

**Search Tip:**

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. 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.

**Community Health Choice - ERS Formulary**

**Alphabetical Index**

**Last Updated 10/3/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
8-MOP CAP	-	2	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 DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABSORICA 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	ANTIDIABETICS
ACCU-CHECK GUIDE CARE METER	OTC	20%	MEDICAL DEVICES AND SUPPLIES

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INF	Infertility	LD	Limited Distribution
LMSPP	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 fo first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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ACCU-CHEK AVIVA PLUS METER	OTC	20%MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	20%MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1 BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3 ANALGESICS - OPIOID
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2 ANALGESICS - OPIOID
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2 ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1 ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1 ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	1 MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	1 MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3 OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2 DIURETICS

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acetazolamide tab	-	1	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
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL 7.5%	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS

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adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADDERALL XR CAP	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADOXA PAK	-	NC	TETRACYCLINES
ADRENALICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS

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ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERTENSIVES
ADZENYS XR TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.

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AIMOVIG INJ	-	NC MIGRAINE PRODUCTS
AIRDUO RESPICLICK	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC MIGRAINE PRODUCTS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2 ANTIEMETICS
ALA SCALP LOTION	-	2 DERMATOLOGICALS
ALAMAST OPHTH SOLN	-	2 OPHTHALMIC AGENTS
albendazole tab (ALBENZA equiv)	-	NC ANTHELMINTICS
ALBENZA TAB	-	NC ANTHELMINTICS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	1	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	20%	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ALENDRONATE SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	2	ANTI-INFECTIVE AGENTS MISC.
ALINIA TAB	-	2	ANTI-INFECTIVE AGENTS MISC.
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS

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ALOQUIN GEL	-	NC DERMATOLOGICALS
ALORA PATCH	-	NC ESTROGENS
alosetron tab (LOTRONEX equiv)	-	3 GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2 OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	3 ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3 ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1 ANTIANXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	2 OPHTHALMIC AGENTS
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
ALTABAX OINT	-	3 DERMATOLOGICALS
ALTOPREV TAB	-	NC ANTIHYPERLIPIDEMICS
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	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Onl available through Biologics 800-850-4306)	LD-PA-QL-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL

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amantadine cap (SYMMETREL equiv)	-	1 ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1 ANTIPARKINSON AGENTS
amantadine tab	-	2 ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
AMCINONIDE CREAM 0.1%	-	2 DERMATOLOGICALS
AMCINONIDE LOTION	-	3 DERMATOLOGICALS
AMCINONIDE OINT	-	2 DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0 CONTRACEPTIVES
AMICAR SOLN	-	2 HEMOSTATICS
AMICAR SYRUP	-	3 HEMOSTATICS
AMICAR TAB	-	2 HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1 DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1 DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	1 HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	1 HEMOSTATICS
AMINOCAPROIC ACID TAB	-	3 HEMOSTATICS
aminophylline tab	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1 ANTIARRHYTHMICS

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AMITIZA CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1 ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1 CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2 CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1 ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	2 ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2 ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2 ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1 DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1 DERMATOLOGICALS
AMOXAPINE TAB	-	1 ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1 PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1 PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	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 (AUGMENTIN XR equiv)	-	3 PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1 PENICILLINS

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amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS

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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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, LOFIBRA CAP 30MG, 90MG	-	3	ANTIHYPERTENSIVES
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1	OTIC AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APEXICON E CREAM	-	1	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH / THROAT / DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	2	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
APTIVUS SOLN	-	2	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
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	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB, MESALAMINE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
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.
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS

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ATACAND TAB	-	NC ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	2 ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1 BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1 ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA CAP equiv)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0 ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0 ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1 ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1 ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2 ANTI-INFECTIVE AGENTS MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2 ANTIMALARIALS
ATRIPLA TAB	-	2 ANTIVIRALS
atropine ophth oint	-	1 OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1 OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
AURYXIA TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC VASOPRESSORS
AVANDAMET TAB	-	2 ANTIDIABETICS
AVANDARYL TAB	-	2 ANTIDIABETICS
AVANDIA TAB	-	2 ANTIDIABETICS
AVAR AEROSOL FOAM	-	3 DERMATOLOGICALS
AVAR GEL	-	2 DERMATOLOGICALS
AVAR PAD	-	NC DERMATOLOGICALS
AVC VAGINAL CREAM	-	2 VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	\$0 CONTRACEPTIVES
AVINZA CAP	-	NC ANALGESICS - OPIOID
AVONEX INJ	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC MIGRAINE PRODUCTS
AZASAN TAB	-	3 ASSORTED CLASSES
AZASITE SOLN	-	2 OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1 ASSORTED CLASSES
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1 NASAL AGENTS - SYSTEMIC AND TOPICAL

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1 OPHTHALMIC AGENTS
AZELEX CREAM	PA	3 DERMATOLOGICALS
AZENASE PAK	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
azithromycin susp (ZITHROMAX equiv)	-	1 MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1 MACROLIDES
AZOPT OPHTH SUSP	-	2 OPHTHALMIC AGENTS
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	-	NC DERMATOLOGICALS
BACLOFEN TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 10mg, 20mg	-	1 MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN NASAL OINT	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
BALCOLTRA TAB	-	NC CONTRACEPTIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	2	ANTICONVULSANTS
BANZEL TAB	-	2	ANTICONVULSANTS
BASAGLAR INJ	-	NC	ANTIDIABETICS
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
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
BELVIQ XR TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	COUGH / COLD / ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	1	COUGH / COLD / ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BERINERT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS

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betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OIN equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	3	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	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	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS

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bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	\$0 VACCINES
BEYAZ TAB	-	\$0 CONTRACEPTIVES
BIAFINE EMULSION	-	NC DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC HEMATOPOIETIC AGENTS
BIKTARVY TAB	-	2 ANTIVIRALS
BILTRICIDE TAB	-	2 ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS
bisoprolol tab (ZEBETA equiv)	-	1 BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1 ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	2 OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3 OPHTHALMIC AGENTS
BOSULIF TAB	MSP-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAVELLE INJ	INF-PA	50% ENDOCRINE AND METABOLIC AGENTS - MISC.

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BREO ELLIPTA INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3 HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln (ALPHAGAN P equiv)	-	1 OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC ANTICONVULSANTS
BRIVIACT TAB	-	NC ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	2 OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	2 OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2 ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2 ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC OPHTHALMIC AGENTS
BROVANA NEB SOLN	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
B-SERENE PAD	-	NC HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3 CORTICOSTEROIDS

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budesonide inh susp (PULMICORT equiv)	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	3 CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1 DIURETICS
BUNAVAIL FILM, SUBOXONE SL FILM	-	2 ANALGESICS - OPIOID
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	3 ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	NC ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	NC ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2 ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	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)	-	1 ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	1 ANTI-ANXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC ANTI-ANXIETY AGENTS
BUTAL/APAP CAP	-	NC ANALGESICS - NONNARCOTIC

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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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
BUTISOL TAB	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER 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	-	3 ANTIDIABETICS
BYSTOLIC TAB	¢	2 BETA BLOCKERS
BYVALSON TAB	-	NC ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CAFCIT INJ	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2 DERMATOLOGICALS
calcipotriene oint	-	2 DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2 DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	3 DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	LMSP	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	LMSP	1 ENDOCRINE AND METABOLIC AGENTS - MISC.

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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 (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CANASA SUPP	-	2	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	3	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HC1 equiv)	-	2	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
captopril tab (CAPOTEN equiv)	-	1 ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	1 ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1 ANTIHYPERTENSIVES
CARAC CREAM	-	2 DERMATOLOGICALS
CARAFATE SUSP	-	1 ULCER DRUGS
CARBAGLU TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1 ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2 ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2 ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1 ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1 ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2 ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1 ANTIPARKINSON 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
carbinoxamine soln (PALGIC equiv)	-	3 ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3 ANTIHISTAMINES
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC ANTIHISTAMINES
CARDENE SR CAP	-	3 CALCIUM CHANNEL BLOCKERS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CARDURA XL TAB	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
CAROSPIR SUSP	-	NC DIURETICS
CARTEOLOL OPHTH SOLN	-	1 OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1 OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1 BETA BLOCKERS
CATAPRES-TTS PATCH	-	3 ANTIHYPERTENSIVES
CAVERJECT INJ (QL= 6 inj/30 days)	PA-QL	3 CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2 ANTI-INFECTIVE AGENTS MISC.
CEDAX CAP	-	3 CEPHALOSPORINS
CEDAX SUSP	-	3 CEPHALOSPORINS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
CEENU CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
cephalexin susp (KEFLEX equiv)	-	1 CEPHALOSPORINS
CEPHALEXIN TAB	-	1 CEPHALOSPORINS
CERDELGA CAP	-	NC HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	\$0 VACCINES
CERVICAL CAP	-	\$0 MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3 ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0 CONTRACEPTIVES
CETROTIDE INJ	INF-PA	50%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 ANTIANXIETY AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
CHLORTHALIDONE TAB	-	1	DIURETICS
CHLORZOXAZONE TAB	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES

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CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CIALIS TAB (QL= 6 tabs/30 days)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
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 OPHTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
CINRYZE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CIPRO HC OTIC SUSP	-	3 OTIC AGENTS
CIPRO SUSP 5%	-	3 FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	2 OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3 FLUOROQUINOLONES
ciprofloxacin ER tab (CIPRO XR equiv)	-	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
citalopram soln (CELEXA equiv)	-	1 ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1 ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC MULTIVITAMINS
CLARINEX REDITAB	-	NC ANTIHISTAMINES
CLARINEX SYRUP	-	NC ANTIHISTAMINES
CLARINEX TAB	-	NC ANTIHISTAMINES
CLARINEX-D TAB	-	NC COUGH / COLD / ALLERGY
CLARITHROMYCIN SUSP	-	1 MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	3 MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1 MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1 MACROLIDES
CLARITIN CAP	OTC	NC ANTIHISTAMINES
CLENPIQ SOLN	-	2 LAXATIVES
CLEOCIN VAGINAL SUPP	-	3 VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC ESTROGENS

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CLINDACIN KIT	-	NC DERMATOLOGICALS
CLINDAGEL	-	3 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)	-	3 ANTI-INFECTIVE AGENTS MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1 DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1 VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3 DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3 DERMATOLOGICALS
CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL	-	3 DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3 VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
clobetasol E foam (OLUX E equiv)	-	NC DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	3 DERMATOLOGICALS
clobetasol lotion (CLOBEX LOTION equiv)	-	3 DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1 DERMATOLOGICALS

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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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clobetasol propionate emollient cream (TEMOVATE-I CREAM equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	3	DERMATOLOGICALS
clobetasol spray (CLOBEX SPRAY equiv)	-	3	DERMATOLOGICALS
CLOCORTOLONE CREAM, CLODERM CREAM	-	3	DERMATOLOGICALS
CLOMIPHENE CITRATE POWDER	INF-PA	50%	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE CITRATE TAB	INF-PA	50%	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	INF-PA	50%	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)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES

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clonidine tab (CATAPRES equiv)	-	1 ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	1 ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1 DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2 DERMATOLOGICALS
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	3 ANALGESICS - OPIOID
codeine sulfate tab	-	1 ANALGESICS - OPIOID
COLCHICINE CAP	-	NC GOUT AGENTS
COLCHICINE TAB	-	2 GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1 GOUT AGENTS

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COLCRYS TAB	-	NC GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	NC ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	NC ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3 ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3 ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1 ANTIHYPERLIPIDEMICS
colistimethate sodium inj (COLY-MYCIN M equiv)	-	NC ANTI-INFECTIVE AGENTS MISC.
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	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	2 ANTIVIRALS
CONDYLOX GEL	-	3 DERMATOLOGICALS
CONTRACEPTIVE FILM	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0 VAGINAL PRODUCTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CONTRACEPTIVE SUPP	OTC	\$0 VAGINAL PRODUCTS
COPAXONE INJ	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN TAPE	-	3 DERMATOLOGICALS
COREG CR CAP	-	NC BETA BLOCKERS
CORLANOR TAB	PA	3 CARDIOVASCULAR AGENTS - MISC.
CORTIFOAM	-	3 ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2 CORTICOSTEROIDS
CORTISPORIN CREAM	-	3 DERMATOLOGICALS
CORTISPORIN OINT	-	3 DERMATOLOGICALS
COSENTYX INJ (1-PACK)	LMSP-PA	2 DERMATOLOGICALS
COSENTYX INJ (2-PACK)	LMSP-PA	2 DERMATOLOGICALS
COSOPT PF OPHTH SOLN	-	2 OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
COVERA-HS TAB	-	3 CALCIUM CHANNEL BLOCKERS
CREON CAP	-	2 DIGESTIVE AIDS
CRESEMBA CAP	-	NC ANTIFUNGALS
CRINONE GEL	INF-PA	50%VAGINAL PRODUCTS
CRIXIVAN CAP	-	2 ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1 OPHTHALMIC AGENTS
crotamiton lotion (EURAX equiv)	-	3 DERMATOLOGICALS
cryselle tab	-	\$0 CONTRACEPTIVES
CUPRIMINE CAP	-	2 ASSORTED CLASSES
CUVPOSA SOLN	-	3 ULCER DRUGS
cyanocobalamin inj	-	1 HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	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 (CYTOXAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
CYCLOSPORINE OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	OPHTHALMIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	3	MIGRAINE PRODUCTS
DAKLINZA TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	NC	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 tab	-	1	ANTI-INFECTIVE AGENTS MISC.
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD	2	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	NC	URINARY ANTISPASMODICS
DAXBIA CAP	-	NC	CEPHALOSPORINS

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DAYTRANA PATCH	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DDAVP NASAL SOLN	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	NC COUGH / COLD / ALLERGY
DELSTRIGO TAB	-	NC ANTIVIRALS
DELZICOL CAP	-	2 GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3 TETRACYCLINES
DENAVIR CREAM	-	2 DERMATOLOGICALS
DEPACON INJ	-	NC ANTICONVULSANTS
DEPEN TITRATAB	-	2 ASSORTED CLASSES
DEPLIN CAP	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0 CONTRACEPTIVES
DERMACINRX KIT	-	NC DERMATOLOGICALS
DESCOVY TAB	PA	2 ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2 ANTIDEPRESSANTS

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DESLORATADINE ODT	-	NC ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC 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	-	NC DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	1 DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	1 DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	1 DERMATOLOGICALS
DESOWEN CREAM	-	NC DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC DERMATOLOGICALS
DESOWEN LOTION	-	NC DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC DERMATOLOGICALS
DESOWEN OINT	-	NC DERMATOLOGICALS
DESOWEN OINT KIT	-	NC DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	1 DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	1 DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	1 DERMATOLOGICALS

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desvenlafaxine ER tab (PRISTIQ equiv)	-	2 ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	--ST	3 ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1 CORTICOSTEROIDS
dexamethasone elixir	-	1 CORTICOSTEROIDS
dexamethasone ophth soln	-	1 OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	1 CORTICOSTEROIDS
dexamethasone soln	-	1 CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1 CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	20%MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	20%MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	20%MEDICAL DEVICES AND SUPPLIES
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	3 ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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dexamethylphenidate tab (FOCALIN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXPAK TAB	-	3 CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DIABETIC METER (all other diabetic meters)	OTC	NC MEDICAL DEVICES AND SUPPLIES
DIABETIC PUMP	--OTC	20% MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	1 MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1 MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1 MULTIVITAMINS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
DIAPHRAGM	-	\$0 MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3 ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1 ANTIANXIETY AGENTS
DIAZEPAM SOLN	-	1 ANTIANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1 ANTIANXIETY AGENTS
DICLEGIS TAB	-	NC ANTIEMETICS
diclofenac gel (SOLARAZE equiv)	-	3 DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2 DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1 OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	3 DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3 ANALGESICS - ANTI-INFLAMMATORY
DICLOPR KIT	-	NC DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1 PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1 ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2 ULCER DRUGS

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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

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dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	2	ANTIVIRALS
DIFFERIN GEL 0.3% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	NC	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy require: trial of vancomycin cap, vancomycin soln, or FIRVAN SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	2	DERMATOLOGICALS
diflorasone oint	-	1	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	2	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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diltiazem ER cap (TIAZAC equiv)	-	1 CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2 CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1 CALCIUM CHANNEL BLOCKERS
DIPENTUM CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Onl 50mg covered)	-	1 ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1 ANTIDIARRHEALS
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
disulfiram tab (ANTABUSE equiv)	-	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	-	NC ESTROGENS

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dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
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 ELIXIR	-	3	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB	-	NC	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES

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doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	3	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES

