VAC Vaccine Program		¢ RxCENTS																												

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
lopinavir/ritonavir tab (KALETRA equiv)	-	2
maraviroc tab (SELZENTRY equiv)	-	2
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	2
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2
NEVIRAPINE SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STAVUDINE CAP	-	2
stavudine cap (ZERIT equiv)	-	2
stavudine soln (ZERIT equiv)	-	2
STRIBILD TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ TAB	-	2
VIDEX SOLN	-	2
VIRACEPT POWDER	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
VITEKTA TAB	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
EMTRIVA CAP	-	3
KALETRA TAB	-	3
SELZENTRY TAB	-	3
SUSTIVA TAB	-	3
SYMFI (LO) TAB	-	3
ZERIT SOLN	-	3
FUZEON INJ	LMSP	4
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TYBOST TAB	-	NC
VOCABRIA TAB	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0
CMV AGENTS		
PREVYMIS TAB	-	100%/EX
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
LIVTENCITY TAB	-	NC
HEPATITIS AGENTS		
DAKLINZA TAB	-	100%/EX
EPCLUSA TAB	-	100%/EX
HARVONI PELLETT PAK	-	100%/EX
HARVONI TAB	-	100%/EX
PEG-INTRON INJ	-	100%/EX
adefovir dipivoxil tab (HEPSERA equiv)	-	2
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2
EPIVIR HBV SOLN	-	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
VEMLIDY TAB	-	2
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4
MAVYRET PAK (QL= 5 packs/day)	PA-QL-SP	4
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	4
PEGASYS INJ	LMSP	4
REBETOL SOLN	LMSP	4
ribavirin cap (REBETOL equiv)	LMSP	4
ribavirin tab (COPEGUS equiv)	LMSP	4
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	4
EPCLUSA PAK	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
MISC. ANTIVIRALS		
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	LMSP-PA	4
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	MSP-QL	4
THALOMID CAP	MSP-PA	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
mycophenolate DR tab (MYFORTIC equiv)	-	2
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
ENVARUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
VELTASSA POWDER	-	100%/EX
sodium polystyrene powder (KAYEXALATE equiv)	-	2
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ	-	100%/EX

BETA BLOCKERS

ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	\$0
labetalol tab (NORMODYNE equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
carvedilol phosphate ER cap (COREG CR equiv)	-	100%/EX
COREG CR CAP	-	100%/EX
BETA BLOCKERS CARDIO-SELECTIVE		
atenolol tab (TENORMIN equiv)	-	\$0
metoprolol tab (LOPRESSOR equiv)	-	\$0
acebutolol cap (SECTRAL equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	¢	2
FIRST ATENOLOL SOLN	-	3
FIRST METOPROLOL ORAL SOLN	-	3
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
propranolol tab (INDERAL equiv)	-	\$0
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
TIMOLOL MALEATE TAB	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
INDERAL XL CAP, INNOPRAN XL CAP	-	100%/EX
nadolol tab (CORGARD equiv)	-	2
LEVATOL TAB	-	3
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	\$0
diltiazem ER cap (CARDIZEM CD equiv)	-	\$0
diltiazem ER cap (CARDIZEM SR equiv)	-	\$0
diltiazem ER cap (DILACOR XR equiv)	-	\$0
diltiazem ER cap (TIAZAC equiv)	-	\$0
diltiazem ER tab (CARDIZEM LA equiv)	-	\$0
verapamil SR cap (VERELAN equiv)	-	\$0

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
VERAPAMIL SR CAP 360mg	-	\$0
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	\$0
verapamil tab (CALAN equiv)	-	\$0
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
nicardipine cap (CARDENE equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB	-	NC
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC

CARDIOTONICS

CARDIAC GLYCOSIDES

DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC
LANOXIN TAB 62.5MCG	-	NC

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

AMLODIPINE/ATORVASTATIN TAB	-	100%/EX
amlodipine/atorvastatin tab (CADUET equiv)	-	100%/EX
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2

IMPOTENCE AGENTS

CAVERJECT INJ	-	100%/EX
EDEX INJ	-	100%/EX
MUSE SUPP	-	100%/EX
sildenafil tab (VIAGRA equiv)	-	100%/EX
STENDRA TAB	-	100%/EX
tadalafil tab (CIALIS equiv)	-	100%/EX
varденаfil ODT (STAXYN equiv)	-	100%/EX
varденаfil tab (LEVITRA equiv)	-	100%/EX

PERIPHERAL VASODILATORS

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ISOXSUPRINE TAB	-	3
PROSTAGLANDIN VASODILATORS		
FLOLAN INJ, VELETRI INJ	-	100%/EX
ORENITRAM TAB	-	100%/EX
epoprostenol inj (FLOLAN equiv) (Only available through Accredo 888-773-7376)	LD-PA	4
REMODULIN INJ 10MG/ML	MSP-PA	4
REMODULIN INJ 1MG/ML	MSP-PA	4
REMODULIN INJ 2.5MG/ML	MSP-PA	4
REMODULIN INJ 5MG/ML	MSP-PA	4
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	4
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
TRACLEER TAB 32MG	-	100%/EX
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	4
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
REVATIO SUSP	-	100%/EX
sildenafil tab 20mg (REVATIO equiv)	MSP-PA	4
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	4
ADCIRCA TAB	-	NC
sildenafil susp (REVATIO equiv)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP	-	100%/EX
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	4
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB	-	NC
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN CAP	-	NC
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR CAP	-	3
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
cefaclor susp (CEFACLOR equiv)	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
cefopodoxime proxetil susp (VANTIN equiv)	-	3
cefopodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
cryselle tab	-	\$0
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0
drosiprenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
june1 FE tab (LOESTRIN FE equiv)	-	\$0
june1 tab (LOESTRIN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
mibelas chew tab (MINASTRIN equiv)	-	\$0
NECON TAB	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
BALCOLTRA TAB	-	100%/EX
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	100%/EX
TAYTULLA CAP	-	100%/EX
LO LOESTRIN TAB	-	3
loestrin 21 tab	-	3
LOESTRIN 24 FE TAB	-	3
loestrin tab	-	3
NATAZIA TAB	-	3
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	3
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
NEXTSTELLIS TAB	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch (XULANE equiv)	-	\$0
TWIRLA PATCH	-	NC
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
ANNOVERA RING	-	NC
eluryng vaginal ring (NUVARING equiv)	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
MIRENA IUD	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	3
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
dexamethasone pak (DEXPAK equiv)	-	100%/EX
DEXPAK TAB	-	100%/EX
DXEVO 11-DAY PAK	-	100%/EX
EMFLAZA SUSP	-	100%/EX
EMFLAZA TAB	-	100%/EX
PREDNISONE/DIPHENHYDRAMINE KIT	-	100%/EX
RAYOS TAB	-	100%/EX
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONE SOLN	-	2
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3
PREDNISOLONE SOLN	-	3
ALKINDI SPRINKLE CAP	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisone pack	-	NC
TARPEYO CAP	-	NC
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
promethazine DM syrup	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
ALLEGRA-D TAB	OTC	100%/EX
BROVEX PEB LIQUID	OTC	100%/EX
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	100%/EX
CLARINEX-D TAB	-	100%/EX
DECON-A LIQUID	OTC	100%/EX
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	100%/EX
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	100%/EX
lohist liquid	OTC	100%/EX
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	100%/EX
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	100%/EX
SEMPREX-D CAP	-	100%/EX
TRIAMINIC SYRUP	OTC	100%/EX
TUXARIN ER TAB	-	100%/EX
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS PLUS LIQUID	-	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
DURAVENT PE TAB	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUSSLIN LIQUID	OTC	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
clindamycin/tretinoin gel (ZIANA equiv)	PA	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
ABSORICA CAP	-	100%/EX
AKLIEF CREAM	-	100%/EX
ALTRENO LOTION	-	100%/EX
ARAZLO LOTION	-	100%/EX
ATRALIN GEL, RETIN-A GEL	-	100%/EX
CLINDACIN KIT	-	100%/EX
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	100%/EX
DIFFERIN OTC GEL 0.1%	OTC	100%/EX
DUAC CS KIT	-	100%/EX
FABIOR AEROSOL FOAM	-	100%/EX
NUCARARXPAK KIT	-	100%/EX
ONEXTON GEL	-	100%/EX
RETIN-A CREAM 0.025%	-	100%/EX
RETIN-A CREAM 0.05%	-	100%/EX
RETIN-A CREAM 0.1%	-	100%/EX
RETIN-A GEL 0.01%	-	100%/EX
RETIN-A GEL 0.025%	-	100%/EX
RETIN-A MICRO GEL 0.04%, 0.1%	-	100%/EX
RETIN-A MICRO GEL 0.08%, 0.06%	-	100%/EX
RIAX FOAM	-	100%/EX
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	100%/EX
SUMADAN KIT, SUMAXIN KIT	-	100%/EX
TRETIN-X KIT	-	100%/EX
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ADAPALENE LOTION (DIFFERIN equiv)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	2
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	PA	2
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ERY PAD	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	PA	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
EPIDUO GEL 0.1-2.5%	PA	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
SUMAXIN WASH	PA	3
ZIANA GEL	PA	3
ABSORICA LD CAP	-	NC
ADAPALENE SOLN	-	NC
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE GEL equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AMZEEQ FOAM	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLENIA PLUS SUSP	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
EVOCLIN FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC
NUCARACLINPA KIT	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
AVAGE CREAM	-	100%/EX
RENOVA CREAM	-	100%/EX
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
A.A.G.C KIT CREAM TERODERM	-	100%/EX
ACTIVE-PREP CREAM KIT IV	-	100%/EX
BACLOFEN CREAM COMPOUND KIT	-	100%/EX
NEURAPTINE CREAM KIT	-	100%/EX
TRAMADOL COMPOUND KIT	-	100%/EX
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
XEPI CREAM	-	100%/EX
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
clotrimazole cream (LOTRIMIN AF equiv)	OTC	100%/EX
DERMACINRX PAK	-	100%/EX
DERMASORB AF KIT	-	100%/EX
EXTINA AER 2%	-	100%/EX
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	100%/EX
JUBLIA SOLN	-	100%/EX
KERYDIN SOLN	-	100%/EX
ketoconazole foam 2% (EXTINA equiv)	-	100%/EX
LULICONAZOLE CREAM, LUZU CREAM	-	100%/EX
naftifine gel (NAFTIN equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NAFTIN GEL	-	100%/EX
NAFTIN GEL 2%	-	100%/EX
NIZORAL A-D SHAMPOO	OTC	100%/EX
nizoral a-d shampoo (NIZORAL equiv)	OTC	100%/EX
tavaborole soln (KERYDIN equiv)	-	100%/EX
VYTONNE CREAM 1.9-1%	-	100%/EX
XOLEGEL	-	100%/EX
XOLEGEL COREPAK KIT	-	100%/EX
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONNE equiv)	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
LOTRIMIN AF CREAM	-	NC
nystatin/triamcinolone cream	-	NC
nystatin/triamcinolone oint	-	NC
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
ZOLPAK KIT	-	NC

