

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.

Sendero Exchange Formulary**Alphabetical Index**

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	2	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	SP	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv)	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCOLATE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCU-CHECK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCUNEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCUPRIL TAB	-	3	ANTIHYPERTENSIVES
ACCURETIC TAB	-	3	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACEON TAB	-	3	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH / COLD / ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX TAB	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACLOVATE CREAM	-	3	DERMATOLOGICALS
ACLOVATE OINT	-	3	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

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ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	M	M ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC TETRACYCLINES
ACTIGALL CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3 ANALGESICS - OPIOID
ACTIVELLA TAB	-	3 ESTROGENS
ACTONEL TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3 ANTIDIABETICS
ACTOS TAB	-	3 ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	3 OPHTHALMIC AGENTS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

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acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ACZONE GEL 7.5%	-	NC	DERMATOLOGICALS
ADAGEN INJ	M	M	BIOLOGICALS MISC
ADALAT CC TAB	-	3	CALCIUM CHANNEL BLOCKERS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (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
ADCIRCA TAB	LMSP-PA	SP	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ADDERALL XR CAP	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ADDYI TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	SP ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC ANTIDIABETICS
ADOXA PAK	-	NC TETRACYCLINES
ADOXA TAB	-	3 TETRACYCLINES
ADRENALICK INJ, EPINEPHRINE INJ	-	NC VASOPRESSORS
ADVAIR DISKUS INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC ANTIHYPERLIPIDEMICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ADZENYS XR TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
AEMCOLO TAB	-	NC ANTI-INFECTIVE AGENTS MISC.
AEROCHAMBER	OTC	2 MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2 MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0 VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0 VACCINES
AFSTYLA KIT	-	NC HEMATOLOGICAL AGENTS - MISC.
AGGRENOX CAP	-	3 HEMATOLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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AGRYLIN CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC	MIGRAINE PRODUCTS
AKNE-MYCIN OINT	-	3	DERMATOLOGICALS
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
ALBATUSSIN LIQUID	-	3	COUGH / COLD / ALLERGY
albendazole tab (ALBENZA equiv)	-	3	ANTHELMINTICS
ALBENZA TAB	-	3	ANTHELMINTICS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB	-	3	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDACTONE TAB	-	3	DIURETICS
ALDARA CREAM	-	3	DERMATOLOGICALS
ALDURAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Alphabetical Index

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alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS MISC.
ALKERAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	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
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.15%	-	3	OPHTHALMIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

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alprazolam ER tab (XANAX XR equiv)	-	3	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTACE CAP	-	3	ANTIHYPERTENSIVES
ALTACE TAB	-	3	ANTIHYPERTENSIVES
ALTOPREV TAB	-	3	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS

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Alphabetical Index

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amantadine tab	-	2	ANTIPARKINSON AGENTS
AMARYL TAB	-	3	ANTIDIABETICS
AMBIEN CR TAB	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	PA	3	DERMATOLOGICALS
AMCINONIDE OINT	PA	3	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	2	HEMOSTATICS
AMICAR SYRUP	-	3	HEMOSTATICS
AMICAR TAB	-	3	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)	-	2	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	PA	3	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 TAB equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
AMMONIUM CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
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