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doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1 TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	2 ANTIEMETICS
DROXIA CAP	-	2 HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1 DERMATOLOGICALS
DST PLUS PAK KIT	-	NC DERMATOLOGICALS
DUAC CS KIT	-	NC DERMATOLOGICALS
DULERA INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1 ANTIDEPRESSANTS
DUOPA ENTERAL SUSP	-	NC ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	2 DERMATOLOGICALS
DURAVENT PE TAB	-	NC COUGH / COLD / ALLERGY
DUREZOL OPHTH EMULSION	-	2 OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	2 ANTIHYPERTENSIVES
DUZALLO TAB	-	NC GOUT AGENTS

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DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DYMISTA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	3 CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2 DIURETICS
econazole cream (SPECTAZOLE equiv)	-	1 DERMATOLOGICALS
ECOZA FOAM	-	NC DERMATOLOGICALS
EDARBI TAB	-	3 ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3 ANTIHYPERTENSIVES
EDEX INJ (QL= 6 inj/30 days)	PA-QL	3 CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
EDURANT TAB	-	2 ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	2 ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	2 ANTIVIRALS
EGRIFTA INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
eletriptan tab (RELPAX equiv)	-	NC MIGRAINE PRODUCTS
ELIDEL CREAM	-	2 DERMATOLOGICALS
ELIGEN B12 TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB	-	2 ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0 CONTRACEPTIVES
ELMIRON CAP	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
EMBEDA CAP	-	NC ANALGESICS - OPIOID
EMCYT CAP	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC ANTIEMETICS
EMFLAZA SUSP	-	NC CORTICOSTEROIDS
EMFLAZA TAB	-	NC CORTICOSTEROIDS
EMSAM PATCH	-	3 ANTIDEPRESSANTS
EMTRIVA CAP	-	2 ANTIVIRALS
EMTRIVA SOLN	-	2 ANTIVIRALS
EMVERM TAB	-	NC ANTHELMINTICS

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ENABLEX TAB	-	NC URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	1 ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1 ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2 VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	\$0 VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0 VACCINES
ENJUVIA TAB	-	NC ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2 ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0 CONTRACEPTIVES
ENSTILAR FOAM	-	NC DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2 ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2 ANTIVIRALS
ENTOCORT EC CAP	-	3 CORTICOSTEROIDS

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ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	3	ANTIHYPERTENSIVES
EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANTIVIRALS
EPIDUO FORTE GEL (Acne Only – members age 3! or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	OPHTHALMIC AGENTS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS
eplerenone tab (INSPRA equiv)	∅	3	ANTIHYPERTENSIVES
EPOGEN INJ	-	2	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EQUETRO CAP	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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ERGOAL CAP	-	NC VITAMINS
ERGOLOID MESYLATES TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/caffeine tab (CAFERGOT equiv)	-	3 MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	3 DERMATOLOGICALS
ERYPED SUSP	-	2 MACROLIDES
ERY-TAB	-	1 MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1 MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2 MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2 MACROLIDES
erythromycin gel	-	1 DERMATOLOGICALS
erythromycin ophth oint	-	1 OPHTHALMIC AGENTS
erythromycin pad	-	1 DERMATOLOGICALS
erythromycin soln	-	1 DERMATOLOGICALS
erythromycin stearate tab	-	1 MACROLIDES

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erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	3	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS

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estradiol patch (VIVELLE-DOT equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	NC	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	3	ESTROGENS
ESTRASORB EMULSION	-	NC	ESTROGENS
ESTRATAB	-	NC	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 DISORDER AGENTS
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	LMSP	2	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	2	ANTIDOTES
EXTAVIA INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERSLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERSLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERSLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FANAPT TAB	PA	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANAPT TITRATION PACK	PA	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARESTON TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL TAB	-	2	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	3	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMHRT TAB	-	NC	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	1	ANTIHYPERSLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1	ANTIHYPERSLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERSLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	1	ANTIHYPERSLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOF equiv)	-	1	ANTIHYPERSLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERSLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERSLIPIDEMICS
fenoprofen calcium tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY

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fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferripro Total Care 866-758-7071)	LD-PA	2	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2	ANTIDOTES
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 (Covered for member 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS

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FINACEA GEL	-	2 DERMATOLOGICALS
FINACEA PLUS KIT	-	2 DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC DERMATOLOGICALS
FIORICET CAP	-	NC ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC ANALGESICS - OPIOID
FIORINAL CAP	-	NC ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC ANALGESICS - OPIOID
FIRAZYR INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
FIRST BACLOFEN SUSP KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
FIRST METRONIDAZOLE SUSP	-	3 ANTI-INFECTIVE AGENTS MISC.
FIRST MOUTHWASH BLM	-	3 MOUTH / THROAT / DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3 ULCER DRUGS
FIRVANQ SOLN	-	1 ANTI-INFECTIVE AGENTS MISC.
FLAGYL ER TAB	-	3 ANTI-INFECTIVE AGENTS MISC.

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FLAREX OPHTH SUSP	-	3 OPTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1 ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill)	QL	3 DERMATOLOGICALS
FLOLIPID SUSP	-	NC ANTIHYPERLIPIDEMICS
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
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

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FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0 VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0 VACCINES
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1 DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3 DERMATOLOGICALS
fluocinolone acetonide oint	-	1 DERMATOLOGICALS
fluocinolone acetonide soln	-	1 DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2 OTIC AGENTS
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
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
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1 OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	2 DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1 DERMATOLOGICALS

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FLUOROURACIL CREAM 0.5%	-	2	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	3	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	3	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERTENSIVES
fluvastatin ER tab (LESCOL XL equiv)	-	NC	ANTIHYPERTENSIVES
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS

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FOCALIN XR CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
FOLBEE PLUS CZ TAB	-	1 MULTIVITAMINS
folbee tab	-	1 HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; A 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
FOLLISTIM AQ INJ	INF-PA	50%ENDOCRINE AND METABOLIC AGENTS - MISC.
fondaparinux inj (ARIXTRA equiv)	PA	2 ANTICOAGULANTS
FORADIL AEROLIZER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORFIVO XL TAB	-	NC ANTIDEPRESSANTS
FORTAMET TAB	-	NC ANTIDIABETICS
FORTEO INJ	LMSP	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL, TESTOSTERONE GEL	-	NC ANDROGENS-ANABOLIC

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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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	2	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	20%	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	20%	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	20%	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	20%	MEDICAL DEVICES AND SUPPLIES

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FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	20%MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	20%MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	20%MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	20%MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC MIGRAINE PRODUCTS
FULPHILA INJ	MSP	2 HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	1 DIURETICS
furosemide soln (LASIX equiv)	-	1 DIURETICS
furosemide tab (LASIX equiv)	-	1 DIURETICS
FUZEON INJ	LMSP	2 ANTIVIRALS
FYCOMPA TAB	-	NC ANTICONVULSANTS
FYCOMPA SUSP	-	NC ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1 ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	2 ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1 ANTICONVULSANTS

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GALAFOLD CAP	-	NC 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
GANCICLOVIR CAP	-	2 ANTIVIRALS
GANIRELIX AC INJ	INF-PA	50% 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	-	NC GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC LAXATIVES

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GAZYVA INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC MOUTH / THROAT / DENTAL AGENTS
GELNIQUE	-	3 URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1 ANTIHYPERLIPIDEMICS
GENOTROPIN INJ	LMSP-PA	2 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
gentamicin sulfate oint	-	1 DERMATOLOGICALS
GENVOYA TAB	-	2 ANTIVIRALS
GIALAX KIT	-	NC LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	NC CONTRACEPTIVES
GILENYA CAP	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VAC Vaccine Program	¢	RxCENTS

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glatiramer inj (COPAXONE equiv)	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB 1.5MG	-	NC	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS

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GOLYTELY SOLN	-	NC LAXATIVES
GONAL-F RFF INJ	INF-PA	50%ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1 ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3 ANTIEMETICS
GRANIX INJ	LMSP	2 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
GUANABENZ TAB	-	3 ANTIHYPERTENSIVES

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guanfacine ER tab (INTUNIV equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1 ANTIHYPERTENSIVES
HAEGARDA INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
HALFLYTELY BOWEL PREP KIT	-	NC LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2 DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	1 DERMATOLOGICALS
HALOG CREAM	-	3 DERMATOLOGICALS
HALOG OINT	-	3 DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day)	LMSP-PA-QL	2 ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0 VACCINES
HC-LIDOCAINE CREAM	-	NC DERMATOLOGICALS
HDC DM SYRUP	-	NC COUGH / COLD / ALLERGY
HEMANGEOL SOLN	-	NC BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	2 HEMATOLOGICAL AGENTS - MISC.

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HEPLISAV-B INJ	VAC	\$0 VACCINES
HETLIOZ CAP	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HEXALEN CAP	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	MSP	2 PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1 OPHTHALMIC AGENTS
HORIZANT TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ, ADMELOG INJ	-	NC ANTIDIABETICS
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	-	NC ANTIDIABETICS
HUMALOG MIX INJ	-	NC ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	NC ANTIDIABETICS
HUMALOG PEN INJ	-	NC ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	MSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY

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HUMIRA INJ 20MG (QL= 2 syringes/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	2	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
HYCAMTIN CAP	LMSP-PA	2	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH / COLD / ALLERGY

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hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	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 (TUSSIONE 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)	-	1	DERMATOLOGICALS

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hydrocortisone butyrate lipocream (LOCOID equiv)	-	3	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	1	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 oint	-	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	1	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	PA-SP	1	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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

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hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTI-ANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
HYOPHEN TAB	-	NC	URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBIID 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
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/3 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	2	ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INCIVEK TAB	-	NC	ANTIVIRALS

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INCRELEX INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDOCIN SUPP	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	LMSP	2	ANTIVIRALS
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INSULIN SYRINGE	OTC	2	MEDICAL DEVICES AND SUPPLIES

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INTELENCE TAB	-	2 ANTIVIRALS
INTERMEZZO SL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC VAGINAL PRODUCTS
INTRON-A INJ	MSP	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA INJ	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVIRASE CAP	-	2 ANTIVIRALS
INVIRASE TAB	-	2 ANTIVIRALS
INVOKAMET TAB	-	NC ANTIDIABETICS
INVOKAMET XR TAB	-	NC ANTIDIABETICS
INVOKANA TAB	-	NC ANTIDIABETICS
IODOFLEX PAD	-	NC ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv	-	3 DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC 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

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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	2	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
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS

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isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (AC CUTANE equiv)	-	2	DERMATOLOGICALS
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	2	ANTHELMINTICS
JADENU SPRINKLE	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	LMSP	2	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB	-	2	ANTIDIABETICS
JANUMET XR TAB	-	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS

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JENTADUETO TAB	-	NC ANTIDIABETICS
JENTADUETO XR TAB	-	NC ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2 ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0 CONTRACEPTIVES
JUBLIA SOLN	-	NC DERMATOLOGICALS
JULUCA TAB	-	2 ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0 CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0 CONTRACEPTIVES
JUXTAPID CAP	-	NC ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
K/NA CITRATE SOLN CITRIC ACID	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
KADIAN CAP	-	NC ANALGESICS - OPIOID
KALETRA TAB	-	2 ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	2 RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2 RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC BETA BLOCKERS

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KAPVAY TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
KARBINAL ER SUSP	-	NC ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0 CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	\$0 CONTRACEPTIVES
KERAFOAM	-	3 DERMATOLOGICALS
KERYDIN SOLN	-	NC DERMATOLOGICALS
KETEK TAB	-	3 ANTI-INFECTIVE AGENTS MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1 DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1 DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1 ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	1 ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3 ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY

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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	20%DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	NC OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3 ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC AMINOGLYCOSIDES
KLOR-CON M15 TAB	-	2 MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3 MINERALS & ELECTROLYTES

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KOMBIGLYZE XR TAB	-	2	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPAR program 855-4Korlym (855-456-7596))	LD-PA	2	ANTIDIABETICS
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	3	LAXATIVES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	2	OPHTHALMIC AGENTS
lactulose pack (KRISTALOSE equiv)	-	3	LAXATIVES
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS

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lamivudine/zidovudine tab (COMBIVIR equiv)	-	2 ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1 ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3 ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3 ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3 ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1 ANTICONVULSANTS
LANCET DEVICE	OTC	20%MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	20%MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Rx Only)	-	1 ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	2 ULCER DRUGS
LANSOPRAZOLE SUSP	-	3 ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3 ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	2 ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2 ANTIDIABETICS
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3 OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1 OPHTHALMIC AGENTS

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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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
LATUDA TAB (QL= 1 tab/day)	PA-QL-¢	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
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	LMSP	2	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	3	BETA BLOCKERS

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LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB (QL= 6 tabs/30 days)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
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)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXIVA SUSP	-	2	ANTIVIRALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
LIALDA TAB	-	2 GASTROINTESTINAL AGENTS - MISC.
LIDOCAINE CREAM	-	NC DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1 DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1 DERMATOLOGICALS
lidocaine lotion	-	NC DERMATOLOGICALS
lidocaine oint	-	1 DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2 MOUTH / THROAT / DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3 DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1 DERMATOLOGICALS
lidocaine viscous soln	-	1 MOUTH / THROAT / DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1 ANORECTAL AGENTS
lidocaine/hydrocortisone cream	-	NC DERMATOLOGICALS
lidocaine/prilocaine cream (EMLA equiv)	-	1 DERMATOLOGICALS
LIDOCIN GEL	-	NC DERMATOLOGICALS
LIDOLOG KIT	-	NC CORTICOSTEROIDS
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC DERMATOLOGICALS
LIDOTREX GEL	-	NC DERMATOLOGICALS
LINDANE LOTION	-	3 DERMATOLOGICALS
lindane shampoo	-	3 DERMATOLOGICALS

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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 (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPTRUZET TAB	-	NC	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	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	-	3	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS

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LO LOESTRIN TAB	-	3 CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	3 CONTRACEPTIVES
LOESTRIN 24 FE TAB	-	3 CONTRACEPTIVES
LOFIBRA CAP 134MG	-	1 ANTIHYPERLIPIDEMICS
LOFIBRA CAP 200MG	-	1 ANTIHYPERLIPIDEMICS
LOFIBRA CAP 67MG	-	1 ANTIHYPERLIPIDEMICS
LOFIBRA TAB 160MG	-	1 ANTIHYPERLIPIDEMICS
LOFIBRA TAB 54MG	-	1 ANTIHYPERLIPIDEMICS
LOFIBRA TAB, TRIGLIDE TAB	-	3 ANTIHYPERLIPIDEMICS
LOKELMA PAK	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
LONHALA MAGNAIR SOLN	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv)	-	2 ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	NC ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1 ANTI-ANXIETY AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
lorazepam tab (ATIVAN equiv)	-	1 ANTIANXIETY AGENTS
LORTAB ELIXIR	-	3 ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
LORZONE TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1 ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1 ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	2 OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2 OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0 ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
LUCEMYRA TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC DERMATOLOGICALS
LUMIFY OPHTH SOLN 0.25%	-	NC OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	2	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	2	ANTICONVULSANTS
LYSODREN TAB	LMSF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MAKENA INJ	PA-SP	3	PROGESTINS
MALARONE TAB	-	2	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET TAB (QL= 3 tabs/day)	LMSF-PA-QL	2	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv)	OTC	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1	ANTIEMETICS

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MECLOFENAMATE CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL TAB	-	1	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	2	ANTIMALARIALS
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	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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melphalan tab (ALKERAN equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0 VACCINES
MENHIBRIX INJ	VAC	\$0 VACCINES
MENOMUNE INJ	VAC	\$0 VACCINES
MENOPUR INJ, REPRONEX INJ	INF-PA	50% ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	NC ESTROGENS
MENTAX CREAM	-	3 DERMATOLOGICALS
MENVEO INJ	VAC	\$0 VACCINES
meperidine tab (DEMEROL equiv)	-	1 ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	1 ANTIANXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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mesalamine DR tab (LIALDA equiv)	-	NC GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS
METANX CAP	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3 MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC ANTIDIABETICS

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metformin ER osmotic tab (GLUMETZA equiv)	-	NC ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1 ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1 ANTIDIABETICS
METHADONE SOLN	-	1 ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1 ANALGESICS - OPIOID
methadose tab	-	1 ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1 DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2 URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	1 URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	1 THYROID AGENTS
METHITEST TAB	PA	3 ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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methotrexate tab (Trexall equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (Oxsoralen Ultra equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (Pamine equiv)	-	3	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
methyldopa tab (Aldomet equiv)	-	1	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (Aldoril equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (Methergine equiv) (QL= 2 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (Metadate CD equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate chew tab (Methylin equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER cap (Ritalin LA equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
methylphenidate ER tab (CONCERTA equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLPHENIDATE ER TAB	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1 CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1 CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	PA	3 ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	2 OPHTHALMIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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)	-	1 BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2 ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
metronidazole cream (METROCREAM equiv)	-	2 DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2 DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1 DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1 VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	2 ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC DERMATOLOGICALS