ANTI-INFLAMMATORY AGENTS - TOPICAL

ACTIVE-PREP CREAM KIT I, DUAL COMPLEX CREAM 1 KIT	-	100%/EX
ACTIVE-PREP CREAM KIT II	-	100%/EX
ACTIVE-PREP CREAM KIT III	-	100%/EX
AIF #2 DRUG CREAM PREP KIT	-	100%/EX
AIF #3 DRUG CREAM PREP KIT	-	100%/EX
DERMACINRX PAK SOLN, DICLOFEX DC SOLN, DICLOPAK PAK SOLN,	-	100%/EX
DFS/MS/MENTH KIT/CAP PAK	-	100%/EX
DICLOFENAC DIS 1.3%, FLECTOR DIS 1.3%	-	100%/EX
diclofenac gel 1% (VOLTAREN equiv)	-	100%/EX
diclofenac sodium gel kit (VENNGEL equiv)	-	100%/EX
diclofenac sodium soln (XRYLIX equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DICLOFENAC SOLN 1.5%	-	100%/EX
DICLOZOR PATCH	-	100%/EX
DIPENTOCAINE CREAM	-	100%/EX
DITHOL MIS PACK	-	100%/EX
DS PREP PAK	-	100%/EX
EMVOREN CREAM, ZYVODOL CREAM	-	100%/EX
EXTARDOL CREAM, INNOPRAX-5 CREAM	-	100%/EX
FBL COMPOUND KIT	-	100%/EX
IBUPROFEN CREAM	-	100%/EX
INFLAMMA-K KIT	-	100%/EX
K.B.G.L IN CREAM	-	100%/EX
KETOROLAC GEL 2%	-	100%/EX
LICART PATCH	-	100%/EX
LIDOPROFEN CREAM, VOPAC KT CREA,	-	100%/EX
NAPROPAX MIS, NAPROXENPAX MIS	-	100%/EX
NAPROXEN CREAM COMPOUND KIT	-	100%/EX
NOVOCLAIR CREAM, NUVYA CREAM	-	100%/EX
NP #2 DRUG CRE PREP KIT	-	100%/EX
PENNSAID SOLN	-	100%/EX
REXAPHENAC CREAM	-	100%/EX
TRIPLE COMPLEX CREA,	-	100%/EX
TRIXYLITRAL PAK	-	100%/EX
VAROPHEN KIT	-	100%/EX
VOPAC 5 CREAM	-	100%/EX
VOPAC CREAM	-	100%/EX
XRYLIX PAK	-	100%/EX
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
diclofenac gel 3%	-	100%/EX
FLUOROURACIL CREAM 0.5%	-	100%/EX
TOLAK CREAM 4%	-	100%/EX
VALCHLOR GEL	-	100%/EX
FLUOROURACIL SOLN	-	2
PICATO GEL (QL= 1 box/fill)	QL	3
TARGRETIN GEL	LMSP-PA	4
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
KLISYRI OINT	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	100%/EX
ANTIPSORIATICS		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
tazarotene cream 0.1% (TAZORAC equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1
SILIQ INJ	-	100%/EX
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
METHOXSALEN CAP	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
TAZORAC CREAM 0.05% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
TAZORAC GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
CALCITRIOL OINT	-	3
TAZORAC CREAM (Acne Only – members age 35 or older require Prior Authorization)	PA	3
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	4
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	4
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	4
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	4
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
VECTICAL OINT	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	OTC	100%/EX
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3
sodium sulfacetamide shampoo (OVACE equiv)	-	3
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide lotion 2.5% (SELSUN equiv)	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	100%/EX
acyclovir oint (ZOVIRAX OINT equiv)	-	100%/EX
DENAVIR CREAM	-	100%/EX
XERESE CREAM	-	100%/EX
ZOVIRAX CREAM	-	100%/EX
ZOVIRAX OINT	-	100%/EX
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SULFAMYLLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
betamethasone augmented gel	-	100%/EX
betamethasone valerate foam (LUXIQ equiv)	-	100%/EX
BRYHALI LOTION	-	100%/EX
calcipotriene/betamethasone dipropionate susp	-	100%/EX
calcipotriene/betamethasone oint (TACLONEX equiv)	-	100%/EX
CAPEX SHAMPOO	-	100%/EX
clobetasol E foam (OLUX E equiv)	-	100%/EX
clobetasol foam (OLUX equiv)	-	100%/EX
clobetasol shampoo (CLOBEX equiv)	-	100%/EX
clobetasol spray (CLOBEX equiv)	-	100%/EX
CORDRAN CREAM 0.025%	-	100%/EX
CUTIVATE LOTION	-	100%/EX
DERMACINRX KIT	-	100%/EX
dermawerx pak (DERMACINRX KIT equiv)	-	100%/EX
DESONATE GEL	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
desonide gel	-	100%/EX
DESOWEN CREAM	-	100%/EX
DESOWEN LOTION	-	100%/EX
desoximetasone gel (TOPICORT equiv)	-	100%/EX
DIFLORASONE CREAM, PSORCON CREAM	-	100%/EX
ELLZIA PAK	-	100%/EX
ENSTILAR FOAM	-	100%/EX
EPIFOAM AEROSOL	-	100%/EX
fluocinolone acetonide oint	-	100%/EX
flurandrenolide cream (CORDRAN equiv)	-	100%/EX
HALAC KIT	-	100%/EX
halonate pac kit (ULTRAVATE KIT equiv)	-	100%/EX
HC-LIDOCAINE CREAM	-	100%/EX
hydrocortisone lotion 2% (ALA SCALP equiv)	-	100%/EX
IMPOYZ CREAM 0.025%	-	100%/EX
LEXETTE FOAM	-	100%/EX
LOCOID CREAM	-	100%/EX
LOCOID LIPOCREAM	-	100%/EX
LOCOID OINT	-	100%/EX
LOCOID SOLN	-	100%/EX
LUXIQ FOAM	-	100%/EX
NOVACORT GEL	-	100%/EX
NOXIPAK PAK	-	100%/EX
OLUX E FOAM	-	100%/EX
paramox hc gel (NOVACORT GEL equiv)	-	100%/EX
PRAMOSONE CREAM 1-2.5%	-	100%/EX
QUINOSONE KIT	-	100%/EX
SERNIVO SPRAY	-	100%/EX
SILALITE PAK MIS	-	100%/EX
SYNALAR CREAM 0.025%	-	100%/EX
SYNALAR TS KIT	-	100%/EX
TEMOVATE CREAM 0.05%	-	100%/EX
TOPICORT GEL	-	100%/EX
TOPICORT OINT	-	100%/EX
TRIAMCINOLONE ACETONIDE OINT 0.05%	-	100%/EX
TRIANEX OINT 0.05%	-	100%/EX
U-CORT CREAM	-	100%/EX
ULTRAVATE LOTION 0.05%	-	100%/EX
ULTRAVATE PAC KIT	-	100%/EX
VANOS CREAM 0.1%	-	100%/EX
VERDESO FOAM	-	100%/EX
WESTCORT OINT	-	100%/EX
WHYTEDERM KIT	-	100%/EX
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
clobetasol lotion (CLOBEX equiv)	-	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN equiv)	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE E CREAM	-	2
PREDNICARBATE CREAM	-	2
prednicarbate cream (DERMATOP equiv)	-	2
PREDNICARBATE OIN	-	2
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN TAPE	-	NC
desonide lotion (DESOWEN equiv)	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPEKLO LOTION	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
PANDEL CREAM	-	NC
PRAMOSONE CREAM 1-1%	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
TASOPROL CREAM KIT	-	NC
TOPICORT CREAM 0.05%	-	NC
TOVET KIT	-	NC
triamcinolone acetone oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
VANOS CREAM	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	4
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
ADBRY INJ	-	NC
CIBINQO TAB	-	NC
OPZELURA CREAM	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	100%/EX
DERMASORB XM KIT	-	100%/EX
KERALAC CREAM	-	100%/EX
UMECTA EMULSION	-	100%/EX
UMECTA SUSP	-	100%/EX
URAMAXIN CREAM	-	100%/EX
URAMAXIN GEL	-	100%/EX
urea cream	-	100%/EX
urea cream 41% (UTOPIC equiv)	-	100%/EX
UREA EMULSION	-	100%/EX
urea gel (URAMAXIN equiv)	-	100%/EX
urea lotion (KERALAC LOTION equiv)	-	100%/EX
UREA NAIL KIT	-	100%/EX
UREA SUSP	-	100%/EX
urea susp 40% (UMECTA equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
UTOPIEC CREAM 41%	-	100%/EX
KERAFOAM	-	NC
UMECTA PD EMULSION	-	NC
EMOLLIENTS		
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1
LACTIC ACID LOTION	-	1
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	100%/EX
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
DYSPORT INJ	LMSP-PA	4
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	100%/EX
minoxidil soln (ROGAINE equiv)	OTC	100%/EX
bimatoprost ophth soln	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	100%/EX
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMIQUIMOD CREAM 3.75%	-	100%/EX
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	100%/EX
ZYCLARA CREAM	-	100%/EX
ZYCLARA CREAM 3.75%	-	100%/EX
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
BENSAL HP OINT	-	100%/EX
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
GUANENDRUX GEL	-	NC
SALEX LOTION KIT	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
XALIX SOL	-	NC
LINIMENTS		
CAMPHOMEX SPRAY	-	100%/EX
DENDRACIN LOTION	-	100%/EX
MEDI-DERM CREAM	-	100%/EX
MEDROX-RX OINT	-	100%/EX
METHYL SALIC LIQUID	-	100%/EX
pain relief lotion	-	100%/EX
SILMANIX CREAM	-	100%/EX
TURPENTINE SOLN	-	100%/EX
LOCAL ANESTHETICS - TOPICAL		
lidocaine gel	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
7T LIDO GEL 2%	-	100%/EX
ACCUCAINE INJ	-	100%/EX
ADAZIN CREAM	-	100%/EX
ANACAINE OINT	-	100%/EX
ANASTIA LOTION	-	100%/EX
ASTERO GEL 4%, LDO PLUS GEL 4%	-	100%/EX
benzocaine oint	-	100%/EX
BENZOCAINE POWDER	-	100%/EX
CADIRAMD KIT	-	100%/EX
CAPSAICIN POWDER	-	100%/EX
capsaicin/menthol topical patch (SINELEE equiv)	-	100%/EX
CETACAINE AER	-	100%/EX
COCAINE HCL POWDER	-	100%/EX
cocaine hcl soln	-	100%/EX
COMFORT EZ PAD 20-4-1%	-	100%/EX
COMFORT EZ PAD 2-4-1%, PHARM CH TSX PAD 2-4-1%	-	100%/EX
C-TOPICAL SOLN	-	100%/EX
DERMACINRX PAK	-	100%/EX
DOLOTRANZ KIT	-	100%/EX
ETHYL CHLOR AER MIST	-	100%/EX
exactacain aer	-	100%/EX
GEBAUERS PAIN EASE	-	100%/EX
GEN7T PAD 3.5%	-	100%/EX
GEN7T PLUS PAD	-	100%/EX
LIDOCAINE CREAM	-	100%/EX
lidocaine cream 3% (LIDAMANTLE equiv)	-	100%/EX
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	100%/EX
LIDOCAINE GEL	-	100%/EX
LIDOCAINE GEL POST-OP KIT	-	100%/EX
lidocaine lotion	-	100%/EX
lidocaine oin 5%	-	100%/EX
lidocaine patch 3.5% (GEN7T equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lidocaine soln (XYLOCAINE equiv)	-	100%/EX
lidocaine/prilocaine cream 2.5-2.5%	-	100%/EX
LIDOCAINE/PRILOCAINE CREAM 2.5-2.5%, LIDOCAINE-PR CREAM (LIDOCAINE/PRILOCAINE CREAM 2.5-2.5%, LIDOCAINE-PR CREAM equiv)	-	100%/EX
lidocaine/prilocaine cream kit	-	100%/EX
LIDOCAINE/TETRACAINE CREAM	-	100%/EX
LIDOCIN GEL	-	100%/EX
LIDO-EP-TETR SOLN	-	100%/EX
LIDOPRO OINT	-	100%/EX
LIDOTRAL CREAM (lidocaine cream equiv)	-	100%/EX
LIDOTREX GEL	-	100%/EX
LIDOVEX CREAM	-	100%/EX
MEDI-DERM/L- CREAM	-	100%/EX
MEDI-PATCH W/LIDOCAINE PATCH	-	100%/EX
MENTHOLIX SPRAY	-	100%/EX
PAINGO KIT	-	100%/EX
PERMAVAN PAD	-	100%/EX
PLIAGLIS CREAM	-	100%/EX
PRAMOX GEL	-	100%/EX
PRAMOXINE HCL POWDER	-	100%/EX
PREPIV KIT	-	100%/EX
QUTENZA KIT	-	100%/EX
REMAXAZON PAD	-	100%/EX
RENUU PAD	-	100%/EX
SILVERA PAD	-	100%/EX
SOLAICE PATCH	-	100%/EX
SYNERA PATCH	-	100%/EX
SYNVEXIA TC CREAM	-	100%/EX
TETRAMEX SPRAY	-	100%/EX
TETRAVEX GEL	-	100%/EX
VENIPUNCTURE KIT	-	100%/EX
WPR PLUS	-	100%/EX
XRYLIDERM KIT	-	100%/EX
ZTLIDO PAD 1.8%	-	100%/EX
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	PA-QL	3
APRIZIO PAK KIT	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
L.E.T. GEL	-	NC
lidocaine oint/transparent dressing kit	-	NC
lidocaine patch 4%	-	NC
LIDODERM PATCH 4%	-	NC
LIDOSTREAM KIT	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	100%/EX
NEOSALUS CREAM	-	100%/EX
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
DERMACINRX KIT	-	100%/EX
NUSURGEPAK KIT	-	100%/EX
QBREXZA PAD	-	100%/EX
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	100%/EX
PIGMENTING-DEPIGMENTING AGENTS		
CHROMELIN SOLN	OTC	100%/EX
DY-O-DERM SOLN	OTC	100%/EX
hydroquinone cream (LUSTRA equiv)	-	100%/EX
METHOXSALEN CRYSTALS	-	100%/EX
METHOXSALEN POWDER	-	100%/EX
TRI-LUMA CREAM	-	100%/EX
VITADYE LOTION	OTC	100%/EX
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
DOXYCYCLINE CAP, ORACEA CAP	-	100%/EX
metronidazole lotion (METROLOTION equiv)	-	100%/EX
MIRVASO GEL	-	100%/EX
NORITATE CREAM	-	100%/EX
ROSADAN KIT	-	100%/EX
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole gel (METROGEL equiv)	-	2
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
SKLICE LOTION	-	100%/EX
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
IVERMECTIN LOTION	-	3
LINDANE LOTION	-	3
LINDANE SHAMPOO	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	100%/EX
scarcin gel (SCARCIN equiv)	-	100%/EX
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
BIAFINE EMULSION	-	100%/EX
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
MACRILEN PACK	-	100%/EX
THYROGEN INJ	-	100%/EX
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA KETONE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC