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
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	-	1	PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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AMPYRA TAB (QL= 2 tabs/day)	LMSP-PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
ANADROL TAB	-	3	ANDROGENS-ANABOLIC
ANAFRANIL CAP	-	3	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANAPROX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	3	ULCER DRUGS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	3	ANTIFUNGALS
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROID CAP, TESTRED CAP	PA	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3	ESTROGENS
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANUSOL-HC CREAM	-	3	ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH / THROAT / DENTAL AGENTS
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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APOKYN INJ (Only available through CVS Specialt 800-237-2767)	LD	SP	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	-	SP	ANTIVIRALS
APTIVUS SOLN	-	SP	ANTIVIRALS
ARAKODA TAB, KRINTAFEL TAB	-	NC	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M	RESPIRATORY AGENTS - MISC.
ARALEN TAB	-	3	ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRT)	ST	2	HEMATOPOIETIC AGENTS
ARAVA TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ARCAPTA NEOHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT ODT (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP	-	NC	AMINOGLYCOSIDES
ARIMIDEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
ARIXTRA INJ	PA	3	ANTICOAGULANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
AROMASIN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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 (AGGRENOX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	3	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
ATACAND TAB	-	NC ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	SP ANTIVIRALS
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1 BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1 ANTIHYPERTENSIVES
ATIVAN TAB	-	3 ANTIANXIETY AGENTS
atomoxetine cap (STRATTERA 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
ATRALIN GEL, RETIN-A GEL	PA	3 DERMATOLOGICALS
ATRIPLA TAB	-	3 ANTIVIRALS
atropine inj	M	M ULCER DRUGS
atropine ophth oint	-	1 OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1 OPHTHALMIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
ATROPINE SULFATE INJ	M	M ULCER DRUGS
ATROVENT HFA INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATROVENT NASAL SPRAY	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
AUBAGIO TAB	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	3 PENICILLINS
AUGMENTIN SUSP	-	3 PENICILLINS
AUGMENTIN TAB	-	3 PENICILLINS
AUGMENTIN XR TAB	-	3 PENICILLINS
AURYXIA TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ, EPIPEN JR INJ	-	NC VASOPRESSORS
AVALIDE TAB	-	3 ANTIHYPERTENSIVES
AVANDAMET TAB	-	2 ANTIDIABETICS
AVANDARYL TAB	-	2 ANTIDIABETICS
AVANDIA TAB	-	2 ANTIDIABETICS
AVAPRO TAB	-	3 ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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AVAR AEROSOL FOAM	-	3	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVELOX TAB	-	3	FLUOROQUINOLONES
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVINZA CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
AVODART CAP	-	SP	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
AXID CAP	-	3	ULCER DRUGS
AXID SOLN	-	3	ULCER DRUGS
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
AYGESTIN TAB	-	3	PROGESTINS
AZASAN TAB	-	3	ASSORTED CLASSES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Alphabetical Index

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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
AZILECT TAB	-	3	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	2	OPHTHALMIC AGENTS
AZULFIDINE EN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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baclofen tab 10mg, 20mg	-	1 MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	3 ANTI-INFECTIVE AGENTS MISC.
BACTROBAN CREAM	-	NC DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
BACTROBAN OINT	-	3 DERMATOLOGICALS
BALCOLTRA TAB	-	NC CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	2 ANTICONVULSANTS
BANZEL TAB	-	2 ANTICONVULSANTS
BARACLUDE TAB (QL= 1 tab/day)	QL	SP ANTIVIRALS
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