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MIACALCIN INJ	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	3	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDRIN CAP	-	2	MIGRAINE PRODUCTS
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )	LD	2	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	3	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRAPEX ER TAB	-	NC	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS

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mirtazapine tab (REMERON equiv)	-	1 ANTIDEPRESSANTS
MIRVASO GEL	-	NC DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1 ULCER DRUGS
MITIGARE CAP	-	NC GOUT AGENTS
M-M-R II INJ	VAC	\$0 VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
moexipril tab (UNIVASC equiv)	-	1 ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1 ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1 DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1 DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1 DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0 CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
montelukast tab (SINGULAIR equiv)	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3 URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC 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
MOVANTIK TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	2 LAXATIVES
MOXATAG TAB	-	NC PENICILLINS
MOXATAG TAB 775MG	-	NC PENICILLINS
MOXEZA OPHTH SOLN	-	2 OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1 OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2 FLUOROQUINOLONES
MUCINEX LIQUID	-	NC COUGH / COLD / ALLERGY
MUCINEX TAB	-	NC COUGH / COLD / ALLERGY
MULPLETA TAB	-	NC HEMATOPOIETIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MULTAQ TAB	-	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	1	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	1	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	2	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MUSE SUPP (QL= 6 supp/30 days)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	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
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MYLERAN TAB	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIN GEL	-	2	DERMATOLOGICALS
naloxone inj	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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NAMZARIC STARTER PACK (Step Therapy require trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 375MG, 750MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2	ANTIDOTES
NARDIL TAB	-	2	ANTIDEPRESSANTS

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NASACORT OTC NASAL SPRAY	OTC	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3 HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	QL	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
NATAZIA TAB	-	3 CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3 ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3 DERMATOLOGICALS
NEBUPENT NEB SOLN	-	2 ANTI-INFECTIVE AGENTS MISC.
NEBUSAL NEB SOLN	-	2 COUGH / COLD / ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0 CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	\$0 CONTRACEPTIVES
NEFAZODONE TAB	-	1 ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1 ANTIDEPRESSANTS
neomycin tab	-	1 AMINOGLYCOSIDES
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1 OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1 OTIC AGENTS

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neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	1	OPHTHALMIC 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 (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	LMSP	2	HEMATOPOIETIC AGENTS
NEUMEGA INJ	LMSP	2	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	LMSP	2	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS

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NEXAVAR TAB	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	OTC	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	NC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
niacin tab	OTC	NC	VITAMINS
NIACIN TR TAB	OTC	NC	VITAMINS
niacinamide tab	OTC	NC	VITAMINS
NIACOR TAB	-	1	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	1	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	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.

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**Community Health Choice - ERS Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS

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QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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NITRO-BID OINT	-	3 ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2 ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1 URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1 URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	2 URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3 ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1 ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1 ANTIANGINAL AGENTS
nitroglycerin SR cap	-	1 ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3 ANTIANGINAL AGENTS
NITYR TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	-	NC HEMATOPOIETIC AGENTS
nizatidine cap (AXID equiv)	-	1 ULCER DRUGS
nizatidine soln (AXID equiv)	-	3 ULCER DRUGS
NOCTIVA EMULSION SPRAY	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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NORDITROPIN INJ	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
NOVOLOG INJ, FIASP INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS

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NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
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	-	2	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THRC equiv)	-	1	THYROID AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUTROPIN AQ INJ, OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS

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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	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	2	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS / BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	3	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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	-	3 ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1 ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	3 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)	-	2 OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS
OLUMIANT TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC DERMATOLOGICALS

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OLYSIO CAP	-	NC ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2 ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1 ULCER DRUGS
OMEPRAZOLE TAB	OTC	NC ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered at Tier 2 if less than 12 years old)	-	3 ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC DIAGNOSTIC PRODUCTS
ondansetron ODT (ZOFTRAN equiv)	-	1 ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1 ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1 ANTIEMETICS
ONEXTON GEL	-	3 DERMATOLOGICALS
ONFI SUSP	-	NC ANTICONVULSANTS
ONFI TAB	PA	2 ANTICONVULSANTS
ONGLYZA TAB (QL= 1 tab/day)	QL- $\phi$	2 ANTIDIABETICS
ONZETRA XSAIL	-	NC MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC ANALGESICS - OPIOID
OPANA TAB	-	NC ANALGESICS - OPIOID
opium tincture	-	3 ANTIDIARRHEALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH / THROAT / DENTAL AGENTS
ORAXYL CAP	-	3	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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ORILISSA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET	-	NC	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
ORTHO-PREFEST TAB	-	NC	ESTROGENS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	3	LAXATIVES

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OSPHENA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	1 OTIC AGENTS
OTOVEL OTIC SOLN	-	NC OTIC AGENTS
OTOZIN OTIC DROPS	-	3 OTIC AGENTS
OVACE PLUS CREAM	-	3 DERMATOLOGICALS
OVACE PLUS LOTION	-	NC DERMATOLOGICALS
OVACE PLUS FOAM	-	NC DERMATOLOGICALS
OVIDREL INJ	INF-PA	50% ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	-	1 ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP	-	1 ANTIANXIETY AGENTS
oxazepam cap (SERAX equiv)	-	1 ANTIANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1 ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1 ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	2 DERMATOLOGICALS

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OXISTAT LOTION	-	2	DERMATOLOGICALS
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 equiv)	-	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
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 120 tabs/30 days)	QL	2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH	PA	3	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTIDIABETICS

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paliperidone ER tab (INVEGA equiv)	PA	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
PALYNZIQ INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3 DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC DIGESTIVE AIDS
PANDEL CREAM	-	3 DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1 ULCER DRUGS
PARAGARD IUD	-	\$0 CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC 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)	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	2 ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1 ANTIDEPRESSANTS
PATADAY OPHTH SOLN (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS
PAZEO OPHTH SOLN 0.7%	-	NC OPHTHALMIC AGENTS

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INF Infertility	LD	Limited Distribution
LMSF 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 fo first 3 months	SMKG	Smoking Cessation
SP Available through Specialty Pharmacy Program	ST	Step Therapy
VAC Vaccine Program	¢	RxCENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
pb-belladonna elixir (DONNATAL equiv)	-	3	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	3	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	LMSP	2	ANTIVIRALS
PEGASYS INJ KIT	LMSP	2	ANTIVIRALS
PEG-INTRON INJ	LMSP	2	ANTIVIRALS
PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	3	DERMATOLOGICALS
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID

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pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
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, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
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
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	-	NC	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
pimozide tab (ORAP equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	2	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	2	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP-PA	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP-PA	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENVU SOLN	-	NC	LAXATIVES
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)	-	NC	LAXATIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
POLYETHYLENE GLYCOL 8000 GRANULES	-	2 PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1 OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC COUGH / COLD / ALLERGY
POMALYST CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	-	1 MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	1 MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1 MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1 MINERALS & ELECTROLYTES

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potassium chloride soln	-	1	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
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	2	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	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)	-	1	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PRASCION RA CREAM	-	2 DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0 ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	2 ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1 ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	1 MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	20%MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	20%DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	1 DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	1 DERMATOLOGICALS
PREDNICARBATE OIN	-	1 DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2 CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	1 OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2 OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1 CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1 CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1 CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC OPHTHALMIC AGENTS

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PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN	-	NC OPTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN	-	NC OPTHALMIC AGENTS
PREDNISON PAK	-	2 CORTICOSTEROIDS
PREDNISON SOLN	-	1 CORTICOSTEROIDS
PREDNISON TAB	-	1 CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1 CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC CORTICOSTEROIDS
PREGNYL INJ	INF-PA	50%ENDOCRINE AND METABOLIC AGENTS - MISC.
PREMARIN TAB	-	2 ESTROGENS
PREMARIN VAGINAL CREAM	-	2 VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2 ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	3 MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1 MULTIVITAMINS
PRESTALIA TAB	-	NC ANTIHYPERTENSIVES
PREVACID OTC CAP	OTC	NC 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

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PREVIDENT PASTE	-	2 MOUTH / THROAT / DENTAL AGENTS
PREVIDENT RINSE	-	2 MOUTH / THROAT / DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0 VACCINES
PREVYMIS TAB	-	NC ANTIVIRALS
PREZCOBIX TAB	-	2 ANTIVIRALS
PREZISTA SUSP	-	2 ANTIVIRALS
PREZISTA TAB	-	2 ANTIVIRALS
PRIFTIN TAB	-	2 ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC ULCER DRUGS
PRIMAQUINE TAB	-	2 ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1 ANTICONVULSANTS
PRIMSOL SOLN	-	3 ANTI-INFECTIVE AGENTS MISC.
PROAIR HFA INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1 GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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prochlorperazine tab (COMPAZINE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
PROCRIT INJ	-	2 HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2 ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1 ANORECTAL AGENTS
PROCYSBI CAP	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	2 MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	2 PROGESTINS
progesterone oil inj	-	NC PROGESTINS
PROGESTERONE SUPP	PA	3 VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3 ANTIDIABETICS
PROLENSA OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PROLEUKIN INJ	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	LMSP-PA	2 HEMATOPOIETIC AGENTS
promethazine DM syrup	-	3 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

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promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1 COUGH / COLD / ALLERGY
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 SOLN	-	1 BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1 BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	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	-	NC MOUTH / THROAT / DENTAL AGENTS
PROTONIX PAK	-	NC ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	3 ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROZAC WEEKLY CAP	-	NC ANTIDEPRESSANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PROZENA PAD	-	NC DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	2 RESPIRATORY AGENTS - MISC.
PUMP SUPPLIES	OTC	20% MEDICAL DEVICES AND SUPPLIES
PUREFOLIX TAB	-	NC HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3 ULCER DRUGS
pyrazinamide tab	-	1 ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2 ANTIMYASTHENIC / CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1 ANTIMYASTHENIC / CHOLINERGIC AGENTS
QBRELIS SOLN	PA	3 ANTIHYPERTENSIVES
QBREXZA PAD	-	NC DERMATOLOGICALS
QNASL NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC ANTIDIABETICS
QUALAQUIN CAP	-	NC ANTIMALARIALS

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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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3 MULTIVITAMINS
QUILLICHEW ER TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
QUILLIVANT XR SUSP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
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
quinine sulfate cap (QUALAQUIN equiv)	-	NC ANTIMALARIALS
QVAR INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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QVAR REDIHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	1 ULCER DRUGS
RAGWITEK SL TAB	-	NC BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	\$0 CONTRACEPTIVES
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.
ramipril cap (ALTACE equiv)	-	1 ANTIHYPERTENSIVES
RANEXA TAB	-	2 ANGIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1 ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1 ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1 ULCER DRUGS
RAPAFLO CAP	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	2 ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	2 ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	LMSP	2	ANTIVIRALS
REBIF INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELISTOR INJ	LMSP-PA	2	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	LMSP-PA	2	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB	-	NC	MIGRAINE PRODUCTS
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTI-DIABETICS
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANTI-HYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	ANTI-HYPERLIPIDEMICS
RESCRIPTOR TAB	-	2	ANTIVIRALS

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RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	2	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBATAB	LMSP	2	ANTIVIRALS

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ribavirin cap (REBETOL equiv)	LMSP	2	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	2	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 (FLUMADINE equiv)	-	1	ANTIVIRALS
RIOMET SOLN, METFORMIN SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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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
RITALIN LA CAP 60MG	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ritonavir tab (NORVIR equiv)	-	2 ANTIVIRALS
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
ropinirole ER tab (REQUIP XL equiv)	-	3 ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1 ANTIPARKINSON AGENTS
ROSADAN KIT	-	NC DERMATOLOGICALS

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ROSULA WASH	-	NC DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0 ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1 ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1 ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0 ANTIHYPERLIPIDEMICS
ROWASA KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB (QL= 1 tab/day)	QL	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
RYBIX ODT	-	NC ANALGESICS - OPIOID
RYDAPT CAP	LMSP-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3 ANTIPARKINSON AGENTS

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SABRIL TAB (Only available through Walgreens 888-347-3416)	LD	2	ANTICONVULSANTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN INJ	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT	-	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS

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SAVELLA PAK	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	3 ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	3 DERMATOLOGICALS
SECONAL CAP	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SEEBRI NEOHALER CAP	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1 ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1 ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1 DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2 DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC DERMATOLOGICALS
SELZENTRY SOLN	-	2 ANTIVIRALS

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SELZENTRY TAB	-	2	ANTIVIRALS
SENSIPAR TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 50 or older)	VAC	\$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SIGNIFOR LAR INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC DERMATOLOGICALS
sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days)	PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1 CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SILIPAC KIT	-	NC DERMATOLOGICALS
SILIQ INJ	-	NC DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1 DERMATOLOGICALS
SILVERA PAD	-	NC DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2 OPHTHALMIC AGENTS
SIMCOR TAB	-	2 ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY

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simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0 ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	NC ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	-	2 ASSORTED CLASSES
SIRTURO TAB	-	NC ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2 ANTI-INFECTIVE AGENTS MISC.
SKELID TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3 DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
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 a \$0 for members 5 years or younger; All other membe covered at generic copay)	-	\$0 MINERALS & ELECTROLYTES

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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 fo first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0 MOUTH / THROAT / DENTAL AGENTS
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 phenylbutyrate powder (BUPHENYL equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.

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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)	-	3	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 WASI equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	3	DERMATOLOGICALS

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sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3 DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2 DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3 DERMATOLOGICALS
SOLAICE PATCH	-	NC DERMATOLOGICALS
SOLQUA INJ	-	NC ANTIDIABETICS
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3 AMEBICIDES
SOMA TAB 250MG	-	NC MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SORIATANE CK KIT	-	2 DERMATOLOGICALS
SORILUX FOAM	-	3 DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1 BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1 BETA BLOCKERS
SOTYLIZE SOLN	-	NC BETA BLOCKERS

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SOVALDI TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONSULTANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	COUGH / COLD / ALLERGY
STAMARIL INJ	-	NC	VACCINES
stavudine cap (ZERIT equiv)	-	2	ANTIVIRALS

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stavudine soln (ZERIT equiv)	-	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STAXYN ODT (QL= 6 tabs/30 days)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	3	DERMATOLOGICALS
STELARA INJ (QL= 1 syringe/84 days)	LMSP-PA-QL	3	DERMATOLOGICALS
STENDRA TAB (QL= 6 tabs/30 days)	PA-QL	3	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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB	-	2	ANTIVIRALS

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STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	NC ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC ANALGESICS - OPIOID
SUCLEAR KIT	-	NC LAXATIVES
SUCRAID SOLN	-	NC DIGESTIVE AIDS
sucralfate 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	-	1 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	-	NC DERMATOLOGICALS
SUMADEN XLT KIT	-	NC DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1 MIGRAINE PRODUCTS

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SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
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	1	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
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	-	2	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	MSP-PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS

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SYMBICORT INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB	-	NC RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	2 ANTIVIRALS
SYMLINPEN INJ	-	NC ANTIDIABETICS
SYMPROIC TAB	PA	2 GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2 ANTIVIRALS
SYNAGIS INJ	MSP-PA	2 PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC ANTIEMETICS
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	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1 THYROID AGENTS

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VAC Vaccine Program	¢	RxCENTS

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SYNVEXIA TC CREAM	-	NC DERMATOLOGICALS
TABLOID TAB	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX SCALP SUSP	-	3 DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	2 ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2 DERMATOLOGICALS
tadalafil tab (ADCIRCA equiv)	LMSP-PA	2 CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	LMSP-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
TALTZ INJ	-	NC DERMATOLOGICALS
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

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TANZEUM INJ	-	NC ANTIDIABETICS
TARCEVA TAB	LMSP-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC TETRACYCLINES
TARGRETIN GEL	MSP	2 DERMATOLOGICALS
TARKA TAB	-	3 ANTIHYPERTENSIVES
TASIGNA CAP	LMSP-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAVALISSE TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC CONTRACEPTIVES
tazarotene cream (TAZORAC equiv)	-	NC DERMATOLOGICALS
TAZORAC CREAM	-	NC DERMATOLOGICALS
TAZORAC GEL	-	NC DERMATOLOGICALS
TECFIDERA CAP	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC ANTIVIRALS
TEKAMLO TAB	-	3 ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3 ANTIHYPERTENSIVES
TEKTURNA TAB	¢	3 ANTIHYPERTENSIVES

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telmisartan tab (MICARDIS equiv)	-	2 ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	1 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
temozolomide cap (TEMODAR equiv)	LMSP	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2 ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	1 ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1 ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
TESTIM GEL	-	NC	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv)	-	NC	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0	TOXOIDS