RADIOGRAPHIC CONTRAST MEDIA

OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

2-fucosyllactose/lacto-N-neotetraose packet (OLLIZAC equiv)	-	100%/EX
ASTAMED MYO CAP	-	100%/EX
DEPLIN CAP	-	100%/EX
ELIGEN B12 TAB	-	100%/EX
FALESSA TAB	-	100%/EX
folbic tab (FOLTX equiv)	-	100%/EX
FOLTANX TAB	-	100%/EX
GLYGEST PAK	-	100%/EX
L-METHYLFOLATE TAB	-	100%/EX
LUVIRA CAP	-	100%/EX
METAFOLBIC PLUS TAB	-	100%/EX
METANX CAP	-	100%/EX
OLLIZAC POWDER	-	100%/EX
VITA-RESPA TAB	-	100%/EX
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

PERTZYE CAP	-	100%/EX
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
acetazolamide tab	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
KEVEYIS TAB	MSP-PA	4

DIURETIC COMBINATIONS

amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
DIURETICS Cont.		
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
LOOP DIURETICS		
FUROSEMIDE SOLN	-	\$0
furosemide soln (LASIX equiv)	-	\$0
furosemide tab (LASIX equiv)	-	\$0
bumetanide tab (BUMEX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
SOANZ TAB	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
CAROSPIR SUSP	-	100%/EX
triamterene cap (DYRENIUM equiv)	-	2
DYRENIUM CAP	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
hydrochlorothiazide cap (MICROZIDE equiv)	-	\$0
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	\$0
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
THALITONE TAB	-	NC

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS		
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
RECORLEV TAB	-	NC

BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ACTONEL TAB 150MG	-	100%/EX
ACTONEL TAB 30MG	-	100%/EX
ACTONEL TAB 35MG	-	100%/EX
ACTONEL TAB 5MG	-	100%/EX
ALENDRONATE TAB 40MG	-	100%/EX
BINOSTO TAB	-	100%/EX
BONIVA TAB 150MG	-	100%/EX
FOSAMAX TAB 40MG	-	100%/EX
FOSAMAX TAB 70MG	-	100%/EX
NATPARA INJ	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
RECLAST INJ	-	100%/EX
TERIPARATIDE INJ	-	100%/EX
ZOLEDRONIC ACID INJ	-	100%/EX
zoledronic acid inj (ZOMETA equiv)	-	100%/EX
ZOMETA INJ	-	100%/EX
calcitonin nasal spray (MIACALCIN equiv)	-	2
FORTICAL NASAL SPRAY	-	2
alendronate sodium oral soln (FOSAMAX equiv)	-	3
SKELID TAB	-	3
FORTEO INJ	LMSP-PA	4
PROLIA INJ	LMSP-PA	4
TYMLOS INJ	LMSP-PA	4
XGEVA INJ	LMSP-PA	4
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	Cost Share
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	Cost Share
risedronate tab (ACTONEL equiv)	-	Cost Share
calcitonin inj (MIACALCIN equiv)	-	NC
FOSAMAX+D TAB	-	NC
CORTICOTROPIN		
ACTHAR HP (QL= 4 vials/fill)	MSP-PA-QL	4
FERTILITY REGULATORS		
BRAVELLE INJ	INF	100%/EX
CLOMIPHENE CITRATE POWDER	INF	100%/EX
CLOMIPHENE CITRATE TAB	INF	100%/EX
clomiphene citrate tab (CLOMID equiv)	INF	100%/EX
FOLLISTIM AQ INJ	INF	100%/EX
GONAL-F RFF INJ	INF	100%/EX
MENOPUR INJ	INF	100%/EX
OVIDREL INJ	INF	100%/EX
PREGNYL INJ	INF	100%/EX
GNRH/LHRH ANTAGONISTS		
CETROTIDE INJ	INF	100%/EX
ganirelix ac inj (GANIRELIX equiv)	INF	100%/EX
ORLISSA TAB 150MG	-	100%/EX
ORLISSA TAB 200MG	-	100%/EX
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	100%/EX
GROWTH HORMONES		
NORDITROPIN INJ, NUTROPIN AQ INJ	-	100%/EX
OMNITROPE INJ	-	100%/EX
GENOTROPIN INJ	LMSP-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP-PA	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA PACK	-	100%/EX
SYNAREL NASAL SOLN	-	2
SUPPRELIN LA KIT	MSP-PA	4
FENSOLVI INJ	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
NITYR TAB	-	100%/EX
ORFADIN CAP	-	100%/EX
ORFADIN ORAL SUSP 4MG/ML	-	100%/EX
PALYNZIQ INJ	-	100%/EX
RAYALDEE CAP	-	100%/EX
STRENSIQ INJ	-	100%/EX
cinacalcet tab (SENSIPAR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
SENSIPAR TAB	-	3
ALDURAZYME INJ	MSP-PA	4
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4
ELAPRASE INTRAVENOUS SOLUTION	MSP-PA	4
FABRAZYME INJ	MSP-PA	4
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
LUMIZYME/MYOZYME INJ	MSP-PA	4
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
RAVICTI LIQUID	MSP-PA	4
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	4
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	4
VIMIZIM INJ (Only available through Accredo 800-803-2523)	LD-PA	4
XURIDEN POWDER (Only available through Cardinal Health Specialty 800-926-3161)	LD-PA	4
CALCITRIOL INJ	-	NC
CITRULLINE EASY TAB	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB	-	NC
NATRIURETIC PEPTIDES		
VOXZOGO INJ	-	NC
POSTERIOR PITUITARY HORMONES		
NOCDURNA SL TAB	-	100%/EX
NOCTIVA EMULSION SPRAY	-	100%/EX
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
SIGNIFOR INJ	-	100%/EX
octreotide inj (SANDOSTATIN equiv)	LMSP-PA	4
OCTREOTIDE INJ 100MCG	LMSP-PA	4
SANDOSTATIN LAR INJ KIT (QL= 1 kit/28 days)	LMSP-PA-QL	4
SOMATULINE INJ	LMSP-PA	4
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SIGNIFOR LAR INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK	-	100%/EX
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TOLVAPTAN TAB	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
BIJUVA CAP	-	100%/EX
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ESTROGENS Cont.		
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
MENEST TAB	-	3
DIVIGEL GEL, ELESTRIN GEL, ESTROGEL GEL	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
VIVELLE-DOT PATCH	-	NC

FLUOROQUINOLONES

FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB	-	100%/EX

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	PA	2

BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4

FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB	-	100%/EX

GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
RELTONE CAP	-	NC
URSODIOL CAP	-	NC

GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP, LUBIPROSTONE CAP	PA	2

GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier															
GASTROINTESTINAL AGENTS - MISC. Cont.																	
metoclopramide tab (REGLAN equiv)	-	1															
GIMOTI NASAL SPRAY	-	NC															
METZOZOLV ODT	-	NC															
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS																	
BYLVAY CAP 1200MCG	-	NC															
BYLVAY CAP 400MCG	-	NC															
BYLVAY SPRINKLE CAP 200MCG	-	NC															
BYLVAY SPRINKLE CAP 600MCG	-	NC															
LIVMARLI SOLN	-	NC															
INFLAMMATORY BOWEL AGENTS																	
balsalazide cap (COLAZAL equiv)	-	1															
sulfasalazine EC tab (AZULFIDINE equiv)	-	1															
sulfasalazine tab (AZULFIDINE equiv)	-	1															
mesalamine DR cap (DELZICOL equiv)	-	2															
mesalamine DR tab (LIALDA equiv)	-	2															
mesalamine enema (ROWASA equiv)	-	2															
mesalamine ER cap (APRISO equiv)	-	2															
mesalamine supp (CANASA equiv)	-	2															
DIPENTUM CAP	-	3															
mesalamine tab (ASACOL equiv)	-	3															
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4															
ENTYVIO INJ	LMSP-PA	4															
INFLECTRA INJ	LMSP-PA	4															
APRISO CAP	-	NC															
ASACOL HD TAB	-	NC															
ASACOL HD TAB, MESALAMINE TAB	-	NC															
DELZICOL CAP	-	NC															
PENTASA CAP	-	NC															
ROWASA KIT	-	NC															
INTESTINAL ACIDIFIERS																	
lactulose soln	-	1															
IRRITABLE BOWEL SYNDROME (IBS) AGENTS																	
VIBERZI TAB	-	100%/EX															
LINZESS CAP	PA	2															
alosetron tab (LOTRONEX equiv)	-	3															
IBSRELA TAB	-	NC															
ZELNORM TAB	-	NC															
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS																	
RELISTOR INJ	-	100%/EX															
RELISTOR TAB	-	100%/EX															
SYMPROIC TAB	-	100%/EX															
MOVANTIK TAB	PA	2															
alvimopan cap (ENTEREG equiv)	-	NC															
ENTEREG CAP	-	NC															
RELISTOR INJ KIT	-	NC															
PHOSPHATE BINDER AGENTS																	
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">EXC Plan Exclusion</td> <td style="width: 33%;">INF Infertility</td> <td style="width: 33%;">LD Limited Distribution</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> <tr> <td>ST Step Therapy</td> <td>VAC Vaccine Program</td> <td>¢ RxCENTS</td> </tr> </table>	EXC Plan Exclusion	INF Infertility	LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	ST Step Therapy	VAC Vaccine Program	¢ RxCENTS		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution															
LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter															
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist															
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program															
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS															

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
sevelamer powder pak (RENVELA equiv)	-	2
sevelamer tab (RENVELA TAB equiv)	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
RENVELA TAB	-	3
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	100%/EX
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	100%/EX
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROKIT-K TAB equiv)	-	2
CYSTINOSIS AGENTS		
PROCYSBI CAP	-	100%/EX
PROCYSBI GRANULES PACKET	-	100%/EX
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	4
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
CARDURA XL TAB	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	100%/EX
phenazopyridine tab 97.5mg (AZO equiv)	OTC	100%/EX
phenazopyridine tab 99.5mg (AZO equiv)	OTC	100%/EX
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA EC TAB (Only available through Eversana Life Science 866-849-4481)	LD-PA	4
THIOLA TAB (Only available through Eversana Life Science 866-849-4481)	LD-PA	4
tiopronin tab (THIOLA equiv) (Only available through Eversana Life Science 866-849-4481)	LMSP-PA	4
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	100%/EX
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
COLCRYS TAB	-	100%/EX
MITIGARE CAP	-	100%/EX
ZURAMPIC TAB	-	100%/EX
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	2
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3
KRYSTEXXA INJ	MSP-PA	4
COLCHICINE CAP	-	NC
ULORIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS		
ADVATE, KOVALTRY INJ	MSP-PA	4
ADYNOVATE INJ	MSP-PA	4
AFSTYLA INJ	MSP-PA	4
ALPHANATE/HEMOFIL M/KOATE/KOATE-DVI INJ	MSP-PA	4
ALPHANINE SD, MONONINE INJ	MSP-PA	4
ALPROLIX INJ	MSP-PA	4
BEBULIN, PROFILNINE INJ	MSP-PA	4
BENEFIX/IXINITY/RIXUBIS INJ	MSP-PA	4
COAGADEX INJ	MSP-PA	4
CORIFACT INJ	MSP-PA	4
ELOCTATE INJ	MSP-PA	4
ESPEROCT INJ (Only available through Accredo 800-803-2523)	LD-PA	4
FEIBA INJ	MSP-PA	4
HELIXATE FS, KOGENATE FS INJ	MSP-PA	4
HEMLIBRA INJ	LMSP-PA	4
HUMATE-P, WILATE INJ	MSP-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
IDELVION INJ	MSP-PA	4
JIVI INJECTION	MSP-PA	4
MONOCLATE-P INJ	MSP-PA	4
NOVOEIGHT INJ	MSP-PA	4
NOVOSEVEN RT	MSP-PA	4
NUWIQ INJ	MSP-PA	4
OBIZUR INJ	MSP-PA	4
REBINYN INJ	MSP-PA	4
RECOMBINATE INJ	MSP-PA	4
TRETTEN INJ	MSP-PA	4
VONVENDI INJ	MSP-PA	4
XYNTHA INJ	MSP-PA	4
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ	-	100%/EX
icatibant inj (FIRAZYR equiv)	LMSP-PA	4
COMPLEMENT INHIBITORS		
BERINERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	4
HAEGARDA INJ	MSP-PA	4
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4
SOLIRIS INJ (Only available through Walmart Specialty 877-453-4566)	LD-PA	4
ULTOMIRIS INJ	MSP-PA	4
TAVNEOS CAP	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	100%/EX
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
HUMAN PROTEIN C		
CEPROTIN INJ	MSP-PA	4
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ (Only available through US Bioservices 888-518-7246)	LD-PA	4
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
ORLADEYO CAP	-	NC
TAKHZYRO INJ	-	NC
PLASMA PROTEINS		
THROMBAT III INJ	MSP-PA	4
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
ASPIRIN/OMEPRAZOLE ER TAB	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
CLOPIDOGREL THERAPY PACK	-	100%/EX
DURLAZA CAP	-	100%/EX
YOSPRALA TAB	-	100%/EX
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
BRILINTA TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PLAVIX TAB 300MG	-	NC
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB	-	NC
PYRUKYND THERAPY PACK	-	NC