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LMSPP	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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	NC	ANTIHYPERTENSIVES
THALOMID CAP	MSP-PA	2	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS

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TIBSOVO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP	-	NC NEUROMUSCULAR 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 (BLOCADREN equiv)	-	1 BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	2 OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	3 ANTI-INFECTIVE AGENTS MISC.
TIROSINT CAP	-	3 THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	2 ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS

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TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	2	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	2	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	¢	2	URINARY ANTISPASMODICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TOPICORT GEL	-	3	DERMATOLOGICALS
TOPICORT OINT	-	3	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	NC	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	3	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	3	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS

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TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ	-	NC	DERMATOLOGICALS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	2	ANTINEOPLASTICS
tretinoin cream (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
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
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) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
triamcinolone spray (KENALOG equiv)	-	3	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	3	ANTIHYPERTENSIVES
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	1	ANTIHYPERTENSIVES
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 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 (PROLOPRIM equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
trimipramine cap (SURMONTIL equiv)	-	3 ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0 CONTRACEPTIVES
TRINTELLIX TAB	-	NC ANTIDEPRESSANTS
TRIUMEQ TAB	-	2 ANTIVIRALS
TROKENDI XR CAP	-	NC ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1 OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	PA	3 URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	3 URINARY ANTISPASMODICS
TRULANCE TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ	-	3 ANTIDIABETICS
TRUMENBA INJ	VAC	\$0 VACCINES
TRUVADA TAB	PA	2 ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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TUSSICAPS	-	NC COUGH / COLD / ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3 COUGH / COLD / ALLERGY
TUSSI-PRES LIQUID	-	NC COUGH / COLD / ALLERGY
TUZISTRA XR SUSP	-	NC COUGH / COLD / ALLERGY
TWINRIX INJ	VAC	\$0 VACCINES
TWYNSTA TAB	-	3 ANTIHYPERTENSIVES
TYBOST TAB	-	NC ANTIVIRALS
tydemy tab (SAFYRAL equiv)	-	NC CONTRACEPTIVES
TYKERB TAB	LMSP-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	LMSP	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (Only available through Accred 888-773-7376)	LD-PA	2 CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	NC ANTIVIRALS
UCERIS RECTAL FOAM	PA	3 ANORECTAL AGENTS
U-CORT CREAM	-	2 DERMATOLOGICALS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3 DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	2 GOUT AGENTS
ULTRAVATE LOTION	-	3 DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC DERMATOLOGICALS
UMECTA EMULSION	-	3 DERMATOLOGICALS

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VAC Vaccine Program	¢	RxCENTS

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UMECTA PD EMULSION	-	3	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM (Only RX version covered/OTC version NOT covered)	-	2	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea cream 40% (CARMOL equiv)	-	1	DERMATOLOGICALS
urea cream 41% (UTOPIC equiv)	-	1	DERMATOLOGICALS
urea cream 50% (KERALAC equiv)	-	1	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	2	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	2	DERMATOLOGICALS
UREA LOTION	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	2	DERMATOLOGICALS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES

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UTIBRON NEOHALER CAP	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
UTOPIA CREAM 41%	-	2 DERMATOLOGICALS
VAGIFEM TAB	-	NC VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1 ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	2 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 ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1 ANTIHYPERTENSIVES
VALTURNA TAB	-	3 ANTIHYPERTENSIVES
vancomycin cap (VANCOBIN equiv) (QL= 56 caps/fill Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	2 ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN SOLN KIT	-	1 ANTI-INFECTIVE AGENTS MISC.
VANIQA CREAM	-	NC DERMATOLOGICALS
VANOS CREAM	-	3 DERMATOLOGICALS

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VARIVAX INJ	VAC	\$0 VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2 ANTIEMETICS
VASCEPA CAP	-	NC ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	NC DERMATOLOGICALS
VAXCHORA SUSP	-	NC VACCINES
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0 VAGINAL PRODUCTS
VECTICAL OINT	-	2 DERMATOLOGICALS
VELPHORO CHEW TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2 ASSORTED CLASSES
VELTIN GEL	-	NC DERMATOLOGICALS
VEMLIDY TAB	-	2 ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1 ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	1 ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1 ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2 CARDIOVASCULAR AGENTS - MISC.

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INF	Infertility	LD	Limited Distribution
LMSPP	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

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**Community Health Choice - ERS Formulary Cont.**

**Alphabetical Index**

**Last Updated 10/3/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN PM equiv)	-	3	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	3	DERMATOLOGICALS
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VESICARE TAB	¢	2 URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	2 OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	20%MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3 TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days)	QL	2 ANTIDIABETICS
VICTRELIS CAP	-	NC ANTIVIRALS
VIDEX EC CAP 125MG	-	2 ANTIVIRALS
VIDEX SOLN	-	2 ANTIVIRALS
VIEKIRA XR TAB	-	NC ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD	2 ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	3 OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC ANTIDEPRESSANTS
VIMOVO TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2 ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2 ANTICONVULSANTS
VIRACEPT POWDER	-	2 ANTIVIRALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VIRACEPT TAB	-	2 ANTIVIRALS
VIREAD TAB	-	2 ANTIVIRALS
VISICOL TAB	-	3 LAXATIVES
VISTOGARD PAK	-	NC ANTIDOTES
vitamin D cap (RX strength only)	-	1 VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0 VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0 VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0 VITAMINS
VITEKTA TAB	-	2 ANTIVIRALS
VIVELLE-DOT PATCH	-	NC ESTROGENS
VIVITROL INJ	-	NC ANTIDOTES
VIVLODEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0 VACCINES
VOGELXO PUMP	-	NC ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	NC DERMATOLOGICALS
VOPAC CREAM	-	NC DERMATOLOGICALS
VOPAC GB CREAM	-	NC DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2 ANTIFUNGALS

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**Community Health Choice - ERS Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANTIVIRALS
VOTRIENT TAB	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYATON CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYVANSE CAP	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
VYVANSE CHEW TAB	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PACK	-	2	ANTIHYPERTENSIVES
WELCHOL TAB	-	2	ANTIHYPERTENSIVES
WPR PLUS	-	NC	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
wymzya FE tab (FEMCON FE equiv)	-	\$0 CONTRACEPTIVES
XADAGO TAB (QL= 1 tab/day)	PA-QL	3 ANTIPARKINSON AGENTS
XALIX SOL	-	NC DERMATOLOGICALS
XALKORI CAP	MSP-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2 ANTICOAGULANTS
XARELTO TAB	-	2 ANTICOAGULANTS
XARTEMIS XR TAB	-	NC ANALGESICS - OPIOID
XATMEP SOLN	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	3 ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	3 ANALGESICS - ANTI-INFLAMMATORY
XENADERM OINT	-	NC DERMATOLOGICALS
XERESE CREAM	-	3 DERMATOLOGICALS
XERMELO TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	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 OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
XIMINO CAP	-	NC	TETRACYCLINES
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOLEGEL	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC ANTIHISTAMINES
XYZAL TAB	-	NC ANTIHISTAMINES
XYZBAC TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	-	\$0 CONTRACEPTIVES
YAZ TAB	-	\$0 CONTRACEPTIVES
YODOXIN TAB	-	3 AMEBICIDES
YONSA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
ZADITOR OPHTH SOLN	OTC	NC OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZANTAC EFFER TAB	-	NC ULCER DRUGS
ZARXIO INJ	LMSP	2 HEMATOPOIETIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ZECUITY PAD	-	NC MIGRAINE PRODUCTS
ZEGERID CAP	-	NC ULCER DRUGS
ZEGERID CAP OTC	OTC	NC ULCER DRUGS
ZEJULA CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	3 ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMBRACE SYMTOUCH INJ	-	NC MIGRAINE PRODUCTS
ZENZEDI TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	LMSP-PA-QL	2 ANTIVIRALS
ZERIT SOLN	-	3 ANTIVIRALS
ZETIA TAB	-	2 ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2 ANTIVIRALS

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zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ (QL= 1 inj/28 days)	MSP-PA-QL	3	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
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB 80MG	-	NC	ANTIHYPERTENSIVES
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
zolpidem ER tab (AMBIEN CR equiv)	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1 HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	3 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
ZORTRESS TAB	PA	2 ASSORTED CLASSES
ZORVOLEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0 VACCINES
ZOVIRAX CREAM	-	3 DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ZUBSOLV SL TAB	-	2 ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC ANTIEMETICS
ZURAMPIC TAB	-	NC GOUT AGENTS
ZYCLARA CREAM	-	NC DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 5 caps/day)	LMSP-PA-QL-SF	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2 OPHTHALMIC AGENTS
ZYMAXID OPHTH SOLN	-	3 OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC ANTIHYPERLIPIDEMICS
ZYTIGA TAB 250MG	LMSP-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	LMSP-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
ADDERALL XR CAP	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADZENYS XR TAB	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALECTICS</b>		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
LOMAIRA TAB	-	NC
<b>ANTI-OBESITY AGENTS</b>		
BELVIQ XR TAB	-	NC

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

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INF	Infertility	LD
LMSF	Lumicera Mandatory Specialty Pharmacy Program	MSP
OTC	Over-the-Counter	PA
QL	Quantity Limit	RS
SF	Limited to two 15 day fills per month for first 3 months	SMKG
SP	Available through Specialty Pharmacy Program	ST
VAC	Vaccine Program	¢
		RxCENTS

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**Community Health Choice - ERS Formulary**

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**Last Updated\* 10/3/2018**

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA CAP equiv)	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
<b>STIMULANTS - MISC.</b>		
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab (CONCERTA equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
methylphenidate chew tab (METHYLIN equiv)	-	3
RITALIN LA CAP 60MG	-	3
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC
FOCALIN XR CAP	-	NC
QUILLICHEW ER TAB	-	NC

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
QUILLIVANT XR SUSP	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	PA	3
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3
YODOXIN TAB	-	3
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
neomycin tab	-	1
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	2
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	2
paromomycin cap (HUMATIN equiv)	-	3
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	3

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	3
OLUMIANT TAB	-	NC
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RHEUMATREX TAB	-	3
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	MSP-PA-QL	2
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	MSP-PA-QL	2
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	2
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP	-	2
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-06-)	LD-PA-QL	2
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
fenoprofen calcium 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
KETOPROFEN CAP	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
MECLOFENAMATE CAP	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
TOLMETIN CAP	-	1
tolmetin cap (TOLECTIN DS equiv)	-	1
TOLMETIN TAB	-	1
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	2
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
NAPROXEN SUSP	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
FENOPROFEN CAP	-	3
KETOPROFEN ER CAP	-	3
mefenamic acid cap (PONSTEL equiv)	-	3
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
ZORVOLEX CAP	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	1
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
BUTAL/APAP CAP	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC

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<b>ANALGESICS - NONNARCOTIC Cont.</b>		
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
<b>SALICYLATES</b>		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79	OTC	\$0
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)	-	1
ZORPRIN TAB	-	3
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1

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<b>ANALGESICS - OPIOID Cont.</b>		
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL 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
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2
fentanyl patch (DURAGESIC equiv)	-	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
morphine sulfate supp	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYCONTIN CR TAB (QL= 120 tabs/30 days)	QL	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3

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<b>ANALGESICS - OPIOID Cont.</b>		
CODEINE SULFATE SOLN	-	3
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
NUCYNTA TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3
ARYMO ER TAB	-	NC
AVINZA CAP	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
oxycodone ER tab (OXYCONTIN equiv)	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC

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<b>ANALGESICS - OPIOID Cont.</b>		
TRAMADOL ER CAP	-	NC
ZOXYDOL ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3
CAPITAL/CODEINE SUSP	-	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

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<b>ANALGESICS - OPIOID Cont.</b>		
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
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
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
BUNAVAIL FILM, SUBOXONE SL FILM	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
ZUBSOLV SL TAB	-	2
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
BELBUCA FILM	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	NC
SUBLOCADE INJ	-	NC
<b>ANDROGENS-ANABOLIC</b>		

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SP	Available through Specialty Pharmacy Program	ST Step Therapy
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANDROGENS-ANABOLIC Cont.</b>		
<b>ANABOLIC STEROIDS</b>		
oxandrolone tab (OXANDRIN equiv)	-	1
<b>ANDROGENS</b>		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	2
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2
ANDROXY TAB	-	2
danazol cap (DANOCRINE equiv)	-	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
METHITEST TAB	PA	3
METHYLTESTOSTERONE CAP	PA	3
FORTESTA GEL, TESTOSTERONE GEL	-	NC
TESTIM GEL	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
testosterone soln (AXIRON equiv)	-	NC

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<b>ANDROGENS-ANABOLIC Cont.</b>		
VOGELXO PUMP	-	NC
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
<b>RECTAL COMBINATIONS</b>		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
<b>RECTAL STEROIDS</b>		
hydrocortisone supp (ANUSOL HC equiv)	-	1
proctosol HC cream (ANUSOL HC equiv)	-	1
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
BENZNIDAZOLE TAB	PA	2
BILTRICIDE TAB	-	2
ivermectin tab (STROMEKTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	2
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC

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<b>ANTHELMINTICS Cont.</b>		
EMVERM TAB	-	NC
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
RANEXA TAB	-	2
<b>NITRATES</b>		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
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 patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
nitroglycerin SR cap	-	1
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3
NITRO-BID OINT	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
<b>ANTIANGIETY AGENTS</b>		
<b>ANTIANGIETY AGENTS - MISC.</b>		
bupirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1

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<b>ANTIANKXIETY AGENTS Cont.</b>		
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	1
bupirone tab 30mg (BUSPAR equiv)	-	NC
<b>BENZODIAZEPINES</b>		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
OXAZEPAM CAP	-	1
oxazepam cap (SERAX equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	3
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2

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<b>ANTIARRHYTHMICS Cont.</b>		
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE ER TAB	-	3
<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine cap (MEXITIL equiv)	-	2
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	1
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	-	2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	2

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
TUDORZA PRESSAIR INHALER	-	NC
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	3
zileuton ER tab (ZYFLO CR equiv)	-	3
ZYFLO TAB	-	3
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB	-	NC
<b>STEROID INHALANTS</b>		
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
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
<b>SYMPATHOMIMETICS</b>		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
ALBUTEROL TAB ER	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
FORADIL AEROLIZER	-	2

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SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3
BROVANA NEB SOLN	-	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
AIRDUO RESPICLICK	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	1
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	PA	2
FRAGMIN INJ	-	3
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP	-	2
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		

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<b>ANTICONVULSANTS Cont.</b>		
clonazepam tab (KLONOPIN equiv)	-	1
ONFI TAB	PA	2
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3
ONFI SUSP	-	NC
<b>ANTICONVULSANTS - MISC.</b>		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1

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<b>ANTICONVULSANTS Cont.</b>		
BANZEL SUSP	-	2
BANZEL TAB	-	2
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
LYRICA CAP	-	2
LYRICA SOLN	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC

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<b>ANTICONVULSANTS Cont.</b>		
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
FELBATOL TAB	-	2
<b>GABA MODULATORS</b>		
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD	2
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreer 888-347-3416)	LD	2
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
<b>SUCCINIMIDES</b>		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1

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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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
NARDIL TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		

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<b>ANTIDEPRESSANTS Cont.</b>		
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
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDEPRESSANTS Cont.</b>		
OLEPTRO TAB	-	3
trazodone tab 300mg (DESYREL equiv)	-	NC
TRINTELLIX TAB	-	NC
VIIBRYD STARTER KIT	-	NC
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine ER tab	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1

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<b>ANTIDEPRESSANTS Cont.</b>		
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
NORTRIPTYLINE SOLN	-	1
desipramine tab (NORPRAMIN equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (GLYSET equiv)	-	3
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	-	NC
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
JANUMET TAB	-	2
JANUMET XR TAB	-	2

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<b>ANTIDIABETICS Cont.</b>		
KOMBIGLYZE XR TAB	-	2
pioglitazone/glimepiride tab (DUETACT equiv)	-	2
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
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)	PA-QL	2
ACTOPLUS MET XR TAB	-	3
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JENTADUETO TAB	-	NC
JENTADUETO XR TAB	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
<b>BIGUANIDES</b>		

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<b>ANTIDIABETICS Cont.</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
RIOMET SOLN, METFORMIN SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
<b>DIABETIC OTHER</b>		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	2
PROGLYCEM SUSP	-	3
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2
ONGLYZA TAB (QL= 1 tab/day)	QL-¢	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
TRADJENTA TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	3
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2

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<b>ANTIDIABETICS Cont.</b>		
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ	-	3
TRULICITY INJ	-	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
<b>INSULIN</b>		
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	2
NOVOLOG INJ, FIASP INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2

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<b>ANTIDIABETICS Cont.</b>		
TOUJEO SOLOSTAR INJ	-	2
TRESIBA INJ	-	2
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ, ADMELOG INJ	-	NC
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		

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FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1

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<b>ANTIDIARRHEALS Cont.</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	2
EXJADE TAB	MSP	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
JADENU TAB	LMSP	2
<b>OPIOID ANTAGONISTS</b>		
naltrexone tab (REVIA equiv)	-	1
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2
EVZIO INJ	-	NC
VIVITROL INJ	-	NC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
JADENU SPRINKLE	LMSP	2
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC

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<b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>		
<b>OPIOID ANTAGONISTS</b>		
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
naloxone inj	-	NC
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1
ondansetron ODT (ZOFRAN equiv)	-	1
ondansetron soln (ZOFRAN equiv)	-	1
ondansetron tab (ZOFRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
maldemar tab (SCOPACE equiv)	-	1
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
TRANSDERM-SCOP PATCH	-	3
meclizine chew tab (BONINE equiv)	OTC	NC
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2

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INF	Infertility	LD
LMSPP	Lumicera Mandatory Specialty Pharmacy Program	MSP
OTC	Over-the-Counter	PA
QL	Quantity Limit	RS
SF	Limited to two 15 day fills per month for first 3 months	SMKG
SP	Available through Specialty Pharmacy Program	ST
VAC	Vaccine Program	¢
		RxCENTS

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**Community Health Choice - ERS Formulary**

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**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIEMETICS Cont.</b>		
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
DICLEGIS TAB	-	NC
SYNDROS SOLN	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematolo Specialist)	QL-RS	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematolo Specialist)	QL-RS	2
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP	-	NC

**ANTIFUNGALS**

**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

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<b>ANTIFUNGALS Cont.</b>		
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
NOXAFIL TAB	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX SOLN	PA	3
CRESEMBA CAP	-	NC
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine ER cap	-	1
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC
KARBINAL ER SUSP	-	NC
<b>ANTIHISTAMINES - NON-SEDATING</b>		
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC

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<b>ANTIHISTAMINES Cont.</b>		
CLARITIN CAP	OTC	NC
DESLORATADINE ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
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
LIPTRUZET TAB	-	NC
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		

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VAC Vaccine Program	¢	RxCENTS

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<b>ANTIHYPERLIPIDEMICS Cont.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
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
WELCHOL PACK	-	2
WELCHOL TAB	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
colesevelam pack (WELCHOL equiv)	-	NC
colesevelam tab (WELCHOL equiv)	-	NC
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	1
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1

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<b>ANTIHYPERTENSIVES Cont.</b>		
LOFIBRA CAP 134MG	-	1
LOFIBRA CAP 200MG	-	1
LOFIBRA CAP 67MG	-	1
LOFIBRA TAB 160MG	-	1
LOFIBRA TAB 54MG	-	1
TRILIPIX CAP	-	1
ANTARA CAP, LOFIBRA CAP 30MG, 90MG	-	3
FENOFIBRIC TAB, FIBRICOR TAB	-	3
LOFIBRA TAB, TRIGLIDE TAB	-	3
TRIGLIDE TAB	-	3
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1

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<b>ANTHYPERLIPIDEMICS Cont.</b>		
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
fluvastatin cap (LESCOL equiv)	-	2
SIMCOR TAB	-	2
LIVALO TAB	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	2
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	1
NIASPAN ER TAB	-	1
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERLIPIDEMICS Cont.</b>		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL 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
EPANED PREMIXED SOLN	PA	3
EPANED SOLN	PA	3
QBRELIS SOLN	PA	3
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
irbesartan tab (AVAPRO equiv)	-	1

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<b>ANTIHYPERTENSIVES Cont.</b>		
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
candesartan tab (ATACAND equiv)	-	3
EDARBI TAB	-	3
ATACAND TAB	-	NC
EPROSARTAN TAB	-	NC
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		

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<b>ANTIHYPERTENSIVES Cont.</b>		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
telmisartan/amlodipine tab (TWYNSTA equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2

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<b>ANTIHYPERTENSIVES Cont.</b>		
DUTOPROL TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
EDARBYCLOR TAB	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
trandolapril/verapamil ER tab (TARKA equiv)	-	3
TWYNSTA TAB	-	3
VALTURNA TAB	-	3
BYVALSON TAB	-	NC
MICARDIS HCT TAB	-	NC
PRESTALIA TAB	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TEVETEN HCT TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA TAB	¢	3
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPRA equiv)	¢	3
<b>VASODILATORS</b>		

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<b>ANTIHYPERTENSIVES Cont.</b>		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
NEBUPENT NEB SOLN	-	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)	QL	3
colistimethate sodium inj (COLY-MYCIN M equiv)	-	NC
IMPAVIDO CAP	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUSP	-	2

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<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
ALINIA TAB	-	2
atovaquone susp (MEPRON equiv)	-	2
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLN	-	1
VANCOMYCIN SOLN KIT	-	1
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of QL-ST vancomycin soln or FIRVANQ SOLN)	QL-ST	2
<b>KETOLIDES</b>		
KETEK TAB	-	3
<b>LEPROSTATICS</b>		
dapsone tab	-	1
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	3
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2
<b>OXAZOLIDINONES</b>		
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
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		

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INF	Infertility	LD
LMSF	Lumicera Mandatory Specialty Pharmacy Program	MSP
OTC	Over-the-Counter	PA
QL	Quantity Limit	RS
SF	Limited to two 15 day fills per month for first 3 months	SMKG
SP	Available through Specialty Pharmacy Program	ST
VAC	Vaccine Program	¢
		RxCENTS

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMALARIALS Cont.</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	2
MALARONE TAB	-	2
FANSIDAR TAB	-	3
<b>ANTIMALARIALS</b>		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD	2
MEFLOQUINE TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
PRIMAQUINE TAB	-	2
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
MESTINON SYRUP	-	3
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	2
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ISONIAZID SYRUP	-	1

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SP	Available through Specialty Pharmacy Program	ST Step Therapy
VAC	Vaccine Program	¢ RxCENTS

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMYCOBACTERIAL AGENTS Cont.</b>		
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTICS MISC.</b>		
tretinoin cap (VESANOID equiv)	LMSP	2
<b>MITOTIC INHIBITORS</b>		
etoposide cap (VEPESID equiv)	LMSP	2
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	LMSP-PA	2
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
CEENU CAP	-	2
cyclophosphamide cap	-	2
cyclophosphamide tab (CYTOXAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
melphalan tab (ALKERAN equiv)	-	2
MYLERAN TAB	LMSP	2
temozolomide cap (TEMODAR equiv)	LMSP	2
<b>ANTIMETABOLITES</b>		
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
capecitabine tab (XELODA equiv)	LMSP	2
mercaptapurine tab (PURINETHOL equiv)	-	2
METHOTREXATE INJ	-	2
TABLOID TAB	-	2
PURIXAN SUSP	-	NC
XATMEP SOLN	-	NC
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
GAZYVA INJ	-	NC
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP	MSP-PA-SF	2
ODOMZO CAP	LMSP-PA-SF	2
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
exemestane tab (AROMASIN equiv)	-	2
FARESTON TAB	-	2
flutamide cap (EULEXIN equiv)	-	2
LYSODREN TAB	LMSP	2
nilutamide tab (NILANDRON equiv)	LMSP	2
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-S F	2
ZYTIGA TAB 250MG	LMSP-PA	2
ZYTIGA TAB 500MG	LMSP-PA	2
ERLEADA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
YONSA TAB	-	NC
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP	-	NC

**ANTINEOPLASTIC COMBINATIONS**

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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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	2
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	2
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	2
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	2
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
BOSULIF TAB	MSP-PA-SF	2
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	2
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	2
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	2
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	2
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-S F	2
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD	2
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	2
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	2
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	2
LYNPARZA TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	2
MEKINIST TAB	LMSP-PA	2
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
NEXAVAR TAB	MSP-PA-SF	2
NINLARO CAP	MSP-PA	2

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SP	Available through Specialty Pharmacy Program	ST
VAC	Vaccine Program	¢
		RxCENTS

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	2
RYDAPT CAP	LMSP-PA	2
SPRYCEL TAB	LMSP-PA-SF	2
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	2
SUTENT CAP	MSP-PA-SF	2
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL- SF	2
TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
TARCEVA TAB	LMSP-PA-SF	2
TASIGNA CAP	LMSP-PA-SF	2
TYKERB TAB	LMSP-PA	2
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	2
VOTRIENT TAB	LMSP-PA-SF	2
XALKORI CAP	MSP-PA	2
ZELBORAF TAB	MSP-PA-SF	2
ZOLINZA CAP	LMSP-PA-SF	2
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	2
ZYKADIA CAP (QL= 5 caps/day)	LMSP-PA-QL- SF	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ALUNBRIG PAK	-	NC
BRAFTOVI CAP	-	NC
COPIKTRA CAP	-	NC
MEKTOVI TAB	-	NC
TIBSOVO TAB	-	NC
ZEJULA CAP	-	NC
<b>ANTINEOPLASTICS MISC.</b>		
hydroxyurea cap (HYDREA equiv)	-	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	2
ALFERON-N INJ	LMSP	2
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	2
INTRON-A INJ	MSP	2
MATULANE CAP	-	2
PROLEUKIN INJ	-	2
SYLATRON INJ	MSP-PA	3
SYNRIBO INJ	-	NC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	1
MESNEX TAB	LMSP	2

**ANTIPARKINSON AGENTS**

**ANTIPARKINSON ADJUVANTS**

carbidopa tab (LODOSYN equiv)	-	2
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**ANTIPARKINSON ANTICHOLINERGICS**

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<b>ANTIPARKINSON AGENTS Cont.</b>		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	3
<b>ANTIPARKINSON DOPAMINERGICS</b>		
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
amantadine tab	-	2
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	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

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<b>ANTIPARKINSON AGENTS Cont.</b>		
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	3
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON DOPAMINERGICS</b>		
OSMOLEX ER TAB	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
<b>ANTIPSYCHOTICS - MISC.</b>		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day)	PA-QL-¢	3

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SP Available through Specialty Pharmacy Program	ST	Step Therapy
VAC Vaccine Program	¢	RxCENTS

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	PA	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB	PA	3
FANAPT TITRATION PACK	PA	3
INVEGA INJ	-	NC
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
<b>DIBENZAPINES</b>		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
SEROQUEL XR TAB	-	3
ADASUVE INHALER	-	NC
VERSACLOZ SUSP	-	NC
<b>PHENOTHIAZINES</b>		
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
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	PA	3
REXULTI TAB	-	NC

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	1
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
PHISOHEX LIQUID	-	3
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
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
ATRIPLA TAB	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
DESCOVY TAB	PA	2

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<b>ANTIVIRALS Cont.</b>		
didanosine DR cap (VIDEX EC equiv)	-	2
EDURANT TAB	-	2
efavirenz cap (SUSTIVA equiv)	-	2
efavirenz tab (SUSTIVA equiv)	-	2
EMTRIVA CAP	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
fosamprenavir tab (LEXIVA equiv)	-	2
FUZEON INJ	LMSP	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
KALETRA TAB	-	2
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2

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<b>ANTIVIRALS Cont.</b>		
lopinavir/ritonavir soln (KALETRA equiv)	-	2
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
stavudine cap (ZERIT equiv)	-	2
stavudine soln (ZERIT equiv)	-	2
STRIBILD TAB	-	2
SUSTIVA TAB	-	2
SYMFI (LO) TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2

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<b>ANTIVIRALS Cont.</b>		
TIVICAY TAB (QL= 2 tabs/day)	QL	2
TRIUMEQ TAB	-	2
TRUVADA TAB	PA	2
VIDEX EC CAP 125MG	-	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
ZERIT SOLN	-	3
DELSTRIGO TAB	-	NC
PIFELTRO TAB	-	NC
TYBOST TAB	-	NC
<b>CMV AGENTS</b>		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
PREVYMIS TAB	-	NC
<b>HEPATITIS AGENTS</b>		

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<b>ANTIVIRALS Cont.</b>		
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	2
DAKLINZA TAB (QL= 1 tab/day)	LMSP-PA-QL	2
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2
EPCLUSA TAB (QL= 1 tab/day)	LMSP-PA-QL	2
EPIVIR HBV SOLN	-	2
HARVONI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
INFERGEN INJ	LMSP	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2
PEGASYS INJ	LMSP	2
PEGASYS INJ KIT	LMSP	2
PEG-INTRON INJ	LMSP	2
REBETOL SOLN	LMSP	2
RIBATAB	LMSP	2
ribavirin cap (REBETOL equiv)	LMSP	2
ribavirin tab (COPEGUS equiv)	LMSP	2
SOVALDI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
VEMLIDY TAB	-	2
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
ZEPATIER TAB (QL= 1 tab/day)	LMSP-PA-QL	2
INCIVEK TAB	-	NC
OLYSIO CAP	-	NC

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<b>ANTIVIRALS Cont.</b>		
RIBAPAK TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
<b>INFLUENZA AGENTS</b>		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
CUPRIMINE CAP	-	2

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<b>ASSORTED CLASSES Cont.</b>		
DEPEN TITRATAB	-	2
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	2
THALOMID CAP	MSP-PA	2
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT 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
RAPAMUNE SOLN	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
tacrolimus cap (PROGRAF equiv)	-	2
ZORTRESS TAB	PA	2
AZASAN TAB	-	3
ENVARUSUS XR TAB	-	NC
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene susp (SPS equiv)	-	1

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<b>ASSORTED CLASSES Cont.</b>		
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	¢	2
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
nadolol tab (CORCARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1

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<b>BETA BLOCKERS Cont.</b>		
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
<b>BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1

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<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN SR equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
felodipine ER tab (PLENDIL equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
verapamil SR cap (VERELAN PM equiv)	-	3
VERELAN SR CAP 360mg	-	3
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN INJ	-	NC

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<b>CARDIOTONICS Cont.</b>		
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2
<b>IMPOTENCE AGENTS</b>		
CIALIS TAB (QL= 6 tabs/30 days)	PA-QL	2
sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days)	PA-QL	2
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	PA-QL	2
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	PA-QL	2
CAVERJECT INJ (QL= 6 inj/30 days)	PA-QL	3
EDEX INJ (QL= 6 inj/30 days)	PA-QL	3
LEVITRA TAB (QL= 6 tabs/30 days)	PA-QL	3
MUSE SUPP (QL= 6 supp/30 days)	PA-QL	3
STAXYN ODT (QL= 6 tabs/30 days)	PA-QL	3
STENDRA TAB (QL= 6 tabs/30 days)	PA-QL	3
VIAGRA TAB	-	NC
<b>PERIPHERAL VASODILATORS</b>		
isoxsuprine tab	-	3
<b>PROSTAGLANDIN VASODILATORS</b>		
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2
ORENITRAM TAB	-	NC

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LMSPP	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

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**Community Health Choice - ERS Formulary**

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**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (ADCIRCA equiv)	LMSP-PA	2
REVATIO SUSP	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TAB	PA	3

**CEPHALOSPORINS**

<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1

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<b>CEPHALOSPORINS Cont.</b>		
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	1
DAXBIA CAP	-	NC
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime susp (SUPRAX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3

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<b>CEPHALOSPORINS Cont.</b>		
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
BEYAZ TAB	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0

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<b>CONTRACEPTIVES Cont.</b>		
rajani tab (BEYAZ equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
YASMIN TAB	-	\$0
YAZ TAB	-	\$0
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
mibelas chew tab (MINASTRIN equiv)	-	3
NATAZIA TAB	-	3
BALCOLTRA TAB	-	NC
FALESSA KIT	-	NC
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
XULANE PATCH	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0
<b>COPPER CONTRACEPTIVES - IUD (NEW)</b>		
PARAGARD IUD	-	\$0

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<b>CONTRACEPTIVES Cont.</b>		
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
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
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0

**CORTICOSTEROIDS**

<b>GLUCOCORTICOSTEROIDS</b>		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone pak (DEXPAK equiv)	-	1
dexamethasone soln	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CORTICOSTEROIDS Cont.</b>		
MEDROL TAB	-	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
PREDNISON SOLN	-	1
PREDNISON TAB	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISON PAK	-	2
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3
budesonide SR cap (ENTOCORT EC equiv)	-	3
DEXPAK TAB	-	3
ENTOCORT EC CAP	-	3
MILLIPRED DP PAK	-	3
MILLIPRED TAB	-	3
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC

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<b>CORTICOSTEROIDS Cont.</b>		
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
<b>MINERALOCORTICIDS</b>		
fludrocortisone tab (FLORINEF equiv)	-	1
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
ZONATUSS CAP 150MG	-	3
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/ 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