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

miglustat cap (ZAVESCA equiv)	-	100%/EX
CERDELGA CAP (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	MSP-PA	4
ELELYSO INJ	MSP-PA	4
VPRIV INJ	MSP-PA	4
ZAVESCA CAP	-	NC

AGENTS FOR SICKLE CELL ANEMIA

DROXIA CAP	-	2
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	4
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
SIKLOS TAB	-	NC

AGENTS FOR SICKLE CELL DISEASE

OXBRYTA TAB	-	NC
-------------	---	----

COBALAMINS

cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	100%/EX
CALOMIST NASAL SPRAY	-	NC

FOLIC ACID/FOLATES

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

HEMATOPOIETIC GROWTH FACTORS

REBLOZYL INJ	-	100%/EX
EPOGEN INJ	-	2
ARANESP INJ	MSP-PA	4
DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
FULPHILA INJ	LMSP-PA	4
LEUKINE INJ	MSP-PA	4
MIRCERA INJ	MSP-PA	4
NEUMEGA INJ	LMSP	4
NIVESTYM INJ	LMSP-PA	4
NPLATE INJ	MSP-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
PROCRIT INJ	MSP-PA	4
PROMACTA POWDER	LMSP-PA	4
PROMACTA TAB	LMSP-PA	4
RETACRIT INJ	MSP-PA	4
ZARXIO INJ	LMSP	4
ZIEXTENZO INJ	LMSP	4
GRANIX INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
UDENYCA INJ	-	NC

HEMATOPOIETIC MIXTURES

ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC

IRON

ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
ACCRUFER CAP	-	NC

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
HEMOSTATICS Cont.		
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	100%/EX
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	Cost Share
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
AMBIEN CR TAB	-	100%/EX
DORAL TAB	-	100%/EX
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
SOMNOTE CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
EDLUAR SL TAB	-	Cost Share
INTERMEZZO SL TAB	-	Cost Share
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	Cost Share
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	Cost Share
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	Cost Share
ZOLPIMIST SPRAY	-	Cost Share
OREXIN RECEPTOR ANTAGONISTS		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
DAYVIGO TAB	-	100%/EX
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP	-	100%/EX
ROZEREM TAB	-	100%/EX
ramelteon tab (ROZEREM equiv)	-	Cost Share
HETLIOZ SUSP	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
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	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
CLENPIQ SOLN	-	2
gavilyte-h kit	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
MOVIPREP SOLN	-	NC
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	NC
PLENVU SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC
SUTAB TAB	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
MIRALAX PACKET	OTC	100%/EX
MIRALAX POWDER	OTC	100%/EX
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	100%/EX
polyethylene glycol packet (MIRALAX equiv)	OTC	100%/EX
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
LACTULOSE PACK	-	NC
SALINE LAXATIVES		
VISICOL TAB	-	3
OSMOPREP TAB	-	NC

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC

MACROLIDES

AZITHROMYCIN		
---------------------	--	--

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MACROLIDES Cont.		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin stearate tab	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
erythromycin tab (ERY-TAB equiv)	-	3
PCE TAB	-	3
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill)	QL	2
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
DIABETIC PUMP	--OTC	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
PUMP SUPPLIES	OTC	100%/EX
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	3
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3
DIABETIC METER (all other diabetic meters)	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
PUMP SUPPLIES	OTC	100%/EX
CEQR SIMPLICITY	-	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
AJOVY INJ	-	NC
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
TREXIMET TAB	-	100%/EX
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	100%/EX
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
AJOVY INJ	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	100%/EX
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
almotriptan tab (AXERT equiv)	-	100%/EX
eletriptan tab (RELPAQ equiv)	-	100%/EX
FROVA TAB	-	100%/EX
IMITREX NASAL SPRAY 20MG/ACT	-	100%/EX
IMITREX NASAL SPRAY 5MG/ACT	-	100%/EX
SUMAVEL DOSEPRO INJ	-	100%/EX
ZEMBRACE SYM INJ 3/0.5ML	-	100%/EX
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
AXERT TAB	-	Cost Share
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	Cost Share
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	Cost Share
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	Cost Share
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Cost Share
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	Cost Share
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
potassium phosphate monobasic tab (K-PHOS equiv)	-	2
POTASSIUM		
K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
KLOR-CON POWDER PACKET 25MEQ	-	100%/EX
potassium chloride powder packet (KLOR-CON equiv)	-	100%/EX
potassium chloride soln	-	2
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS		
DEPEN TITRATAB	LMSP-PA	4
penicillamine cap (CUPRIMINE equiv)	LMSP-PA	4
penicillamine tab (DEPEN TITRATAB equiv)	LMSP-PA	4
trientine cap (SYPRINE equiv)	MSP-PA	4
CUPRIMINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day)	MSP-QL	4
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	2
sirolimus soln (RAPAMUNE equiv)	-	2
ATGAM INJ	MSP-PA	4
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
LUPKYNIS CAP	-	NC
PROGRAF PACKET	-	NC
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
LOKELMA PAK	-	100%/EX
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR	-	100%/EX
BENLYSTA INJ	-	100%/EX
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN 4%	-	NC
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT PASTE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
MUGARD LIQUID	-	100%/EX
PROTHELIAL PASTE	-	100%/EX
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	NC
SILATRIX GEL	-	NC

MULTIVITAMINS

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
FIBRIK CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
MULTIVITAMIN/MINERALS TAB	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR SUSP	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATRYL TAB	-	1
VP-PNV-DHA CAP	-	1
AZESCHEW TAB 13-1MG	-	100%/EX
AZESCO TAB	-	100%/EX
PREGENNA TAB	-	100%/EX
PRENARA CAP	-	100%/EX
TRINAZ CAP	-	100%/EX
ZALVIT TAB	-	100%/EX
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PRENATRIX TAB	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
carisoprodol tab 250mg (SOMA equiv)	-	100%/EX
chlorzoxazone tab	-	100%/EX
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	100%/EX
CYCLOBENZAPRINE COMPOUND KIT	-	100%/EX
cyclobenzaprine ER cap (AMRIX equiv)	-	100%/EX
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	100%/EX
FEXMID TAB 7.5MG	-	100%/EX
SKELAXIN TAB 800MG	-	100%/EX
SOMA TAB 250MG	-	100%/EX
SOMA TAB 350MG	-	100%/EX
TABRADOL SUSP	-	100%/EX
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
chlorzoxazone tab 500mg	-	Cost Share
PARAFON FORTE TAB 500MG	-	Cost Share
tizanidine cap (ZANAFLEX equiv)	-	Cost Share
baclofen intrathecal inj (BACLOFEN equiv)	-	NC
BACLOFEN TAB 5MG	-	NC
FLEQSUVY SUSP	-	NC
OZOBAX SOLN	-	NC

DIRECT MUSCLE RELAXANTS

dantrolene cap (DANTRIUM equiv)	-	2
---------------------------------	---	---

MUSCLE RELAXANT COMBINATIONS

LORVATUS PHARMAPAK KIT	-	100%/EX
METAXALL CP KIT	-	100%/EX
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
NORGESIC TAB FORTE	-	NC
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	NC
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC
TIZANIDINE COMFORT KIT	-	NC
VISCOSUPPLEMENTS		
DUROLANE INJ	-	100%/EX
EUFLEXXA INJ, HYALGAN INJ	-	100%/EX
GEL-ONE INJ	-	100%/EX
GELSYN-3 INJ	-	100%/EX
GENVISC 850 INJ/SUPARTZ INJ/VISCO-3 INJ	-	100%/EX
HYALGAN INJ	-	100%/EX
HYMOVIS INJ	-	100%/EX
MONOVISC INJ	-	100%/EX
ORTHOVISC INJ	-	100%/EX
SYNVISC INJ	-	100%/EX
SYNVISC ONE INJ	-	100%/EX
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	100%/EX
AZENASE PAK	-	100%/EX
TICALAST KIT	-	100%/EX
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	1
ALZAIR NASAL SPRAY	-	100%/EX
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY	-	100%/EX
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	100%/EX
FLONASE SENSIMIST NASAL SPRAY	OTC	100%/EX
FLUNISOLIDE NASAL SPRAY	-	100%/EX
FLUNISOLIDE NASAL SPRAY 0.025%	-	100%/EX
flunisolide nasal spray 0.025% (FLUNISOLIDE NASAL SPRAY equiv)	-	100%/EX
fluticasone nasal spray (FLONASE equiv)	-	100%/EX
mometasone nasal spray (NASONEX equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier																				
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.																						
NASACORT OTC NASAL SPRAY	OTC	100%/EX																				
OMNARIS NASAL SPRAY	-	100%/EX																				
QNASL NASAL SPRAY	-	100%/EX																				
RHINOCORT AQUA NASAL SPRAY	-	100%/EX																				
SINUVA NASAL IMPLANT	-	100%/EX																				
triamcinolone nasal spray (NASACORT equiv)	-	100%/EX																				
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	100%/EX																				
XHANCE NASAL EXHALER	-	100%/EX																				
ZETONNA NASAL SPRAY	-	100%/EX																				
SYMPATHOMIMETIC DECONGESTANTS																						
ADRENALIN SOLN	-	NC																				
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC																				
NEUROMUSCULAR AGENTS																						
ALS AGENTS																						
TIGLUTIK SUSP	-	100%/EX																				
riluzole tab (RILUTEK equiv)	-	2																				
EXSERVAN FILM	-	NC																				
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS																						
MYOBLOC INJ	-	100%/EX																				
BOTOX INJ	LMSP-PA	4																				
DYSPOIN INJ	LMSP-PA	4																				
XEOMIN INJ	LMSP-PA	4																				
SPINAL MUSCULAR ATROPHY AGENTS (SMA)																						
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4																				
NUTRIENTS																						
LIPIDS																						
DOJOLVI ORAL LIQUID	-	100%/EX																				
OPHTHALMIC AGENTS																						
ARTIFICIAL TEARS AND LUBRICANTS																						
LACRISERT OPHTH INSERT	-	NC																				
BETA-BLOCKERS - OPHTHALMIC																						
betaxolol ophth soln (BETOPTIC-S equiv)	-	1																				
CARTEOLOL OPHTH SOLN	-	1																				
carteolol ophth soln (OCUPRESS equiv)	-	1																				
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1																				
LEVOBUNOLOL OPHTH SOLN	-	1																				
levobunolol ophth soln (BETAGAN equiv)	-	1																				
timolol maleate ophth soln (TIMOPTIC equiv)	-	1																				
BETIMOL OPHTH SOLN	-	2																				
BETOPTIC-S OPHTH SOLN	-	2																				
COMBIGAN OPHTH SOLN	-	2																				
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2																				
ISTALOL OPHTH SOLN	-	2																				
METIPRANOLOL OPHTH SOLN	-	2																				
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">EXC Plan Exclusion</td> <td style="width: 25%;">INF Infertility</td> <td style="width: 25%;">LD Limited Distribution</td> <td style="width: 25%;">BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> <td>Limited Distribution</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> <td>Over-the-Counter</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> <td>Restricted to Specialist</td> </tr> <tr> <td>ST Step Therapy</td> <td>VAC Vaccine Program</td> <td>¢ RxCENTS</td> <td>Available through Specialty Pharmacy Program</td> </tr> </table>			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	BRANDS =CAPITAL LETTERS	LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	Limited Distribution	PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist	Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	Restricted to Specialist	ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	Available through Specialty Pharmacy Program
EXC Plan Exclusion	INF Infertility	LD Limited Distribution	BRANDS =CAPITAL LETTERS																			
LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	Limited Distribution																			
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist	Over-the-Counter																			
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	Restricted to Specialist																			
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	Available through Specialty Pharmacy 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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
TIMOLOL OPHTH GEL SOLN	-	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	3
BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA SOLN	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
PILOPINE HS OPHTH GEL	-	3
VUITY OPHTH SOLN	-	NC
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEVACIZUMAB INJ	MSP-PA	4
EYLEA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
LUCENTIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
MACUGEN INJ	MSP-PA	4
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
LUMIFY OPHTH SOLN 0.25%	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
TRIFLURIDINE OPHTH SOLN	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
TOBREX OPHTH OINT	-	3
VIGAMOX OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP	MSP-PA	4
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS MULTI-DOSE (Restricted to Ophthalmology or Optometry Specialist)	RS	2
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPHTH SOLN	-	NC
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	100%/EX
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	100%/EX
ROCKLATAN OPHTH SOLN	-	100%/EX
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	100%/EX
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	100%/EX
INVELTYS OPHTH SUSP	-	100%/EX
LOTEMAX OPHTH GEL	-	100%/EX
LOTEMAX OPHTH OINT	-	100%/EX
LOTEMAX SM GEL 0.38%	-	100%/EX
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	100%/EX
loteprednol ophth susp (LOTEMAX equiv)	-	100%/EX
ZYLET OPHTH SUSP	-	100%/EX
ZYLET OPHTH SUSP 10ML	-	100%/EX
BLEPHAMIDE OPHTH SOLN	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX ST OPHTH SUSP	-	3
DEXTENZA OPHTH INSERT	MSP-PA	4
ILUVIEN/RETISERT/YUTIQ INJ	MSP-PA	4
OZURDEX IMPLANT	MSP-PA	4
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier																				
OPHTHALMIC AGENTS Cont.																						
OPHTHALMICS - MISC.																						
azelastine ophth soln (OPTIVAR equiv)	-	1																				
cromolyn ophth soln (CROLOM equiv)	-	1																				
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1																				
dorzolamide ophth soln (TRUSOPT equiv)	-	1																				
ketorolac ophth soln (ACULAR (LS) equiv)	-	1																				
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1																				
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1																				
ACUVAIL OPHTH SOLN	-	100%/EX																				
AZOPT OPHTH SUSP	-	100%/EX																				
brinzolamide ophth susp (AZOPT equiv)	-	100%/EX																				
BROMDAY OPHTH SOLN 0.09%	-	100%/EX																				
bromfenac ophth soln (BROMDAY equiv)	-	100%/EX																				
bromfenac ophth soln 0.09% (BROMDAY OPHTH SOLN 0.09% equiv)	-	100%/EX																				
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	100%/EX																				
BROMSITE OPHTH SOLN	-	100%/EX																				
FLURBIPROFEN OPHTH SOLN	-	100%/EX																				
flurbiprofen ophth soln (OCUFEN equiv)	-	100%/EX																				
ILEVRO OPHTH SUSP	-	100%/EX																				
ketotifen ophth soln (ZADITOR equiv)	OTC	100%/EX																				
NEVANAC OPHTH SUSP	-	100%/EX																				
PATADAY OPHTH SOLN	-	100%/EX																				
PAZEO OPHTH SOLN 0.7%	-	100%/EX																				
PROLENSA OPHTH SOLN 0.07%	-	100%/EX																				
UPNEEQ SOLN	-	100%/EX																				
ZERVIATE OPHTH SOLN	-	100%/EX																				
ALAMAST OPHTH SOLN	-	2																				
ALOCRILOPHTH SOLN	-	2																				
ALOMIDE OPHTH SOLN	-	2																				
bepotastine ophth soln (BEPREVE equiv)	-	3																				
EMADINE OPHTH SOLN	-	3																				
epinastine ophth soln (ELESTAT equiv)	-	3																				
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3																				
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	4																				
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4																				
JETREA INJ	MSP-PA	4																				
ZADITOR OPHTH SOLN	OTC	NC																				
PROSTAGLANDINS - OPHTHALMIC																						
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1																				
VYZULTA SOLN	-	100%/EX																				
XELPROS OPHTH EMULSION	-	100%/EX																				
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2																				
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2																				
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2																				
ZIOPTAN OPHTH SOLN	-	NC																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">EXC Plan Exclusion</td> <td style="width: 25%;">NC =Not Covered</td> <td style="width: 25%;">INF Infertility</td> <td style="width: 25%;">generic =small letters</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>LD Limited Distribution</td> <td>BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>OTC Over-the-Counter</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> <td>RxCENTS</td> </tr> <tr> <td>ST Step Therapy</td> <td>VAC Vaccine Program</td> <td>¢</td> <td></td> </tr> </table>			EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters	LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	LD Limited Distribution	BRANDS =CAPITAL LETTERS	PA Prior Authorization	QL Quantity Limit	OTC Over-the-Counter	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	RxCENTS	ST Step Therapy	VAC Vaccine Program	¢	
EXC Plan Exclusion	NC =Not Covered	INF Infertility	generic =small letters																			
LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	LD Limited Distribution	BRANDS =CAPITAL LETTERS																			
PA Prior Authorization	QL Quantity Limit	OTC Over-the-Counter	RS Restricted to Specialist																			
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	RxCENTS																			
ST Step Therapy	VAC Vaccine Program	¢																				

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

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
CIPRO/FLUOC DRO PF	-	100%/EX
PRAMOTIC DROPS	-	100%/EX
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CUVITRU INJ	MSP-PA	4
FLEBOGAMMA INJ	MSP-PA	4
GAMASTAN S/D INJ	MSP-PA	4
HIZENTRA INJ	MSP-PA	4
HYPERRHO S/D INJ	MSP-PA	4
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	4
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
BIVIGAM INJ	MSP-PA	4
CARIMUNE NF INJ	MSP-PA	4
CUTAQUIG INJ	MSP-PA	4
CYTOGAM INJ	MSP-PA	4
GAMMAGARD INJ	MSP-PA	4
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
GAMMAKED INJ	MSP-PA	4
GAMMAPLEX INJ	MSP-PA	4
GAMUNEX-C INJ	MSP-PA	4
HIZENTRA INJ	MSP-PA	4
OCTAGAM INJ	MSP-PA	4
PANZYGA INJ	MSP-PA	4
PRIVIGEN INJ	MSP-PA	4
WINRHO SDF INJ	MSP-PA	4
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4

MONOCLONAL ANTIBODIES

SYNAGIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	4
--	-------	---

PENICILLINS

AMINOPENICILLINS

amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	100%/EX
MOXATAG TAB 775MG	-	100%/EX

NATURAL PENICILLINS

penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1

PENICILLIN COMBINATIONS

amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3

PENICILLINASE-RESISTANT PENICILLINS

dicloxacillin cap (DYNAPEN equiv)	-	1
-----------------------------------	---	---

PHARMACEUTICAL ADJUVANTS

SEMI SOLID VEHICLES

POLYETHYLENE GLYCOL 8000 GRANULES	-	2
-----------------------------------	---	---

PROGESTINS

PROGESTINS

medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone oil inj	-	1
EC-RX PROGESTERONE CREAM	-	100%/EX
MAKENA INJ	-	100%/EX
progesterone cap (PROMETRIUM equiv)	-	2
megestrol ES susp (MEGACE ES equiv)	-	3
hydroxyprogesterone inj (MAKENA equiv)	LMSP-PA	4

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
DISULFIRAM TAB	-	1
disulfiram tab (ANTABUSE equiv)	-	1
LUCEMYRA TAB	-	100%/EX
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	4
XYWAV SOLN	-	NC
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
memantine soln (NAMENDA equiv)	-	100%/EX
memantine tab (NAMENDA equiv)	-	100%/EX
memantine titration pak (NAMENDA equiv)	-	100%/EX
NAMENDA TITRATION PAK	-	100%/EX
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
rivastigmine patch (EXELON equiv)	-	2
memantine ER cap (NAMENDA XR equiv)	-	NC
NAMENDA XR TITRATION PACK	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
DERMACINRX DPN PAK	-	100%/EX
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	100%/EX
VYLEESI INJ	-	100%/EX
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB	-	100%/EX
XENAZINE TAB	-	100%/EX
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	4
INGREZZA PACK 40-80MG	-	NC
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
dalfampridine ER tab (AMPYRA equiv)	-	100%/EX
KESIMPTA INJ	-	100%/EX
LEMTRADA INJ	-	100%/EX
MAYZENT TAB	-	100%/EX
MAYZENT TAB STARTER PACK	-	100%/EX
AUBAGIO TAB	LMSP-PA	4
AVONEX INJ	LMSP-PA	4
dimethyl fumarate dr cap (TECFIDERA equiv)	LMSP-PA	4
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP-PA	4
EXTAVIA INJ	LMSP-PA	4
GILENYA CAP	LMSP-PA	4
glatiramer inj (COPAXONE equiv)	LMSP-PA	4
MAVENCLAD PAK	MSP-PA	4
OCREVUS INJ (QL= 600mg/180 days; Only available through Walmart Specialty 877-453-4566)	LD-PA-QL	4
PLEGRIDY INJ	LMSP-PA	4
PLEGRIDY PEN INJ	LMSP-PA	4
REBIF INJ	LMSP-PA	4
TYSABRI INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	4
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	4
BAFIERTAM CAP	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
CONVENIENCE PAK	-	100%/EX
GRALISE TAB	-	100%/EX
SMARTRX GABA-V KIT	-	100%/EX
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine cap (SARAFEM equiv)	-	100%/EX
FLUOXETINE CAP (PMDD)	-	100%/EX
FLUOXETINE TAB	-	100%/EX
SARAFEM TAB	-	100%/EX
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	Cost Share
paroxetine cap (BRISDELLE equiv)	-	Cost Share
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ZEMAIRA INJ	MSP-PA	4
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-SF	4
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
PULMOZYME INH SOLN	LMSP-PA	4
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	4
BRONCHITOL CAP	-	NC
PULMONARY FIBROSIS AGENTS		
OFEV CAP	-	100%/EX
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	4
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	4
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	4
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	3
SULFADIAZINE TAB	-	NC
TETRACYCLINES		
AMINOMETHYLCYCLINES		

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
NUZYRA TAB	-	100%/EX
TETRACYCLINE COMBINATIONS		
BENZODOX PAK	-	100%/EX
TETRACYCLINES		
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
ACTICLATE TAB 75MG, 150MG	-	100%/EX
ADOXA CAP 150MG	-	100%/EX
ADOXA PAK	-	100%/EX
ADOXA TAB 50MG	-	100%/EX
DORYX MPC TAB	-	100%/EX
doxycycline hyclate tab 75mg, 150mg	-	100%/EX
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	100%/EX
doxycycline monohydrate tab (ADOXA equiv)	-	100%/EX
doxycycline monohydrate tab 50mg (ADOXA equiv)	-	100%/EX
MINOCYCLINE ER CAP	-	100%/EX
minocycline ER tab (SOLODYN equiv)	-	100%/EX
MONODOX CAP 100MG	-	100%/EX
MONODOX CAP 75MG	-	100%/EX
MORGIDOX KIT	-	100%/EX
SEYSARA TAB	-	100%/EX
SOLODYN TAB	-	100%/EX
doxycycline susp (VIBRAMYCIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	Cost Share
doxycycline hyclate DR 150 mg tab	-	Cost Share
doxycycline hyclate tab (DOXYCYCLINE HYCLATE, TARGADOX equiv)	-	Cost Share
doxycycline hyclate tab 100 mg	-	Cost Share
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	Cost Share
minocycline cap (MINOCIN equiv)	-	Cost Share
minocycline tab (DYNACIN equiv)	-	Cost Share
ORAXYL CAP	-	Cost Share
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC

THYROID AGENTS

ANTITHYROID AGENTS

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
LEVOTHYROXINE INJ	-	NC
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	\$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0
VAXELIS INJ	VAC	\$0

ULCER DRUGS

ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
AXID AR TAB (OTC)	OTC	100%/EX
AXID SOLN	-	100%/EX
CIMETIDINE SOLN	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
cimetidine soln (CIMETIDINE equiv)	-	100%/EX
cimetidine tab (TAGAMET equiv)	OTC	100%/EX
famotidine inj	-	100%/EX
famotidine susp (PEPCID equiv)	-	100%/EX
famotidine tab (PEPCID equiv)	OTC	100%/EX
nizatidine cap (AXID equiv)	-	100%/EX
nizatidine soln	-	100%/EX
PEPCID INJ	-	100%/EX
PEPCID PREMIXED INJ	-	100%/EX
ranitidine cap (ZANTAC equiv)	-	100%/EX
RANITIDINE INJ	-	100%/EX
ranitidine syrup (ZANTAC equiv)	-	100%/EX
ranitidine tab (Rx Only) (ZANTAC equiv)	-	100%/EX
ZANTAC EFFER TAB	-	100%/EX
ZANTAC INJ	-	100%/EX

MISC. ANTI-ULCER

sucralfate tab (CARAFATE equiv)	-	1
---------------------------------	---	---

PROTON PUMP INHIBITORS

ACIPHEX SPRINKLE CAP	-	100%/EX
ACIPHEX TAB	-	100%/EX
ESOMEPRAZOLE CAP	-	100%/EX
esomeprazole cap (NEXIUM equiv)	--OTC	100%/EX
ESOMEPRAZOLE STRONTIUM CAP	-	100%/EX
ESOMEPRAZOLE-EZS KIT	-	100%/EX
FIRST OMEPRAZOLE SUSP	-	100%/EX
lansoprazole cap (PREVACID equiv)	-	100%/EX
lansoprazole odt	-	100%/EX
LANSOPRAZOLE SUSP	-	100%/EX
NEXIUM CAP	-	100%/EX
NEXIUM GRANULE PACK	-	100%/EX
NEXIUM INJ	-	100%/EX
omeprazole DR cap (PRILOSEC equiv)	-	100%/EX
OMEPRAZOLE TAB	-	100%/EX
pantoprazole EC tab (PROTONIX equiv)	-	100%/EX
PREVACID OTC CAP	OTC	100%/EX
PREVACID SOLUTAB	-	100%/EX
PRILOSEC CAP	-	100%/EX
PRILOSEC OTC DR TAB	OTC	100%/EX
PRILOSEC POWDER PACKET	-	100%/EX
rabeprazole EC tab (ACIPHEX equiv)	-	100%/EX