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<b>COUGH/COLD/ALLERGY Cont.</b>		
promethazine DM syrup	-	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
CLARINEX-D TAB	-	NC
DECON-A LIQUID	OTC	NC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUZISTRA XR SUSP	-	NC
<b>EXPECTORANTS</b>		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
<b>MUCOLYTICS</b>		
acetylcysteine soln (MUCOMYST equiv)	-	1

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<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
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
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
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) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
AVAR GEL	-	2
DIFFERIN GEL 0.3% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2

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<b>DERMATOLOGICALS Cont.</b>		
EPIDUO GEL 0.1-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
isotretinoin cap (AC CUTANE equiv)	-	2
PRASCION RA CREAM	-	2
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	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 LOTION	-	2
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
tretinoin cream (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
AVAR AEROSOL FOAM	-	3
AZELEX CREAM	PA	3
CLINDAGEL	-	3
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3
CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL	-	3

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<b>DERMATOLOGICALS Cont.</b>		
ONEXTON GEL	-	3
sodium sulfacetamide lotion (KLARON equiv)	-	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
SODIUM SULFACETAMIDE/SULFUR SUSP	-	3
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3
ABSORICA CAP	-	NC
ACZONE GEL 7.5%	-	NC
AVAR PAD	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN OTC GEL 0.1%	OTC	NC
DUAC CS KIT	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC
VELTIN GEL	-	NC
ZIANA GEL	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	NC
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
mupirocin cream (BACTROBAN equiv)	-	2
ALTABAX OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3

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LMSF	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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
CORTISPORIN OINT	-	3
NEO-SYNALAR CREAM	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
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
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
NAFTIN GEL	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
oxiconazole nitrate cream (OXISTAT equiv)	-	2
OXISTAT LOTION	-	2

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<b>DERMATOLOGICALS Cont.</b>		
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
MENTAX CREAM	-	3
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
diclofenac soln 1.5% (PENNSAID equiv)	-	3

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<b>DERMATOLOGICALS Cont.</b>		
FLECTOR PATCH (QL= 30 patches/fill)	QL	3
PENNSAID SOLN	-	3
DICLOPR KIT	-	NC
DST PLUS PAK KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
CARAC CREAM	-	2
FLUROPLEX CREAM	-	2
FLUROURACIL CREAM 0.5%	-	2
FLUROURACIL SOLN	-	2
TARGRETIN GEL	MSP	2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	2
diclofenac gel (SOLARAZE equiv)	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
FLUORAC CREAM	-	NC
<b>ANTIPRURITICS - TOPICAL</b>		

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<b>DERMATOLOGICALS Cont.</b>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
<b>ANTIPSORIATICS</b>		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
COSENTYX INJ (1-PACK)	LMSP-PA	2
COSENTYX INJ (2-PACK)	LMSP-PA	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SORIATANE CK KIT	-	2
VECTICAL OINT	-	2
SORILUX FOAM	-	3
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	3
STELARA INJ (QL= 1 syringe/84 days)	LMSP-PA-QL	3
SILIQ INJ	-	NC
TALTZ INJ	-	NC
tazarotene cream (TAZORAC equiv)	-	NC
TAZORAC CREAM	-	NC
TAZORAC GEL	-	NC
TREMFYA INJ	-	NC
<b>ANTISEBORRHEIC PRODUCTS</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
selenium sulfide lotion	-	1
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
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX OINT equiv)	-	2
DENAVIR CREAM	-	2
XERESE CREAM	-	3
ZOVIRAX CREAM	-	3
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
<b>CORTICOSTEROIDS - TOPICAL</b>		
APEXICON E CREAM	-	1

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<b>DERMATOLOGICALS Cont.</b>		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	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 dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate emollient cream (TEMOVATE-E CREAM equiv)	-	1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
desonide cream (DESOWEN equiv)	-	1
desonide lotion (DESOWEN equiv)	-	1
desonide oint (DESOWEN equiv)	-	1
desoximetasone cream (TOPICORT CREAM equiv)	-	1
desoximetasone gel (TOPICORT equiv)	-	1
desoximetasone oint (TOPICORT equiv)	-	1
diflorasone oint	-	1
fluocinolone acetonide cream	-	1

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<b>DERMATOLOGICALS Cont.</b>		
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	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
halobetasol propionate oint (ULTRAVATE equiv)	-	1
hydrocortisone butyrate cream (LOCOID equiv)	-	1
hydrocortisone butyrate oint (LOCOID equiv)	-	1
hydrocortisone butyrate soln (LOCOID equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
hydrocortisone valerate cream (WESTCORT equiv)	-	1
hydrocortisone valerate oint (WESTCORT equiv)	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
PREDNICARBATE CREAM	-	1

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<b>DERMATOLOGICALS Cont.</b>		
prednicarbate cream (DERMATOP equiv)	-	1
PREDNICARBATE OIN	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
ALA SCALP LOTION	-	2
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
AMCINONIDE CREAM 0.1%	-	2
AMCINONIDE OINT	-	2
DIFLORASONE CREAM	-	2
EPIFOAM AEROSOL	-	2
fluticasone propionate lotion (CUTIVATE equiv)	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE CREAM	-	2
PRAMOSONE E CREAM	-	2
PRAMOSONE OINT	-	2
U-CORT CREAM	-	2
AMCINONIDE LOTION	-	3
betamethasone valerate foam (LUXIQ FOAM equiv)	-	3
calcipotriene/betamethasone oint (TACLONEX equiv)	-	3

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<b>DERMATOLOGICALS Cont.</b>		
CAPEX SHAMPOO	-	3
clobetasol foam (OLUX equiv)	-	3
clobetasol lotion (CLOBEX LOTION equiv)	-	3
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	3
clobetasol spray (CLOBEX SPRAY equiv)	-	3
CLOCORTOLONE CREAM, CLODERM CREAM	-	3
CORDRAN TAPE	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
flurandrenolide cream (CORDRAN equiv)	-	3
flurandrenolide lotion (CORDRAN equiv)	-	3
HALOG CREAM	-	3
HALOG OINT	-	3
hydrocortisone butyrate lipocream (LOCOID equiv)	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
TACLONEX SCALP SUSP	-	3
TOPICORT GEL	-	3
TOPICORT OINT	-	3
triamcinolone spray (KENALOG equiv)	-	3
ULTRAVATE LOTION	-	3
VANOS CREAM	-	3
VERDESO FOAM	-	3

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<b>DERMATOLOGICALS Cont.</b>		
clobetasol E foam (OLUX E equiv)	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
ENSTILAR FOAM	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
IMPOYZ CREAM	-	NC
lidocaine/hydrocortisone cream	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC

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ULTRAVATE PAC KIT	-	NC
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	2
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
urea cream 40% (CARMOL equiv)	-	1
urea cream 41% (UTOPIC equiv)	-	1
urea cream 50% (KERALAC equiv)	-	1
URAMAXIN CREAM (Only RX version covered/OTC version NOT covered)	-	2
urea gel (URAMAXIN equiv)	-	2
urea lotion (KERALAC LOTION equiv)	-	2
urea susp 40% (UMECTA equiv)	-	2
UTOPIC CREAM 41%	-	2
KERAFOAM	-	3
UMECTA EMULSION	-	3
UMECTA PD EMULSION	-	3
urea cream	-	NC
UREA EMULSION	-	NC
UREA LOTION	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1

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ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT	-	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>HAIR GROWTH AGENTS</b>		
finasteride tab (PROPECIA equiv)	-	NC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	NC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	2
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CREAM	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		

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<b>DERMATOLOGICALS Cont.</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
LIDOCIN GEL	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		

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<b>DERMATOLOGICALS Cont.</b>		
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
<b>ROSACEA AGENTS</b>		
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
FINACEA GEL	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
ROSADAN KIT	-	NC
<b>SCABICIDES &amp; PEDICULICIDES</b>		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
crotamiton lotion (EURAX equiv)	-	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
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
<b>SCAR TREATMENT PRODUCTS</b>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	2
BIAFINE EMULSION	-	NC

**DIAGNOSTIC PRODUCTS**

**DIAGNOSTIC DRUGS**

GLUCAGEN INJ	-	2
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<b>DIAGNOSTIC PRODUCTS Cont.</b>		
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	20%
ACCU-CHEK GUIDE TEST STRIP	OTC	20%
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	20%
ACCU-CHEK TEST STRIP	OTC	20%
CLINISTIX TEST STRIP	OTC	20%
FREESTYLE INSULINX TEST STRIP	OTC	20%
FREESTYLE LITE TEST STRIP	OTC	20%
FREESTYLE PRECISION NEO TEST STRIP	OTC	20%
FREESTYLE TEST STRIP	OTC	20%
KETO-DIASTIX TEST STRIP	OTC	20%
KETOSTIX	OTC	20%
PRECISION XTRA TEST STRIP	OTC	20%
TEST STRIP (all other test strips)	OTC	NC
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
OMNIPAQUE SOLN	-	NC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC

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<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.</b>		
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP	-	2
PANCREAZE CAP, ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3
PANCRELIPASE CAP	-	NC
PERTZYE CAP, ZENPEP CAP	-	NC
SUCRAID SOLN	-	NC
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
KEVEYIS TAB	-	NC

**DIURETIC COMBINATIONS**

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<b>DIURETICS Cont.</b>		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
CAROSPIR SUSP	-	NC
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1
CHLORTHALIDONE TAB	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1

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<b>DIURETICS Cont.</b>		
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
risedronate tab (ACTONEL equiv)	-	1
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	2
FORTEO INJ	LMSP	2
FORTICAL NASAL SPRAY	-	2
MIACALCIN INJ	LMSP	2
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
TYMLOS INJ	LMSP	2
FOSAMAX+D TAB	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
SKELID TAB	-	3
<b>CALCIUM REGULATORS - MISC.</b>		
ALENDRONATE SOLN	-	3

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3
<b>FERTILITY REGULATORS</b>		
BRAVELLE INJ	INF-PA	50%
CLOMIPHENE CITRATE POWDER	INF-PA	50%
CLOMIPHENE CITRATE TAB	INF-PA	50%
clomiphene citrate tab (CLOMID equiv)	INF-PA	50%
FOLLISTIM AQ INJ	INF-PA	50%
GONAL-F RFF INJ	INF-PA	50%
MENOPUR INJ, REPRONEX INJ	INF-PA	50%
OVIDREL INJ	INF-PA	50%
PREGNYL INJ	INF-PA	50%
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE INJ	INF-PA	50%
GANIRELIX AC INJ	INF-PA	50%
ORLISSA TAB	-	NC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD	2
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	NC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ	LMSP-PA	2
NORDITROPIN INJ	LMSP-PA	2
HUMATROPE INJ, ZOMACTON INJ	-	NC

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NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	MSP	2
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL NASAL SOLN	-	2
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALTROL equiv)	-	1
CALCITRIOL INJ	LMSP	1
calcitriol inj (CALCIJEX equiv)	LMSP	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
doxercalciferol cap (HECTOROL equiv)	-	2
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
paricalcitol cap (ZEMPLAR equiv)	-	2
SENSIPAR TAB	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2

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sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2
CARBAGLU TAB	-	NC
GALAFOLD CAP	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
<b>POSTERIOR PITUITARY HORMONES</b>		
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
NOCTIVA EMULSION SPRAY	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>SOMATOSTATIC AGENTS</b>		

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
octreotide inj (SANDOSTATIN equiv)	LMSP	2
SANDOSTATIN INJ	LMSP	2
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3411)	LD-PA-QL	2
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	3
ANGELIQ TAB	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
FEMHRT TAB	-	NC
ORTHO-PREFEST TAB	-	NC
<b>ESTROGENS</b>		
estradiol patch (CLIMARA equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1

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<b>ESTROGENS Cont.</b>		
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	2
PREMARIN TAB	-	2
CENESTIN TAB	-	3
ALORA PATCH	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
ENJUVIA TAB	-	NC
ESTRASORB EMULSION	-	NC
ESTRATAB	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
VIVELLE-DOT PATCH	-	NC
<b>FLUROQUINOLONES</b>		
<b>FLUROQUINOLONES</b>		
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

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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

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**Community Health Choice - ERS Formulary**

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**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>FLUOROQUINOLONES Cont.</b>		
CIPRO SUSP 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
ciprofloxacin ER tab (CIPRO XR equiv)	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	-	NC
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF- ¢	2
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	2
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP	-	NC
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	1

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
metoclopramide tab (REGLAN equiv)	-	1
METZOZOLV ODT	-	NC
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
ASACOL HD TAB, MESALAMINE TAB	-	2
CANASA SUPP	-	2
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	2
DELZICOL CAP	-	2
LIALDA TAB	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine tab (ASACOL equiv)	-	2
DIPENTUM CAP	-	3
mesalamine DR tab (LIALDA equiv)	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	1
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
alosetron tab (LOTRONEX equiv)	-	3
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
VIBERZI TAB	-	NC
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
RELISTOR INJ	LMSP-PA	2
RELISTOR INJ KIT	LMSP-PA	2
SYMPROIC TAB	PA	2
MOVANTIK TAB	-	NC
RELISTOR TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL CHEW TAB	-	2
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
SEVELAMER CARBONATE TAB	-	2
sevelamer powder pak (RENVELA equiv)	-	2
sevelamer tab (RENVELA TAB equiv)	-	2
RENVELA TAB	-	3
AURYXIA TAB	-	NC
RENAGEL TAB	-	NC
VELPHORO CHEW TAB	-	NC

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
CYTRA-3 SYRUP	-	1
K/NA CITRATE SOLN CITRIC ACID	-	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
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
PROCYSBI CAP	-	NC
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	2
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1

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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
dutasteride cap (AVODART equiv)	-	2
dutasteride/tamsulosin cap (JALYN equiv)	-	2
CARDURA XL TAB	-	NC
RAPAFLO CAP	-	NC
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB	-	3
THIOLA TAB	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1
COLCHICINE TAB	-	2
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	2
COLCHICINE CAP	-	NC
COLCRYS TAB	-	NC
MITIGARE CAP	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ	MSP-PA	2
AFSTYLA KIT	-	NC
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB	-	NC
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	1
<b>PLASMA KALLIKREIN INHIBITORS</b>		
TAKHZYRO INJ	-	NC
<b>PLATELET AGGREGATION INHIBITORS</b>		
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

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )	LD	2
CERDELGA CAP	-	NC
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	2
ENDARI POWDER PACK	-	NC
SIKLOS TAB	-	NC
<b>COBALAMINS</b>		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
<b>FOLIC ACID/FOLATES</b>		
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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOPOIETIC AGENTS Cont.</b>		
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
EPOGEN INJ	-	2
FULPHILA INJ	MSP	2
GRANIX INJ	LMSP	2
LEUKINE INJ	LMSP	2
NEULASTA INJ	LMSP	2
NEUMEGA INJ	LMSP	2
NEUPOGEN INJ	LMSP	2
PROCRIT INJ	-	2
PROMACTA TAB	LMSP-PA	2
RETACRIT INJ	-	2
ZARXIO INJ	LMSP	2
ARANESP INJ	-	NC
DOPTELET TAB	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NIVESTYM INJ	-	NC
<b>HEMATOPOIETIC MIXTURES</b>		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
PUREFOLIX TAB	-	NC
<b>IRON</b>		
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 (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
AMICAR SOLN	-	2
AMICAR TAB	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3

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<b>HEMOSTATICS Cont.</b>		
AMINOCAPROIC ACID TAB	-	3
<b>HYPNOTICS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB	-	NC
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
SILENOR TAB	-	NC
<b>NON-BARBITURATE HYPNOTICS</b>		
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

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<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
SOMNOTE CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC

**SELECTIVE MELATONIN RECEPTOR AGONISTS**

ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC

**LAXATIVES**

**LAXATIVE COMBINATIONS**

peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 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 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
CLENPIQ SOLN	-	2
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	2
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC

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<b>LAXATIVES Cont.</b>		
HALFLYTELY BOWEL PREP KIT	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC
<b>LAXATIVES - MISCELLANEOUS</b>		
lactulose soln	-	1
KRISTALOSE PACKET	-	3
lactulose pack (KRISTALOSE equiv)	-	3
GIALAX KIT	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZMAX SUSP	-	3

**CLARITHROMYCIN**

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LMSF	Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA Prior Authorization
QL	Quantity Limit	RS Restricted to Specialist
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SP	Available through Specialty Pharmacy Program	ST Step Therapy
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MACROLIDES Cont.</b>		
CLARITHROMYC SUSP	-	1
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
clarithromycin ER tab (BIAXIN XL equiv)	-	3
<b>ERYTHROMYCINS</b>		
ERY-TAB	-	1
erythromycin DR cap (ERYC equiv)	-	1
erythromycin stearate tab	-	1
ERYPED SUSP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
PCE TAB	-	3
<b>FIDAXOMICIN</b>		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2