ULCER DRUGS - PROSTAGLANDINS

misoprostol tab (CYTOTEC equiv)	-	1
---------------------------------	---	---

ULCER THERAPY COMBINATIONS

GABITIDINE PAK	-	100%/EX
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	100%/EX
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	100%/EX

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	100%/EX
pepcid chewable	-	100%/EX
PEPCID COMPLETE	-	100%/EX
PYLERA CAP	-	100%/EX
ZEGERID CAP	-	100%/EX
ZEGERID CAP OTC	OTC	100%/EX
ZEGERID POWDER PACK	-	100%/EX

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

glycopyrrolate oral soln (CUVPOSA equiv)	-	3
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
hyoscyamine inj (LEVSIN equiv)	-	NC

H-2 ANTAGONISTS

CIMETIDINE POW	-	100%/EX
DEPRIZINE SUSP 22.4/ML	-	100%/EX
FAMOTIDINE PREMIXED INJ	-	100%/EX
FAMOTIDINE/NACL INJ	-	100%/EX
NIZATIDINE CAP	-	100%/EX

MISC. ANTI-ULCER

sucralfate susp (CARAFATE equiv)	-	2
----------------------------------	---	---

PROTON PUMP INHIBITORS

acid reducer cap 20.6mg dr, omeprazole cap 20.6mg dr	-	100%/EX
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	100%/EX
DEXILANT DR CAP	-	100%/EX
ESOMEPRAZOLE CAP	-	100%/EX
esomeprazole DR granule pack (NEXIUM equiv)	-	100%/EX
esomeprazole inj	-	100%/EX
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	100%/EX
lansoprazole odt (PREVACID SOLUTAB equiv)	-	100%/EX
NEXIUM 24HR TAB	OTC	100%/EX
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	100%/EX
omeprazole odt	-	100%/EX
omeprazole tab	OTC	100%/EX
pantoprazole inj	-	100%/EX
pantoprazole sodium packet (PROTONIX equiv)	-	100%/EX
PROTONIX INJ	-	100%/EX
PROTONIX PAK	-	100%/EX

ULCER THERAPY COMBINATIONS

OMECLAMOX-PAK	-	100%/EX
HELIDAC PACK	-	NC
TALICIA CAP	-	NC

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVE COMBINATIONS

UROQID #2 TAB	-	3
---------------	---	---

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
PROSED DS TAB	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv)	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
ENABLEX TAB	-	100%/EX
GELNIQUE GEL	-	100%/EX
OXYTROL PATCH (OTC)	OTC	100%/EX
SANCTURA XR CAP	-	100%/EX
TOVIAZ TAB	-	100%/EX
VESICARE TAB	-	100%/EX
darifenacin SR tab (ENABLEX equiv)	-	Cost Share
Oxybutynin ER 10 mg tab	-	Cost Share
tolterodine SR cap (DETROL LA equiv)	-	Cost Share
GELNIQUE	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	Cost Share
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC

VACCINES

BACTERIAL VACCINES

BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE INJ	VAC	\$0
MENQUADFI INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
VACCINES Cont.		
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0
TRUMENBA INJ	VAC	\$0
VAXCHORA SUSP	VAC	\$0
VAXNEUVANCE INJ (Covered for members age 19 years or older)	VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0
TYPHIM VI INJ	VAC	NC
VIRAL VACCINES		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
CERVARIX INJ	VAC	\$0
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/year)	QL	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days; limit 2 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 4 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0
DENGVAXIA SUSP	VAC	\$0
ENGERIX-B INJ	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUAD QUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HD PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
GARDASIL 9 INJ	VAC	\$0
GARDASIL INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0
TICOVAC INJ	VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0
PREHEVBRIO SUSP	VAC	NC
STAMARIL INJ	-	NC

VAGINAL AND RELATED PRODUCTS

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

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS Cont.		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
IMVEXXY SUPP	-	100%/EX
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
VAGINAL PROGESTINS		
CRINONE GEL	-	100%/EX
ENDOMETRIN INSERT	-	100%/EX
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ	-	100%/EX
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	100%/EX
NORTHERA CAP	-	100%/EX
VASOPRESSORS		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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.

**TML Pooled Formulary
Category/Class
Last Updated* 4/1/2022**

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
vitamin D cap (RX strength only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
WATER SOLUBLE VITAMINS		
niacin cap	OTC	100%/EX
niacin CR tab (SLO-NIACIN equiv)	OTC	100%/EX
niacin tab	OTC	100%/EX
NIACIN TR TAB	OTC	100%/EX
niacinamide tab	OTC	100%/EX
SLO-NIACIN TAB	OTC	100%/EX
POTABA POWDER PACKET	-	2
POTABA TAB	-	2

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

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

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.

**TML Pooled Formulary
Prior Authorization Drug List
Last Updated* 4/1/2022**

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	4
abiraterone tab 250mg	4
ABRAXANE INJ	4
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTHAR HP	4
ACTIMMUNE INJ	4
adapalene cream	2
adapalene gel	2
ADAPALENE LOTION	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADEMPAS TAB	4
ADVATE, KOVALTRY INJ	4
ADYNOVATE INJ	4
ADZENYS ER SUSP	3
ADZENYS XR TAB	3
AFSTYLA INJ	4
AIMOVIK INJ	2
ALDURAZYME INJ	4
ALIMTA INJ	4
ALINIA SUSP	2
ALPHANATE/HEMOFIL M/KOATE/KOATE-DVI INJ	4
ALPHANINE SD, MONONINE INJ	4
ALPROLIX INJ	4
ALUNBRIG TAB 30MG	4
ALUNBRIG TAB 90MG, 180MG	4
ambrisentan tab	4
AMITIZA CAP, LUBIPROSTONE CAP	2
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	3
ARANESP INJ	4
ARIKAYCE SUSP	4
armodafinil tab	1
asenapine maleate SL tab	2
ATGAM INJ	4
AUBAGIO TAB	4
AVASTIN INJ	4
AVONEX INJ	4
BANZEL SUSP	3
BARACLUDE SOLN	3
BAVENCIO INJ	4
BEBULIN, PROFILNINE INJ	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
BENEFIX/IXINITY/RIXUBIS INJ	4
BENZNIDAZOLE TAB	2
BERINERT INJ	4
BEVACIZUMAB INJ	4
bexarotene cap	4
BIVIGAM INJ	4
BLINCYTO INJ	4
BORTEZOMIB INJ, VELCADE INJ	4
bosentan tab	4
BOSULIF TAB	4
BOTOX INJ	4
BRAFTOVI CAP 50MG	4
BRAFTOVI CAP 75MG	4
BRUKINSA CAP	4
budesonide ER tab	3
bupropion ER tab	1
bupropion XL tab	1
CABLIVI INJ KIT	4
CABOMETYX TAB	4
capecitabine tab	4
CAPRELSA TAB	4
CARIMUNE NF INJ	4
CAYSTON INH SOLN	4
CEPROTIN INJ	4
CERDELGA CAP	4
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	4
CHOLBAM CAP	4
CIMZIA INJ	4
CINRYZE INJ	4
clindamycin/benzoyl peroxide gel	2
clindamycin/tretinoin gel	1
COAGADEX INJ	4
COMETRIQ KIT	4
CORIFACT INJ	4
CORLANOR SOLN	3
CORLANOR TAB	3
COTELLIC TAB	4
CRYSVITA INJ	4
CUTAQUIG INJ	4
CUVITRU INJ	4
CYRAMZA INJ	4
CYTOGAM INJ	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
DARZALEX INJ	4
DAURISMO TAB	4
deferiprone tab	4
DEPEN TITRATAB	4
DESCOVY TAB	\$0
DEXCOM G6 RECEIVER	\$0
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	\$0
DEXTENZA OPHTH INSERT	4
DIACOMIT CAP	4
DIACOMIT POWDER PACK	4
dimethyl fumarate dr cap	4
dimethyl fumarate DR starter pack	4
DOPTELET TAB	4
D-PENAMINE TAB	4
dronabinol cap	2
DUPIXENT INJ	4
DUPIXENT PEN INJ	4
DYSPORT INJ	4
ELAPRASE INTRAVENOUS SOLUTION	4
ELELYSO INJ	4
ELOCTATE INJ	4
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	4
EMPLICITI INJ	4
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4
ENDARI POWDER PACK	4
ENSPRYNG INJ	4
ENTRESTO TAB	2
ENTYVIO INJ	4
EPANED SOLN	3
EPIDIOLEX SOLN	4
EPIDUO FORTE GEL 0.3-2.5%	2
EPIDUO GEL 0.1-2.5%	3
epoprostenol inj	4
EPRONTIA SOLN	3
ERIVEDGE CAP	4
ERLEADA TAB	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
erlotinib tab	4
ESBRIET CAP	4
ESBRIET TAB 267MG	4
ESBRIET TAB 801MG	4
ESPEROCT INJ	4
ETOPOSIDE CAP	4
everolimus tab	2
everolimus tab 5mg	4
everolimus tab for oral susp	4
EVRYSDI SOLN	4
EXTAVIA INJ	4
EYLEA INJ	4
FABRAZYME INJ	4
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	4
FASLODEX INJ	4
FEIBA INJ	4
fentanyl citrate lollipop	2
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	4
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
FINTEPLA SOLN	4
FLEBOGAMMA INJ	4
fluvoxamine ER cap	2
FOLOTYN INJ	4
FORTEO INJ	4
FREESTYLE LIBRE 2 RECEIVER	\$0
FREESTYLE LIBRE 2 SENSOR	3
FREESTYLE LIBRE RECEIVER	\$0
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
FULPHILA INJ	4
fulvestrant inj	4
FUSILEV INJ	4
GALAFOLD CAP	4
GAMASTAN S/D INJ	4
GAMMAGARD INJ	4
GAMMAKED INJ	4
GAMMAPLEX INJ	4
GAMUNEX-C INJ	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
GENOTROPIN INJ	4
GILENYA CAP	4
GILOTRIF TAB	4
glatiramer inj	4
GLEEVEC TAB	4
GLEOSTINE/LOMUSTINE CAP	4
GLOPERBA SOLN	3
HAEGARDA INJ	4
HELIXATE FS, KOGENATE FS INJ	4
HEMLIBRA INJ	4
HERCEPTIN INJ	4
HIZENTRA INJ	4
HUMATE-P, WILATE INJ	4
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ 80MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PEDIATRIC UC STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN INJ 40MG	4
HYCAMTIN CAP	4
hydroxyprogesterone inj	4
HYPERRHO S/D INJ	4
HYQVIA INJ	4
IBRANCE CAP	4
IBRANCE TAB	4
icatibant inj	4
ICLUSIG TAB	4
IDELVION INJ	4
ILARIS INJ	4
ILUVIEN/RETISERT/YUTIQ INJ	4
imatinib tab	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA TAB 420MG, 560MG	4
INBRIJA INH POWDER	3
INCRELEX INJ	4
INFLECTRA INJ	4
INGREZZA CAP	4
INLYTA TAB	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
IRESSA TAB	4
ISTURISA TAB 10MG	4
ISTURISA TAB 1MG	4
ISTURISA TAB 5MG	4
itraconazole cap	2
itraconazole soln	3
ivermectin tab	2
JAKAFI TAB	4
JETREA INJ	4
JIVI INJECTION	4
JYNARQUE TAB	4
KALBITOR INJ	4
KALYDECO PAK	4
KALYDECO TAB	4
KEVEYIS TAB	4
KEVZARA INJ	4
KEYTRUDA INJ	4
KINERET INJ	4
KISQALI PAK	4
KISQALI TAB	4
KOSELUGO CAP	4
KRYSTEXXA INJ	4
LAMPIT TAB	2
lapatinib ditosylate tab	4
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	4
LENVIMA CAP	4
LEUKINE INJ	4
levoleucovorin inj	4
lidocaine patch 5%	3
LINZESS CAP	2
LONSURF TAB	4
LUCENTIS INJ	4
LUMIZYME/MYOZYME INJ	4
LUXTURNA SUSP	4
LYNPARZA CAP	4
LYNPARZA TAB	4
MACUGEN INJ	4
MATULANE CAP	4
MAVENCLAD PAK	4
MAVYRET PAK	4
MAVYRET TAB	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
MEKINIST TAB 0.5MG	4
MEKINIST TAB 2MG	4
MEKTOVI TAB	4
mercaptopurine tab	4
MESNEX TAB	4
MIRCERA INJ	4
modafinil tab	1
MONOCLATE-P INJ	4
MOVANTIK TAB	2
MYFEMBREE TAB	2
NAGLAZYME INJ	4
NERLYNX TAB	4
NEXAVAR TAB	4
nilutamide tab	4
NINLARO CAP	4
nitazoxanide tab	2
nitrofurantoin susp	3
NIVESTYM INJ	4
NOVOEIGHT INJ	4
NOVOSEVEN RT	4
NPLATE INJ	4
NUBEQA TAB	4
NUCALA INJ	4
NUEDEXTA CAP	2
NURTEC ODT	2
NUWIQ INJ	4
OBIZUR INJ	4
OCREVUS INJ	4
OCTAGAM INJ	4
octreotide inj	4
OCTREOTIDE INJ 100MCG	4
ODACTRA SL TAB	3
ODOMZO CAP	4
OLUMIANT TAB	4
OPDIVO INJ	4
OPSUMIT TAB	4
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4
ORIAHNN CAP	2
ORKAMBI GRANULES PACKET	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
ORKAMBI TAB	4
OTEZLA STARTER PACK	4
OTEZLA TAB	4
OXBRYTA TAB	4
OZURDEX IMPLANT	4
PALFORZIA POWDER PACK	4
PALFORZIA SPRINKLE CAP	4
PANZYGA INJ	4
penicillamine cap	4
penicillamine tab	4
PERJETA INJ	4
PLEGRIDY INJ	4
PLEGRIDY PEN INJ	4
POMALYST CAP	4
PRALUENT INJ	4
PRIVIGEN INJ	4
PROCRIT INJ	4
PROGESTERONE SUPP	3
PROLEUKIN INJ	4
PROLIA INJ	4
PROMACTA POWDER	4
PROMACTA TAB	4
PULMOZYME INH SOLN	4
PURINETHOL TAB	4
PURIXAN SUSP	4
pyrimethamine tab	4
RAVICTI LIQUID	4
REBIF INJ	4
REBINYN INJ	4
RECOMBINATE INJ	4
REMODULIN INJ 10MG/ML	4
REMODULIN INJ 1MG/ML	4
REMODULIN INJ 2.5MG/ML	4
REMODULIN INJ 5MG/ML	4
REPATHA INJ	4
REPATHA PUSHTRONEX INJ	4
RETACRIT INJ	4
REYVOW TAB	2
RINVOQ ER TAB	4
RITUXAN INJ	4
ROZLYTREK CAP	4
RUBRACA TAB	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
RUCONEST INJ	4
rufinamide susp	2
rufinamide tab	2
RYDAPT CAP	4
SANDOSTATIN LAR INJ KIT	4
SAPHRIS SL TAB	3
sapropterin dihydrochloride powder packet	4
sapropterin dihydrochloride soluble tab	4
sildenafil tab 20mg	4
SIMPONI ARIA INJ	4
SIMPONI AUTO-INJECTOR 100MG	4
SIMPONI INJ 100MG	4
SKYRIZI INJ 150MG/ML	4
SKYRIZI INJ 75MG/0.83ML	4
sodium sulfacetamide/sulfur wash	2
SOFOSBUVIR/VELPATASVIR TAB	4
SOLIRIS INJ	4
SOMATULINE INJ	4
SOMAVERT INJ	4
SOTYLIZE SOLN 5MG/ML	3
SPORANOX SOLN	3
SPRYCEL TAB	4
STELARA INJ	4
STIVARGA TAB	4
SUMAXIN WASH	3
sunitinib malate cap	4
SUNOSI TAB	2
SUPPRELIN LA KIT	4
SYMDEKO TAB	4
SYNAGIS INJ	4
SYNRIBO INJ	4
TABLOID TAB	4
tadalafil tab (PAH)	4
TAFINLAR CAP	4
TAGRISSO TAB	4
TAKHZYRO INJ	4
TALTZ INJ	4
TARGRETIN GEL	4
TASIGNA CAP	4
tazarotene cream 0.1%	1
TAZORAC CREAM	3
TAZORAC CREAM 0.05%	2

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
TAZORAC GEL	2
TECENTRIQ INJ	4
TEGSEDI INJ	4
temozolomide cap	4
tetrabenazine tab	4
THALOMID CAP	4
THIOLA EC TAB	4
THIOLA TAB	4
THROMBAT III INJ	4
tiopronin tab	4
TOBI PODHALER	4
tobramycin neb soln	4
tolvaptan tab	4
TREANDA INJ	4
TREMFYA INJ	4
treprostinil inj 10mg/ml	4
treprostinil inj 1mg/ml	4
treprostinil inj 2.5mg/ml	4
treprostinil inj 5mg/ml	4
tretinoin cap	4
tretinoin cream	2
tretinoin gel	2
TRETTEN INJ	4
trientine cap	4
TRIKAFTA TAB	4
TRINTELLIX TAB	Cost Share
TRULANCE TAB	2
TUKYSA TAB	4
TURALIO CAP	4
TYMLOS INJ	4
TYSABRI INJ	4
TYVASO INH SOLN	4
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UKONIQ TAB	4
ULTOMIRIS INJ	4
UPTRAVI TAB	4
VASCEPA CAP 0.5GM	2
VASCEPA CAP 1GM	2
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
VERZENIO TAB	4
vigabatrin powder pack	4
vigabatrin tab	4
vigadrone powder pack	4
VIIBRYD STARTER KIT	3
VIIBRYD TAB	3
VIMIZIM INJ	4
VISUDYNE INJ	4
VIVITROL INJ	4
VIZIMPRO TAB	4
VONVENDI INJ	4
VOSEVI TAB	4
VOTRIENT TAB	4
VPRIV INJ	4
VYNDAQEL CAP	4
WAKIX TAB	4
WINRHO SDF INJ	4
XADAGO TAB	3
XALKORI CAP	4
XATMEP SOLN	3
XELJANZ SOLN	4
XELJANZ TAB	4
XELJANZ XR TAB	4
XEMBIFY INJ	4
XEOMIN INJ	4
XGEVA INJ	4
XIFAXAN TAB 550MG	3
XOLAIR INJ	4
XOLAIR SYRINGE	4
XPOVIO PAK	4
XTANDI CAP	4
XURIDEN POWDER	4
XYNTHA INJ	4
XYREM SOLN	4
YERVOY INJ	4
YONSA TAB	4
ZELBORAF TAB	4
ZEMAIRA INJ	4
ZEPOSIA CAP	4
ZEPOSIA STARTER PACK	4
ZIANA GEL	3
ZOLADEX IMP	4

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.

**TML Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2022**

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)
ZOLINZA CAP	4
ZYDELIG TAB	4
ZYKADIA CAP	4
ZYKADIA TAB	4
ZYTIGA TAB 250MG	4
ZYTIGA TAB 500MG	4

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.

TML Pooled Formulary
Last Updated* 4/1/2022
RxCents (Cost Savings Enabled by Tablet Splitting)

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

	Product & Strength	Quantity	Member Copay	Member Annual Savings
Without Tablet Splitting	Drug A 40 mg tab	30	\$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	\$7.50	\$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

RxCents Program Medications

febuxostat tab	JANUVIA TAB	LATUDA TAB	nebivolol hcl tab
rasagiline tab			

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

**TML Pooled Formulary
Last Updated* 4/1/2022
Over-the-Counter (OTC)**

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER	ALCOHOL SWABS	ALLEGRA ODT	ALLEGRA TAB
ALLEGRA-D TAB	ammonium lactate cream	ammonium lactate lotion	aspirin chew tab 81mg
aspirin ec tab 325mg	aspirin ec tab 81mg	aspirin tab 325mg	aspirin tab 81mg
AXID AR TAB (OTC)	B-D INSULIN SYRINGE	B-D PEN NEEDLE	BROVEX PEB LIQUID
budesonide nasal spray	CALIBRATION LIQUID	cetirizine cap	cetirizine chew tab
cetirizine syrup	cetirizine tab	cetirizine/pseudoephedrine 12-hour tab	CHROMELIN SOLN
cimetidine tab	CLARITIN CAP	CLARITIN REDITAB	CLINISTIX TEST STRIP
clotrimazole cream	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	COVID-19 TEST	DECON-A LIQUID	DIABETIC PUMP
DIFFERIN OTC GEL 0.1%	DY-O-DERM SOLN	esomeprazole cap	esomeprazole magnesium DR tab
famotidine tab	FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUID
ferrous sulfate soln	ferrous sulfate syrup	fexofenadine susp	fexofenadine tab
fexofenadine/pseudoephedrine 12-hour tab	fexofenadine/pseudoephedrine 24-hour tab	FLONASE SENSIMIST NASAL SPRAY	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP
FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP	guaifenesin/codeine syrup	IRON SUSP	KETO-DIASTIX TEST STRIP
KETOSTIX	ketotifen ophth soln	LANCET KIT	LANCETS
levonorgestrel tab	lohist liquid	loratadine cap	loratadine chew tab
loratadine ODT	loratadine syrup	loratadine tab	loratadine/pseudoephedrine 12-hour tab
loratadine/pseudoephedrine 24-hour tab	meclizine chew tab	minoxidil soln	MIRALAX PACKET
MIRALAX POWDER	NASACORT OTC NASAL SPRAY	NEXIUM 24HR TAB	niacin cap
niacin CR tab	niacin tab	NIACIN TR TAB	niacinamide tab
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
nizoral a-d shampoo	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN 70/30 INJ
NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ	NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ
NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	omeprazole magnesium DR tab 20mg	omeprazole tab
OXYTROL PATCH (OTC)	PEAK FLOW METER	phenazopyridine tab 95mg	phenazopyridine tab 97.5mg
phenazopyridine tab 99.5mg	PLAN B TAB		

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

polyethylene glycol 3350 powder	polyethylene glycol packet	PRECISION XTRA KETONE TEST STRIP	PRECISION XTRA METER
PRECISION XTRA TEST STRIP	PREVACID OTC CAP	PRILOSEC OTC DR TAB	PUMP SUPPLIES
selenium sulfide lotion	SLO-NIACIN TAB	TODAY SPONGE	triamcinolone OTC nasal spray
TRIAMINIC SYRUP	VITADYE LOTION	VITAMIN D TAB 400UNIT	ZEGERID CAP OTC
ZYRTEC ODT			

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.

TML Pooled Formulary
Last Updated* 4/1/2022
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

abiraterone acetate tab 500mg	abiraterone tab 250mg	ABRAXANE INJ	ACTEMRA ACTPEN INJ
ACTEMRA SC INJ	ACTHAR HP	ACTIMMUNE INJ	ADEMPAS TAB
ADVATE, KOVALTRY INJ	ADYNOVATE INJ	AFSTYLA INJ	ALDURAZYME INJ
ALFERON-N INJ	ALIMTA INJ	ALPHANATE/HEMOPIL M/KOATE/KOATE-DVI INJ	ALPHANINE SD, MONONINE INJ
ALPROLIX INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
ARANESP INJ	ARIKAYCE SUSP	ATGAM INJ	AUBAGIO TAB
AVASTIN INJ	AVONEX INJ	BAVENCIO INJ	BEBULIN, PROFILNINE INJ
BENEFIX/IXINITY/RIXUBIS INJ	BERINERT INJ	BEVACIZUMAB INJ	bexarotene cap
BIVIGAM INJ	BLINCYTO INJ	BORTEZOMIB INJ, VELCADE INJ	bosentan tab
BOSULIF TAB	BOTOX INJ	BRAFTOVI CAP 50MG	BRAFTOVI CAP 75MG
BRUKINSA CAP	CABLIVI INJ KIT	CABOMETYX TAB	capecitabine tab
CAPRELSA TAB	CARIMUNE NF INJ	CAYSTON INH SOLN	CEPROTIN INJ
CERDELGA CAP	CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	CHOLBAM CAP	CIMZIA INJ
CINRYZE INJ	COAGADEX INJ	COMETRIQ KIT	CORIFACT INJ
COTELLIC TAB	CRYSVITA INJ	CUTAQUIG INJ	CUVITRU INJ
CYRAMZA INJ	CYSTADROPS SOLN	CYSTAGON CAP	CYSTARAN OPHTH SOLN
CYTOGAM INJ	DARZALEX INJ	DAURISMO TAB	deferasirox granules packet
deferasirox tab	deferasirox tab 180mg	deferasirox tab 90mg, 360mc	deferiprone tab
DEPEN TITRATAB	DEXTENZA OPHTH INSERT	DIACOMIT CAP	DIACOMIT POWDER PACK
dimethyl fumarate dr cap	dimethyl fumarate DR starter pack	DOPTELET TAB	D-PENAMINE TAB
DUPIXENT INJ	DUPIXENT PEN INJ	DYSPORT INJ	ELAPRASE INTRAVENOUS SOLUTION
ELELYSO INJ	ELOCTATE INJ	EMPAVELI INJ	EMPLICITI INJ
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
ENDARI POWDER PACK	ENSPRYNG INJ	ENTYVIO INJ	EPIDIOLEX SOLN
epoprostenol inj	ERIVEDGE CAP	ERLEADA TAB	erlotinib tab
ESBRIET CAP	ESBRIET TAB 267MG	ESBRIET TAB 801MG	ESPEROCT INJ
ETOPOSIDE CAP	everolimus tab	everolimus tab 5mg	everolimus tab for oral susp
EVRYSDI SOLN	EXTAVIA INJ	EYLEA INJ	FABRAZYME INJ

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.