**MEDICAL DEVICES AND SUPPLIES**

<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
<b>DIABETIC SUPPLIES</b>		
CALIBRATION LIQUID	OTC	1

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
ACCU-CHECK GUIDE CARE METER	OTC	20%
ACCU-CHEK AVIVA PLUS METER	OTC	20%
ACCU-CHEK NANO METER	OTC	20%
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	20%
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	20%
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	20%
DIABETIC PUMP	--OTC	20%
FREESTYLE FREEDOM LITE METER	OTC	20%
FREESTYLE INSULINX METER	OTC	20%
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	20%
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	20%
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	20%
FREESTYLE LITE METER	OTC	20%
FREESTYLE PRECISION NEO METER	OTC	20%
LANCET DEVICE	OTC	20%
LANCETS	OTC	20%
PRECISION XTRA METER	OTC	20%
PUMP SUPPLIES	OTC	20%
V-GO INJ KIT (QL= 1 kit/day)	QL	20%
DIABETIC METER (all other diabetic meters)	OTC	NC
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	20%

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
INSULIN SYRINGE	OTC	2
PUMP SUPPLIES	OTC	20%
PEN NEEDLE	OTC	3
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER	OTC	2
PEAK FLOW METER	OTC	NC
<b>MIGRAINE PRODUCTS</b>		
<b>MIGRAINE COMBINATIONS</b>		
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	1
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	1
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2
MIDRIN CAP	-	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
MIGERGOT SUPP	-	2
PRODRIN TAB	-	2
ergotamine/cafeine tab (CAFERGOT equiv)	-	3
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	2
D.H.E. INJ	-	3
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	3
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ	-	NC
AJOVY INJ	-	NC
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER PACKET	-	NC
<b>SEROTONIN AGONISTS</b>		
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 inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/ days)	QL	2
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
almotriptan tab (AXERT equiv)	-	NC
AXERT TAB	-	NC
eletriptan tab (RELPAX equiv)	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
RELPAX TAB	-	NC
ZECUITY PAD	-	NC
ZEMBRACE SYMTOUCH INJ	-	NC

**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

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; / - other members covered at generic copay)		\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younge - All other members covered at generic copay)		\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All othe - members covered at generic copay)		\$0
FLUOR-A-DAY CHEW TAB	-	1
<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
<b>POTASSIUM</b>		
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	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
potassium chloride soln	-	1
KLOR-CON M15 TAB	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
<b>ZINC</b>		
zinc sulfate cap	-	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
GALZIN CAP	-	2
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
trientine cap (SYPRINE equiv)	-	2
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
CYCLOSPORINE MODIFIED CAP	-	2
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK	-	NC
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	2
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	2
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
<b>ANTIALLERGY AGENTS - MOUTH/THROAT</b>		
APHTHASOL PASTE	-	2
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
<b>ANTISEPTICS - MOUTH/THROAT</b>		

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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
<b>DENTAL PRODUCTS</b>		
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
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
PREVIDENT RINSE	-	2
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1

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<b>MULTIVITAMINS Cont.</b>		
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
FIBRIK CAP	-	NC
<b>MULTIPLE VITAMINS &amp; FLUORIDE-FOLIC ACID</b>		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	1
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	1
<b>PED MV W/ FLUORIDE</b>		
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
pediatric multiple vitamins/fluoride chew tab	-	3
QUFLORA PEDIATRIC CHEW TAB	-	3
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
CITRANATAL CAP MEDLEY	-	NC

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<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv)	-	1
CHLORZOXAZONE TAB	-	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
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
BACLOFEN TAB	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
LORZONE TAB	-	NC
SOMA TAB 250MG	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	2
<b>MUSCLE RELAXANT COMBINATIONS</b>		

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
GOPRELTO SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	1
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT	-	3

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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

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**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
<b>NASAL STEROIDS</b>		
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	1
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1
VERAMYST NASAL SPRAY (QL= 2 bottles/fill)	QL	2
BECONASE AQ NASAL SPRAY	-	NC
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC
NASACORT OTC NASAL SPRAY	OTC	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC

**NEUROMUSCULAR AGENTS**

**ALS AGENTS**

riluzole tab (RILUTEK equiv)	-	2
TIGLUTIK SUSP	-	NC

**OPHTHALMIC AGENTS**

**ARTIFICIAL TEARS AND LUBRICANTS**

LACRISERT OPHTH INSERT	-	2
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VAC Vaccine Program	¢	RxCENTS

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
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 (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2
COSOPT PF OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
TIMOLOL OPHTH GEL SOLN	-	2
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
<b>MIOTICS</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
PILOPINE HS OPHTH GEL	-	3
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
brimonidine ophth soln (ALPHAGAN P equiv)	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
LUMIFY OPHTH SOLN 0.25%	-	NC
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
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

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<b>OPHTHALMIC AGENTS Cont.</b>		
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	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
MOXEZA 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
<b>OPHTHALMIC DECONGESTANTS</b>		

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<b>OPHTHALMIC AGENTS Cont.</b>		
phenylephrine ophth soln (MYDFRIN equiv)	-	1
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CYCLOSPORINE OPHTH EMULSION	-	NC
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	-	NC
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	1
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
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 (CORTISPORIN equiv)	-	1
prednisolone ophth soln (PRED FORTE equiv)	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
TOBRADEX ST OPHTH SUSP	-	3
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
<b>OPHTHALMICS - MISC.</b>		

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<b>OPHTHALMIC AGENTS Cont.</b>		
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
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ALAMAST OPHTH SOLN	-	2
ALOCRILOPHTH SOLN	-	2
ALOMIDOPHTH SOLN	-	2
AZOPTOPHTH SUSP	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	2
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
olopatadine ophth soln 0.1% (PATANOL equiv)	-	2
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2
PATADAY OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
PROLENSA OPHTH SOLN	-	2
ACUVAIL OPHTH SOLN	-	3
BEPREVE OPHTH SOLN	-	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
BROMSITE OPHTH SOLN	-	NC
ketotifen ophth soln (ZADITOR equiv)	OTC	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	2
VYZULTA SOLN	-	NC
ZIOPTAN OPHTH SOLN	-	NC
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	3
<b>OTIC COMBINATIONS</b>		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1

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<b>OTIC AGENTS Cont.</b>		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
otomax-HC otic soln (CORTANE-B equiv)	-	1
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
OTOZIN OTIC DROPS	-	3
OTOVEL OTIC SOLN	-	NC
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	MSP	2
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	MSP-PA	2
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		

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<b>PENICILLINS Cont.</b>		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
<b>NATURAL PENICILLINS</b>		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	1
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
<b>PROGESTINS</b>		

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<b>PROGESTINS Cont.</b>		
<b>PROGESTINS</b>		
hydroxyprogesterone inj (MAKENA equiv)	PA-SP	1
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	2
MAKENA INJ	PA-SP	3
megestrol ES susp (MEGACE ES equiv)	-	3
progesterone oil inj	-	NC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB	-	NC
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharma 866-997-3688)	LD-PA-QL	2
<b>ANTIDEMENTIA AGENTS</b>		
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
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1

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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

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**Community Health Choice - ERS Formulary**

**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of QL-ST donepezil 10mg)		2
EXELON SOLN	-	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine soln (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	2
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	2
rivastigmine patch (EXELON equiv)	-	2
NAMENDA XR CAP	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	-	NC
<b>MOVEMENT DISORDER DRUG THERAPY</b>		

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	2
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TAB	LMSP	2
AVONEX INJ	LMSP	2
COPAXONE INJ	LMSP	2
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	MSP-PA-QL	2
EXTAVIA INJ	LMSP	2
GILENYA CAP	LMSP	2
glatiramer inj (COPAXONE equiv)	LMSP	2
REBIF INJ	LMSP	2
TECFIDERA CAP	LMSP	2
TECFIDERA STARTER PACK	LMSP	2
PLEGRIDY INJ	LMSP-PA	3
PLEGRIDY PEN INJ	LMSP-PA	3
ZINBRYTA INJ (QL= 1 inj/28 days)	MSP-PA-QL	3
BETASERON INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBLBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	QL	2
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
pimozide tab (ORAP equiv)	-	2
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
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
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC

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paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-S F	2
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	2
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	2
PULMOZYME INH SOLN	LMSP	2
ORKAMBI GRANULES PACKET	-	NC
SYMDEKO TAB	-	NC
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL- SF	2
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL- SF	2
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL- SF	2
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-S F	2
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		

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<b>SULFONAMIDES Cont.</b>		
SULFADIAZINE TAB	-	1
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
doxycycline hyclate DR tab (DORYX equiv)	-	3
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3
ORAXYL CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC

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<b>TETRACYCLINES Cont.</b>		
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
TARGADOX TAB	-	NC
XIMINO CAP	-	NC
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
<b>THYROID HORMONES</b>		
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
TIROSINT CAP	-	3
levothyroxine tab (SYNTHROID equiv)	-	NC
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	VAC	\$0
TETANUS/DIPHThERIA TOXOID INJ	VAC	\$0

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<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVVID 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
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
DONNATAL ELIXIR	-	3
methscopolamine tab (PAMINE equiv)	-	3
pb-belladonna elixir (DONNATAL equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC

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<b>ULCER DRUGS Cont.</b>		
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB 1.5MG	-	NC
<b>H-2 ANTAGONISTS</b>		
CIMETIDINE SOLN	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
nizatidine soln (AXID equiv)	-	3
ZANTAC EFFER TAB	-	NC
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUSP	-	1
sucralfate tab (CARAFATE equiv)	-	1
<b>PROTON PUMP INHIBITORS</b>		
lansoprazole cap (PREVACID equiv) (Rx Only)	-	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1

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<b>ULCER DRUGS Cont.</b>		
lansoprazole odt (PREVACID SOLUTAB equiv)	-	2
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	3
esomeprazole cap (NEXIUM equiv)	-	3
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
OMEPRAZOLE TAB	OTC	NC
PREVACID OTC CAP	OTC	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC

**ULCER DRUGS - PROSTAGLANDINS**

misoprostol tab (CYTOTEC equiv)	-	1
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**ULCER THERAPY COMBINATIONS**

lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered at Tier 2 i less than 12 years old)	-	3
PYLERA CAP	-	3

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omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID CAP OTC	OTC	NC
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS</b>		
UROQID #2 TAB	-	3
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA CAP	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
MONUROL GRANULE PACK	-	3
<b>URINARY ANTISPASMODICS</b>		
<b>BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	2
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)</b>		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1

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<b>URINARY ANTISPASMODICS Cont.</b>		
tolterodine tab (DETROL equiv)	¢	2
VESICARE TAB	¢	2
GELNIQUE	-	3
OXYTROL PATCH	PA	3
tropium chloride SR cap (SANCTURA XR equiv)	PA	3
tropium tab (SANCTURA equiv)	-	3
TOVIAZ TAB	-	NC
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
tolterodine SR cap (DETROL LA equiv)	-	2
darifenacin SR tab (ENABLEX equiv)	-	NC
ENABLEX TAB	-	NC
<b>URINARY ANTISPASMODICS</b>		
hyoscyamine tab (LEVSIN equiv)	-	1
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	1
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	NC
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE INJ	VAC	\$0

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**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0
VAXCHORA SUSP	-	NC
<b>VIRAL VACCINES</b>		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
CERVARIX INJ	VAC	\$0
ENGERIX-B INJ	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD 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 HIGH DOSE PF INJ	VAC	\$0

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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

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**Community Health Choice - ERS Formulary**

**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	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 50 or older)	VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0
STAMARIL INJ	-	NC
<b>VAGINAL PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
<b>SPERMICIDES</b>		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0

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SP Available through Specialty Pharmacy Program	ST	Step Therapy
VAC Vaccine Program	¢	RxCENTS

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**Community Health Choice - ERS Formulary**

**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
<b>VAGINAL ANTI-INFECTIVES</b>		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
<b>VAGINAL ESTROGENS</b>		
estradiol cream (ESTRACE equiv)	-	1
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	NC
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC
<b>VAGINAL PROGESTINS</b>		

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**Community Health Choice - ERS Formulary**

**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
CRINONE GEL	INF-PA	50%
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	2
EPIPEN INJ (QL= 2 inj/fill)	QL	2
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	2
ADRENALICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	1
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
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

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**Community Health Choice - ERS Formulary**

**Category/Class**

**Last Updated\* 10/3/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VITAMINS Cont.</b>		
<b>WATER SOLUBLE VITAMINS</b>		
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
niacin cap	OTC	NC
niacin CR tab (SLO-NIACIN equiv)	OTC	NC
niacin tab	OTC	NC
NIACIN TR TAB	OTC	NC
niacinamide tab	OTC	NC

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VAC Vaccine Program	¢	RxCENTS

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## Community Health Choice - ERS Formulary

### Prior Authorization Drug List

Last Updated\* 10/3/2018

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABILIFY DISCMELT	3
ABILIFY SOLN	3
ABSTRAL SL TAB	3
ACTEMRA SC INJ	2
adapalene cream	2
adapalene gel	2
ADAPALENE LOTION	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADEMPAS TAB	2
AFINITOR DISPERZ	2
AFINITOR TAB	2
ALECENSA CAP	2
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
ANDRODERM PATCH	2
ANDROGEL 1.62% 1.25GM	2
ANDROGEL 1.62% 2.5GM	2
ANDROGEL PUMP 1.62%	2
aripiprazole ODT	3
aripiprazole soln	3
armodafinil tab	2

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
AZELEX CREAM	3
BENLYSTA AUTO-INJECTOR	2
BENLYSTA INJ	2
BENZNIDAZOLE TAB	2
bexarotene cap	2
BOSULIF TAB	2
BRAVELLE INJ	50%
budesonide ER tab	3
CABOMETYX TAB	2
CALQUENCE CAP	2
CAPRELSA TAB	2
CAVERJECT INJ	3
CETROTIDE INJ	50%
CHOLBAM CAP	2
CIALIS TAB	2
CIMZIA INJ	2
CIMZIA STARTER INJ KIT	2
CLOMIPHENE CITRATE POWDER	50%
clomiphene citrate tab	50%
COMETRIQ KIT	2
CORLANOR TAB	3

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
COSENTYX INJ (1-PACK)	2
COSENTYX INJ (2-PACK)	2
COTELLIC TAB	2
CRINONE GEL	50%
CYSTARAN OPHTH SOLN	2
DAKLINZA TAB	2
dalfampridine ER tab	2
DESCOVY TAB	2
DEXCOM G6 RECEIVER	20%
DEXCOM G6 SENSOR	20%
DEXCOM G6 TRANSMITTER	20%
DIFFERIN GEL 0.3%	2
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOFIN CREAM	3
dronabinol cap	2
DUPIXENT INJ	2
EDEX INJ	3
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ 50MG	2

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ENDOMETRIN INSERT	2
ENTRESTO TAB	2
EPANED PREMIXED SOLN	3
EPANED SOLN	3
EPCLUSA TAB	2
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	2
ERIVEDGE CAP	2
ESBRIET CAP	2
ESBRIET TAB 267MG	2
ESBRIET TAB 801MG	2
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	2
fentanyl citrate lollipop	2
FENTORA TAB	3
FERRIPROX SOLN	2
FERRIPROX TAB	2
FOLLISTIM AQ INJ	50%
fondaparinux inj	2
FREESTYLE LIBRE RECEIVER	20%

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**Community Health Choice - ERS Formulary cont.****Prior Authorization Drug List****Last Updated\* 10/3/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
FREESTYLE LIBRE SENSOR (10-DAY)	20%
FREESTYLE LIBRE SENSOR (14-DAY)	20%
GANIRELIX AC INJ	50%
GENOTROPIN INJ	2
GILOTRIF TAB	2
GONAL-F RFF INJ	50%
HARVONI TAB	2
HEMLIBRA INJ	2
HUMIRA INJ 10MG	2
HUMIRA INJ 20MG	2
HUMIRA INJ 40MG	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACI	2
HUMIRA PEN INJ 40MG	2
HYCAMTIN CAP	2
hydroxyprogesterone inj	1
IBRANCE CAP	2
ICLUSIG TAB	2