FARYDAK CAP	FASLODEX INJ	FEIBA INJ	FERRIPROX SOLN
FINTEPLA SOLN	FLEBOGAMMA INJ	FOLOTYN INJ	FORTEO INJ
FULPHILA INJ	fulvestrant inj	FUSILEV INJ	FUZEON INJ
GALAFOLD CAP	GAMASTAN S/D INJ	GAMMAGARD INJ	GAMMAKED INJ
GAMMAPLEX INJ	GAMUNEX-C INJ	GENOTROPIN INJ	GILENYA CAP
GILOTRIF TAB	glatiramer inj	GLEEVEC TAB	GLEOSTINE/LOMUSTINE CAP
HAEGARDA INJ	HELIXATE FS, KOGENATE FS INJ	HEMLIBRA INJ	HERCEPTIN INJ
HIZENTRA INJ	HUMATE-P, WILATE INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ 80MG	HUMIRA INJ	HUMIRA INJ PEDIATRIC
		CROHNS/UC/HIDRADENITI STARTER PACK	CROHNS STARTER PACK
HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ	HUMIRA PEN INJ 40MG	HYCANTIN CAP
	PSORIASIS/UVEITIS STARTER PACK		
hydroxyprogesterone inj	HYPERRHO S/D INJ	HYQVIA INJ	IBRANCE CAP
IBRANCE TAB	icatibant inj	ICLUSIG TAB	IDELVION INJ
ILARIS INJ	ILUVIEN/RETISERT/YUTIQ INJ	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB 420MG, 560MG	INCRELEX INJ	INFLECTRA INJ
INGREZZA CAP	INLYTA TAB	INTRON-A INJ	IRESSA TAB
ISTURISA TAB 10MG	ISTURISA TAB 1MG	ISTURISA TAB 5MG	JAKAFI TAB
JETREA INJ	JIVI INJECTION	JYNARQUE TAB	KALBITOR INJ
KALYDECO PAK	KALYDECO TAB	KEVEYIS TAB	KEVZARA INJ
KEYTRUDA INJ	KINERET INJ	KISQALI PAK	KISQALI TAB
KOSELUGO CAP	KRYSTEXXA INJ	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB
lenalidomide cap	LENVIMA CAP	LEUKINE INJ	levoleucovorin inj
LONSURF TAB	LUCENTIS INJ	LUMIZYME/MYOZYME INJ	LUXTURNA SUSP
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	MACUGEN INJ
MATULANE CAP	MAVENCLAD PAK	MAVYRET TAB	MEKINIST TAB 0.5MG
MEKINIST TAB 2MG	MEKTOVI TAB	mercaptopurine tab	MESNEX TAB
MIRCERA INJ	MONOCLATE-P INJ	MYLERAN TAB	NAGLAZYME INJ
NERLYNX TAB	NEUMEGA INJ	NEXAVAR TAB	nilutamide tab
NINLARO CAP	NIVESTYM INJ	NOVOEIGHT INJ	NOVOSEVEN RT
NPLATE INJ	NUBEQA TAB	NUCALA INJ	NUWIQ INJ
OBIZUR INJ	OCREVUS INJ	OCTAGAM INJ	octreotide inj
OCTREOTIDE INJ 100MCG	ODOMZO CAP	OLUMIANT TAB	OPDIVO INJ
OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML
ORENCIA SC INJ 87.5MG/0.7ML	ORKAMBI GRANULES PACKET	ORKAMBI TAB	OTEZLA STARTER PACK
OTEZLA TAB	OXBRYTA TAB	OZURDEX IMPLANT	PALFORZIA POWDER PACK
PALFORZIA SPRINKLE CAF	PANZYGA INJ	PEGASYS INJ	penicillamine cap
penicillamine tab	PERJETA INJ	PLEGRIDY INJ	PLEGRIDY PEN INJ
POMALYST CAP	PRALUENT INJ	PRIVIGEN INJ	PROCRIT INJ
PROLEUKIN INJ	PROLIA INJ	PROMACTA POWDER	PROMACTA TAB
PULMOZYME INH SOLN	PURINETHOL TAB	PURIXAN SUSP	pyrimethamine tab

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

RAVICTI LIQUID	REBETOL SOLN	REBIF INJ	REBINYN INJ
RECOMBINATE INJ	REMODULIN INJ 10MG/ML	REMODULIN INJ 1MG/ML	REMODULIN INJ 2.5MG/ML
REMODULIN INJ 5MG/ML	REPATHA INJ	REPATHA PUSHTRONEX INJ	RETACRIT INJ
REVLIMID CAP	ribavirin cap	ribavirin tab	RINVOQ ER TAB
RITUXAN INJ	ROZLYTREK CAP	RUBRACA TAB	RUCONEST INJ
RYDAPT CAP	SANDOSTATIN LAR INJ KIT	sapropterin dihydrochloride powder packet	sapropterin dihydrochloride soluble tab
sildenafil tab 20mg	SIMPONI ARIA INJ	SIMPONI AUTO-INJECTOR 100MG	SIMPONI INJ 100MG
SKYRIZI INJ 150MG/ML	SKYRIZI INJ 75MG/0.83ML	SOFOSBUVIR/VELPATASVIR TAB	SOLIRIS INJ
SOMATULINE INJ	SOMAVERT INJ	SPRYCEL TAB	STELARA INJ
STIVARGA TAB	sunitinib malate cap	SUPPRELIN LA KIT	SYMDEKO TAB
SYNAGIS INJ	SYNRIBO INJ	TABLOID TAB	tadalafil tab (PAH)
TAFINLAR CAP	TAGRISSO TAB	TAKHZYRO INJ	TALTZ INJ
TARGRETIN GEL	TASIGNA CAP	TECENTRIQ INJ	TEGSEDI INJ
temozolomide cap	tetrabenazine tab	THALOMID CAP	THIOLA EC TAB
THIOLA TAB	THROMBAT III INJ	tiopronin tab	TOBI PODHALER
tobramycin neb soln	tolvaptan tab	TREANDA INJ	TREMFYA INJ
treprostinil inj 10mg/ml	treprostinil inj 1mg/ml	treprostinil inj 2.5mg/ml	treprostinil inj 5mg/ml
tretinoin cap	TRETEN INJ	trientine cap	TRIKAFTA TAB
TUKYSA TAB	TURALIO CAP	TYMLOS INJ	TYSABRI INJ
TYVASO INH SOLN	UKONIQ TAB	ULTOMIRIS INJ	UPTRAVI TAB
VENCLEXTA STARTER PACK	VENCLEXTA TAB	VENTAVIS INH SOLN	VERZENIO TAB
vigabatrin powder pack	vigabatrin tab	vigadrone powder pack	VIMIZIM INJ
VISUDYNE INJ	VIVITROL INJ	VIZIMPRO TAB	VONVENDI INJ
VOSEVI TAB	VOTRIENT TAB	VPRIV INJ	VYNDAQEL CAP
WAKIX TAB	WINRHO SDF INJ	XALKORI CAP	XELJANZ SOLN
XELJANZ TAB	XELJANZ XR TAB	XEMBIFY INJ	XEOMIN INJ
XGEVA INJ	XOLAIR INJ	XOLAIR SYRINGE	XPOVIO PAK
XTANDI CAP	XURIDEN POWDER	XYNTHA INJ	XYREM SOLN
YERVOY INJ	YONSA TAB	ZARXIO INJ	ZELBORAF TAB
ZEMAIRA INJ	ZEPOSIA CAP	ZEPOSIA STARTER PACK	ZIEXTENZO INJ
ZOLADEX IMP	ZOLINZA CAP	ZYDELIG TAB	ZYKADIA CAP
ZYKADIA TAB	ZYTIGA TAB 250MG	ZYTIGA TAB 500MG	

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.

TML Pooled Formulary
Last Updated* 4/1/2022
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
COTEMPLA XR ODT	Step Therapy requires trial of 2: dexamethylphenidate ER cap and METHYLPHENIDATE ER
DAYTRANA PATCH	Step Therapy requires trial of 2: dexamethylphenidate ER cap and METHYLPHENIDATE ER
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
febuxostat tab	Step Therapy requires trial of allopurinol
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
MYDAYIS CAP	Step Therapy requires trial dextroamphetamine ER cap and amphetamine/dextroamphetamine ER cap for a period of 30 days each
NEVIRAPINE ER TAB	Step Therapy requires trial of nevirapine
QUILLICHEW ER TAB	Step Therapy requires trial of 2: dexamethylphenidate ER cap and METHYLPHENIDATE ER
QUILLIVANT XR SUSP	Step Therapy requires trial of 2: dexamethylphenidate ER cap and METHYLPHENIDATE ER
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL

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.

**TML Pooled Formulary
Smoking Cessation Agents
Last Updated* 4/1/2022**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX PAK(Limited to 180 days/plan year)	\$0
CHANTIX TAB(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0

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.

**TML Pooled Formulary
Infertility Drug List
Last Updated* 4/1/2022**

Drug Name	Tier # for Drug Copay
BRAVELLE INJ	100%/EX
CETROTIDE INJ	100%/EX
CLOMIPHENE CITRATE POWDER	100%/EX
clomiphene citrate tab	100%/EX
FOLLISTIM AQ INJ	100%/EX
ganirelix ac inj	100%/EX
GONAL-F RFF INJ	100%/EX
leuprolide inj	100%/EX
MENOPUR INJ	100%/EX
OVIDREL INJ	100%/EX
PREGNYL INJ	100%/EX
TRELSTAR INJ	100%/EX

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.

TML Pooled Formulary
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTHAR HP	QL= 4 vials/fill
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
AIMOVIJ INJ	QL= 1 pack/28 days
ALINIA SUSP	QL= 60ml/3 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
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
bimatoprost ophth soln	QL= 2.5ml/30 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 50MG	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine tab	QL= 6 tabs/day
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIMZIA INJ	QL= 2 inj/28 days
CINRYZE INJ	QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767
COTELLIC TAB	QL= 3 tabs/day
COVID-19 TEST	QL= 8 tests/30 days

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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 VACCINE BOOSTER INJ (MODERNA)	QL= 1 inj/year
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (MODERNA)	QL= 1 dose/24 days; limit 4 fills/12 months
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days; limit 4 fills/12 months
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days; limit 4 fills/12 months
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
DIFICID SUSP	QL= 136 mL/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DOPTELET TAB	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENDARI POWDER PACK	QL= 6 packets/day
enoxaparin inj	QL= 17 days supply
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill

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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab 5mg	QL= 2 tabs/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day; Only available through Accredo 800-803-2523
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/28 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 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
gabapentin cap	QL= 3 caps/day
gabapentin cap 100mg	QL= 6 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Walgreens 888-347-3416
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days

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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
HYDROCODONE/CHLORPHENIRAMINE/I SEUDOEPHEDRINE LIQUID	QL= 120ml/fill, 2 fills/month
HYDROXYCHLOROQUINE TAB 100MG	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 21 caps/28 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
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 420MG, 560MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
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
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days

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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
lacosamide tab	QL= 2 tabs/day
LASTACRAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 800-803-2523
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
lidocaine patch 5%	QL= 3 patches/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
MOLNUPIRAVIR CAP	QL= 40 caps/fill
MYFEMBREE TAB	QL= 1 tab/day
naloxone prefilled inj	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nitazoxanide tab	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUDEXTA CAP	QL= 2 caps/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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
NURTEC ODT	QL= 8 tabs/30 days, 6 fills/year
OCREVUS INJ	QL= 600mg/180 days; Only available through Walmart Specialty 877-453-4566
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORIAHNN CAP	QL= 2 caps/day
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	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXBRYTA TAB	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
OZEMPIC INJ	QL= 1 pack/28 days
PAXLOVID TAB	QL= 30 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
PICATO GEL	QL= 1 box/fill
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days

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.

**TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REVLIMID CAP	QL= 1 cap/day
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYBELSUS TAB	QL=1 tab/day
SANCUSO PATCH	QL= 4 patches/fill
SANDOSTATIN LAR INJ KIT	QL= 1 kit/28 days
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SIMPONI AUTO-INJECTOR 100MG	QL= 1 inj/28 days
SIMPONI INJ 100MG	QL= 1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
STELARA INJ	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day

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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALTZ INJ	QL= 1 inj/28 days
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
trilyte soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UKONIQ TAB	QL= 4 tabs/day; Only available through Onco360 877-662-6633
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VANCOGIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
VASCEPA CAP 0.5GM	QL= 4 caps/day
VASCEPA CAP 1GM	QL= 4 caps/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIVOTIF CAP	QL= 4 caps/fill
VIZIMPRO TAB	QL= 1 tab/day
VOSEVI TAB	QL= 1 tab/day
VYNDAQEL CAP	QL= 4 caps/day
WAKIX TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/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.

TML Pooled Formulary Cont.
Last Updated* 4/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/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
XOFLUZA TAB	QL= 2 tabs/fill
XOFLUZA TAB THERAPY PACK 40MG	QL= 1 tab/fill
XOFLUZA TAB THERAPY PACK 80MG	QL= 1 tab/fill
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTANDI CAP	QL= 4 caps/day
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3668
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
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.