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
IDHIFA TAB	2
imatinib tab	2
IMBRUVICA CAP 140MG	2
IMBRUVICA CAP 70MG	2
IMBRUVICA TAB	2
INLYTA TAB	2
itraconazole cap	2
itraconazole soln	3
JAKAFI TAB	2
JYNARQUE PAK	2
KALYDECO PAK	2
KALYDECO TAB	2
KEVZARA INJ	2
KINERET INJ	2
KISQALI PAK	2
KISQALI TAB	2
KORLYM TAB	2
KUVAN POWDER PACK	2
KUVAN TAB	2
LATUDA TAB	3
LAZANDA NASAL SPRAY	3

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
LENVIMA CAP	2
LETAIRIS TAB	2
LEVITRA TAB	3
LINZESS CAP	3
LONSURF TAB	2
LYNPARZA CAP	2
LYNPARZA TAB	2
MAKENA INJ	3
MAVYRET TAB	2
MEKINIST TAB	2
MENOPUR INJ, REPRONEX INJ	50%
METHITEST TAB	3
METHYLTESTOSTERONE CAP	3
modafinil tab	2
MUSE SUPP	3
NATPARA INJ	2
NERLYNX TAB	2
NEXAVAR TAB	2
NINLARO CAP	2
NORDITROPIN INJ	2
OCALIVA TAB	2

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ODACTRA SL TAB	3
ODOMZO CAP	2
OFEV CAP	2
ONFI TAB	2
OPSUMIT TAB	2
ORENCIA CLICK INJ	2
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORKAMBI TAB	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
OVIDREL INJ	50%
OXYTROL PATCH	3
paliperidone ER tab	2
PLEGRIDY INJ	3
PLEGRIDY PEN INJ	3
PRALUENT INJ	2
PREGNYL INJ	50%
PROGESTERONE SUPP	3
PROMACTA TAB	2

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
QBRELIS SOLN	3
RELISTOR INJ	2
RELISTOR INJ KIT	2
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETIN-A MICRO GEL 0.04%, 0.1%	2
REVLIMID CAP	2
RUBRACA TAB	2
RYDAPT CAP	2
SAPHRIS SL TAB	3
SIGNIFOR INJ	2
sildenafil tab	2
sildenafil tab 20mg	1
SKLICE LOTION	3
SOLOSEC GRANULES PACKET	3
SOVALDI TAB	2
SPORANOX SOLN	3
SPRYCEL TAB	2
STAXYN ODT	3
STELARA INJ	3
STENDRA TAB	3

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
STIVARGA TAB	2
STRENSIQ INJ	2
SUTENT CAP	2
SYLATRON INJ	3
SYMPROIC TAB	2
SYNAGIS INJ	2
tadalafil tab	2
tadalafil tab 2.5mg, 5mg	2
TAFINLAR CAP	2
TAGRISSO TAB	2
TARCEVA TAB	2
TASIGNA CAP	2
testosterone gel 1% 25mg	2
TESTOSTERONE GEL 1% 50MG	2
testosterone gel 1% pump	2
TESTOSTERONE GEL PUMP	2
tetrabenazine tab	2
THALOMID CAP	2
TRACLEER TAB 32MG	2
TRACLEER TAB 62.5MG, 125MG	2
tretinoin cream	2

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Community Health Choice - ERS Formulary cont.

Prior Authorization Drug List

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
tretinoin gel	2
trospium chloride SR cap	3
TRUVADA TAB	2
TYKERB TAB	2
TYVASO INH SOLN	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	2
VALCHLOR GEL	2
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	2
VENCLEXTA TAB	2
VENTAVIS INH SOLN	2
VERZENIO TAB	2
VOSEVI TAB	2
VOTRIENT TAB	2
XADAGO TAB	3
XALKORI CAP	2
XELJANZ TAB	3
XELJANZ XR TAB	3
XTANDI CAP	2
XULTOPHY INJ	2

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**Community Health Choice - ERS Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 10/3/2018**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
XYREM SOLN	2
ZELBORAF TAB	2
ZEPATIER TAB	2
ZINBRYTA INJ	3
ZOLINZA CAP	2
ZORTRESS TAB	2
ZYDELIG TAB	2
ZYKADIA CAP	2
ZYTIGA TAB 250MG	2
ZYTIGA TAB 500MG	2

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## Community Health Choice - ERS Formulary

Last Updated\* 10/3/2018

### 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	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 cost of the medication is reduced. Members may obtain tablet-splitting devices free of charge by contacting Customer Service.

### RxCents Program Medications

BYSTOLIC TAB	eplerenone tab	galantamine tab	JANUVIA TAB
LATUDA TAB	OCALIVA TAB	ONGLYZA TAB	rasagiline tab
TEKTURNA TAB	tolterodine tab	ULORIC TAB	VESICARE TAB

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**Community Health Choice - ERS Formulary**

**Last Updated\* 10/3/2018**

**Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

ACCU-CHECK GUIDE CARE METER	ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER
ALCOHOL SWABS	ASPIRIN CHEW TAB 75MG	aspirin chew tab 81mg	aspirin ec tab 325mg
aspirin ec tab 81mg	aspirin tab 325mg	aspirin tab 81mg	B-D INSULIN SYRINGE
B-D PEN NEEDLE	CALIBRATION LIQUID	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIABETIC PUMP
FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUID	ferrous sulfate soln
FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULIN SYRINGE	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	INSULIN SYRINGE	IRON SUSP	KETO-DIASTIX TEST STRIP
KETOSTIX	LANCET DEVICE	LANCETS	levonorgestrel 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.

nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOFINE PEN	NOVOLIN INJ	NOVOTWIST PEN	NOVOTWIST/NOVOFINE
NEEDLE		NEEDLE	PEN NEEDLE
PEN NEEDLE	PLAN B TAB	PRECISION INSULIN	PRECISION XTRA
		SYRINGE	METER
PRECISION XTRA TEST STRIP	PUMP SUPPLIES	TODAY SPONGE	vcf vaginal gel
vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT	

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## Community Health Choice - ERS Formulary

Last Updated\* 10/3/2018

### 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

ACTEMRA SC INJ	ACTIMMUNE INJ	adefovir dipivoxil tab	ADEMPAS TAB
AFINITOR DISPERZ	AFINITOR TAB	ALECENSA CAP	ALFERON-N INJ
ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	APOKYN INJ	AUBAGIO TAB
AVONEX INJ	BENLYSTA AUTO-INJECTOR	BENLYSTA INJ	bexarotene cap
BOSULIF TAB capecitabine tab	CABOMETYX TAB	CALCITRIOL INJ	CALQUENCE CAP
CIMZIA INJ	CAPRELSA TAB	CAYSTON INH SOLN	CHOLBAM CAP
COSENTYX INJ (1-PACK)	CIMZIA STARTER INJ KIT	COMETRIQ KIT	COPAXONE INJ
COSENTYX INJ (2-PACK)	COSENTYX INJ (2-PACK)	COTELLIC TAB	CYSTAGON CAP
CYSTARAN OPHTH SOLN	DAKLINZA TAB	dalfampridine ER tab	DARAPRIM TAB
DUPIXENT INJ	ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG	EPCLUSA TAB	ERIVEDGE CAP	ESBRIET CAP
ESBRIET TAB 267MG	ESBRIET TAB 801MG	etoposide cap	EXJADE TAB
EXTAVIA INJ	FARYDAK CAP	FERRIPROX SOLN	FERRIPROX TAB
FORTEO INJ	FULPHILA INJ	FUZEON INJ	GENOTROPIN INJ

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GILENYA CAP	GILOTRIF TAB	glatiramer inj	GRANIX INJ
HARVONI TAB	HEMLIBRA INJ	HIZENTRA INJ	HUMIRA INJ 10MG
HUMIRA INJ 20MG	HUMIRA INJ 40MG	HUMIRA INJ	HUMIRA INJ PEDIATRIC
		CROHNS/UC/HIDRADENI	CROHNS STARTER
		TIS STARTER PACK	PACK
HUMIRA INJ	HUMIRA PEN INJ 40MG	HYCAMTIN CAP	IBRANCE CAP
PSORIASIS/UVEITIS			
STARTER PACK			
ICLUSIG TAB	IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCRELEX INJ	INFERGEN INJ
INLYTA TAB	INTRON-A INJ	IRESSA TAB	JADENU SPRINKLE
JADENU TAB	JAKAFI TAB	JYNARQUE PAK	KALYDECO PAK
KALYDECO TAB	KEVZARA INJ	KINERET INJ	KISQALI PAK
KISQALI TAB	KORLYM TAB	KUVAN POWDER PACK	KUVAN TAB
LENVIMA CAP	LETAIRIS TAB	LEUKINE INJ	LONSURF TAB
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	MAVYRET TAB
MEKINIST TAB	MESNEX TAB	MIACALCIN INJ	miglustat cap
MYLERAN TAB	NATPARA INJ	NERLYNX TAB	NEULASTA INJ
NEUMEGA INJ	NEUPOGEN INJ	NEXAVAR TAB	nilutamide tab
NINLARO CAP	NORDITROPIN INJ	OCALIVA TAB	octreotide inj
ODOMZO CAP	OFEV CAP	OPSUMIT TAB	ORENCIA CLICK INJ
ORENCIA SC INJ	ORENCIA SC INJ	ORENCIA SC INJ	ORKAMBI TAB
125MG/ML	50MG/0.4ML	87.5MG/0.7ML	
OTEZLA STARTER PACK	OTEZLA TAB	PEGASYS INJ	PEGASYS INJ KIT
PEG-INTRON INJ	PLEGRIDY INJ	PLEGRIDY PEN INJ	PRALUENT INJ
PROMACTA TAB	PULMOZYME INH SOLN	REBETOL SOLN	REBIF INJ
RELISTOR INJ	RELISTOR INJ KIT	REPATHA INJ	REPATHA
			PUSHTRONEX INJ
REVLIMID CAP	RIBATAB	ribavirin cap	ribavirin tab

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RUBRACA TAB	RYDAPT CAP	SABRIL TAB	SANDOSTATIN INJ
SIGNIFOR INJ	SOMAVERT INJ	SOVALDI TAB	SPRYCEL TAB
STELARA INJ	STIVARGA TAB	STRENSIQ INJ	SUTENT CAP
SYLATRON INJ	SYNAGIS INJ	tadalafil tab	TAFINLAR CAP
TAGRISSE TAB	TARCEVA TAB	TARGRETIN GEL	TASIGNA CAP
TECFIDERA CAP	TECFIDERA STARTER PACK	temozolomide cap	tetrabenazine tab
THALOMID CAP	TOBI PODHALER	tobramycin neb soln	TRACLEER TAB 32MG
TRACLEER TAB 62.5MG, 125MG	tretinoin cap	TYKERB TAB	TYMLOS INJ
TYVASO INH SOLN	UPTRAVI TAB	VALCHLOR GEL	VENCLEXTA STARTER PACK
VENCLEXTA TAB	VENTAVIS INH SOLN	VERZENIO TAB	vigabatrin powder pack
VOSEVI TAB	VOTRIENT TAB	XALKORI CAP	XELJANZ TAB
XELJANZ XR TAB	XTANDI CAP	XYREM SOLN	ZARXIO INJ
ZELBORAF TAB	ZEPATIER TAB	ZINBRYTA INJ	ZOLINZA CAP
ZYDELIG TAB	ZYKADIA CAP	ZYTIGA TAB 250MG	ZYTIGA TAB 500MG

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## Community Health Choice - ERS Formulary

Last Updated\* 10/3/2018

### Step Therapy (ST)

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

#### Step Therapy (ST) Medications

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
DESVENLAFAXINE ER TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole or rabeprazole
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
KHEDEZLA ER TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
NAMZARIC CAP	Step Therapy requires trial of donepezil and memantine
NAMZARIC STARTER PACK	Step Therapy requires trial of donepezil and memantine
nevirapine ER tab	Step Therapy requires trial of nevirapine
PANCREAZE CAP, ULTRESA CAP	Step Therapy requires trial of CREON
risedronate DR tab	Step Therapy requires trial of alendronate
RYTARY CAP	Step Therapy requires trial of carbidopa/levodopa ER
ULORIC TAB	Step Therapy requires trial of allopurinol
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN

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Community Health Choice - ERS Formulary

Smoking Cessation Agents

Last Updated\* 10/3/2018

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
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

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Community Health Choice - ERS Formulary

Infertility Drug List

Last Updated\* 10/3/2018

Drug Name	Tier # for Drug Copay
BRAVELLE INJ	50%
CETROTIDE INJ	50%
CLOMIPHENE CITRATE POWDER	50%
clomiphene citrate tab	50%
CRINONE GEL	50%
FOLLISTIM AQ INJ	50%
GANIRELIX AC INJ	50%
GONAL-F RFF INJ	50%
MENOPUR INJ, REPRONEX INJ	50%
OVIDREL INJ	50%
PREGNYL INJ	50%

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## Community Health Choice - ERS Formulary

Last Updated\* 10/3/2018

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<b>Drug Name</b>	<b>Quantity Limit</b>
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALSUMA INJ	QL= 4 inj/fill, 2 fills/30 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
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist

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

Community Health Choice - ERS Formulary Cont.

Last Updated\* 10/3/2018

Quantity Limit (QL)

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
bimatoprost ophth soln	QL= 2.5ml/30 days
budesonide ER tab	QL=1 tab/day
BUPRENORPHINE PATCH, BUTRANS PATCH	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
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
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAVERJECT INJ	QL= 6 inj/30 days
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIALIS TAB	QL= 6 tabs/30 days
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
COTELLIC TAB	QL= 3 tabs/day

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
DAKLINZA TAB	QL= 1 tab/day
dalfampridine ER tab	QL= 2 tabs/day
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
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole
diclofenac gel 1%	QL= 5 tubes/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	QL= 8 sprays/fill, 2 fills/30 days
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
DUPIXENT INJ	QL= 2 inj/ 28 days
EDEX INJ	QL= 6 inj/30 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
EPINEPHRINE PEN INJ 0.3MG (MYLAN)	QL= 2 inj/fill
EPIPEN INJ	QL= 2 inj/fill
EPIPEN-JR INJ	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
eszopiclone tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FLECTOR PATCH	QL= 30 patches/fill

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
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
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HARVONI TAB	QL= 1 tab/day
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 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 PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/chlorpheniramine CR sus	QL= 120ml/fill; 2 fills/30 days
HYDROCODONE/CHLORPHENIRAMINE E/PSEUDOEPHEDRINE LIQUID	QL= 120ml/fill, 2 fills/month
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-064.
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LETAIRIS TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
LEVITRA TAB	QL= 6 tabs/30 days
lidocaine patch	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
mometasone nasal spray	QL= 2 bottles/fill
MOVIPREP SOLN	QL= 1 bottle/fill

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
MUSE SUPP	QL= 6 supp/30 days
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NASONEX NASAL SPRAY	QL= 2 bottles/fill
NATROBA SUSP	QL= 1 bottle/fill
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
NUCYNTA ER TAB	QL= 2 tabs/day
NUEDEXTA CAP	QL= 2 caps/day
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
ONGLYZA TAB	QL= 1 tab/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
ORKAMBI TAB	QL= 4 tabs/day
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
OXYCONTIN CR TAB	QL= 120 tabs/30 days
OZEMPIC INJ	QL= 1 pack/28 days
PATADAY OPHTH SOLN	QL= 2.5ml/30 days
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PICATO GEL	QL= 1 box/fill
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days

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## Community Health Choice - ERS Formulary Cont.

Last Updated\* 10/3/2018

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<b>Drug Name</b>	<b>Quantity Limit</b>
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REVLIMID CAP	QL= 1 cap/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
ROZEREM TAB	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANCUSO PATCH	QL= 4 patches/fill
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
sildenafil tab	QL=6 tabs/30 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOVALDI TAB	QL= 1 tab/day
SPINOSAD SUSP	QL= 1 bottle/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.

**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
STAXYN ODT	QL= 6 tabs/30 days
STELARA INJ	QL= 1 inj/84 days
STENDRA TAB	QL= 6 tabs/30 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
SUMAVEL DOSEPRO INJ	QL= 6 inj/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
tadalafil tab	QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSE TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
testosterone gel 1% 25mg	QL= 1 packet/day

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRAVATAN Z OPHTH SOLN	QL= 5ml/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
TUSSI-ORGANI SYRUP	QL= 240ml/fill
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
VERAMYST NASAL SPRAY	QL= 2 bottles/fill
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days

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**Community Health Choice - ERS Formulary Cont.****Last Updated\* 10/3/2018****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day
XADAGO TAB	QL= 1 tab/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
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
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEPATIER TAB	QL= 1 tab/day
ZINBRYTA INJ	QL= 1 inj/28 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab	QL= 1 tab/day

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**Community Health Choice - ERS Formulary Cont.**

**Last Updated\* 10/3/2018**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZYKADIA CAP	QL= 5 caps/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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