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	3	HYPNOTICS
BELVIQ XR TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT1 equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	3	ANTIHYPERTENSIVES
BENICAR TAB	-	3	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	SP	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	SP	MISCELLANEOUS THERAPEUTIC CLASSES
BENTYL CAP	-	3	ULCER DRUGS
BENTYL SYRUP	-	3	ULCER DRUGS
BENTYL TAB	-	3	ULCER DRUGS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL	-	3	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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BENZAMYCIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	3	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	COUGH / COLD / ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	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
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BETAGAN OPHTH SOLN	-	3	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
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETAPACE AF TAB	-	3	BETA BLOCKERS
BETAPACE TAB	-	3	BETA BLOCKERS
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
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN SUSP	-	3	MACROLIDES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
BIAXIN TAB	-	3	MACROLIDES
BIAXIN XL TAB	-	3	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIKTARVY TAB	-	SP	ANTIVIRALS
BILTRICIDE TAB	-	3	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
BLEPH-10 OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BOSULIF TAB	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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BRETHINE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
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
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BRONCOPECTOL SYRUP	-	3	COUGH / COLD / ALLERGY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
BROVANA NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (QL=1 tab/day)	PA-QL	3	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine)	ST	2	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM, SUBOXONE SL FILM	-	2	ANALGESICS - OPIOID
BUPHENYL POWDER	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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)	-	NC	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
BUSPAR TAB	-	3	ANTIANKXIETY AGENTS
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIANKXIETY AGENTS
BUTAL/APAP CAP	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3	ANTIDIABETICS
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	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADUET TAB	-	3	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CAFCIT SOLN	-	2	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
CALAN SR TAB	-	3	CALCIUM CHANNEL BLOCKERS
CALAN TAB	-	3	CALCIUM CHANNEL BLOCKERS
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.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
CALCITRIOL INJ	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3 DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS 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	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC MIGRAINE PRODUCTS
CAMPRAL TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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candesartan tab (ATACAND equiv)	-	3	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
CAPASTAT INJ	M	M	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	LMSP	SP	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	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	2	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	2	ULCER DRUGS
CARAFATE TAB	-	3	ULCER DRUGS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBATROL CAP	-	3	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
CARDIZEM CD CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3	ANTIHYPERTENSIVES
CARDURA XL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARMOL-HC CREAM	-	3	DERMATOLOGICALS
CARNITOR SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
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)	-	3	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CASODEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CATAFLAM TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
CATAPRES TAB	-	3	ANTIHYPERTENSIVES
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	SP	ANTI-INFECTIVE AGENTS MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
CEENU CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACTOR ER TAB	-	3	CEPHALOSPORINS
CEFACTOR 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 (SUPREX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
CEFTIN SUSP	-	3	CEPHALOSPORINS
CEFTIN TAB	-	3	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (QL= 2 caps/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELEXA SOLN	-	3	ANTIDEPRESSANTS
CELEXA TAB	-	3	ANTIDEPRESSANTS
CELLCEPT CAP	-	SP	ASSORTED CLASSES
CELLCEPT SUSP	-	SP	ASSORTED CLASSES
CELLCEPT TAB	-	SP	ASSORTED CLASSES
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
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	ANTI-ANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
CHLORPROPAMIDE TAB	-	1	ANTIDIABETICS
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
chlorthalidone tab	-	1	DIURETICS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 500MG	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	SP	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CHROMAGEN FA TAB	-	3	HEMATOPOIETIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
cicatrace kit (REXASIL equiv)	-	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
CILOXAN OPHTH SOLN	-	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	SP	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	SP	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPRO SUSP 5%	-	3	FLUOROQUINOLONES
CIPRO TAB	-	3	FLUOROQUINOLONES
CIPRO XR TAB	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	2	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CLARIFOAM EF FOAM	-	3	DERMATOLOGICALS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	PA	3	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH / COLD / ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
CLARITHROMYCIN SUSP	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
clemastine syrup (TAVIST equiv)	-	3	ANTIHISTAMINES
CLEMASTINE TAB	-	3	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	3	ANTIHISTAMINES
CLENPIQ SOLN	-	2	LAXATIVES
CLEOCIN CAP	-	3	ANTI-INFECTIVE AGENTS MISC.
CLEOCIN SOLN	-	3	ANTI-INFECTIVE AGENTS MISC.
CLEOCIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	3	DERMATOLOGICALS
CLEOCIN-T LOTION	-	3	DERMATOLOGICALS
CLEOCIN-T PAD	-	3	DERMATOLOGICALS
CLEOCIN-T SOLN	-	3	DERMATOLOGICALS
CLIMARA PATCH	-	3	ESTROGENS
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
CLINDAGEL	-	NC	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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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)	-	3	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINORIL TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
clobazam susp (ONFI equiv)	-	NC	ANTICONSULTANTS
clobazam tab (ONFI equiv)	-	1	ANTICONSULTANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	3	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	2	DERMATOLOGICALS

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Alphabetical Index

Last Updated 2/1/2019

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clobetasol propionate soln (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	PA	3	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	PA	3	DERMATOLOGICALS
CLOBEX LOTION	PA	3	DERMATOLOGICALS
CLOBEX SHAMPOO	PA	3	DERMATOLOGICALS
CLOBEX SPRAY	PA	3	DERMATOLOGICALS
CLOCORTOLONE CREAM, CLODERM CREAM	-	3	DERMATOLOGICALS
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
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)	-	2	ANTI-ANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS

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Alphabetical Index

Last Updated 2/1/2019

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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
CLOZARIL TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLAZAL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
COLCHICINE CAP	-	NC	GOUT AGENTS
COLCHICINE TAB, COLCRYS TAB	-	NC	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLEMAN BOTANICALS INSECT SPRAY (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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COLEMAN HIGH-DRY SPRAY 25% (QL= 1 can/fill 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS
COLEMAN SKINSMART (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
COLESTID GRANULE	-	3	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
COLESTID TAB	-	3	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	SP	ANTIVIRALS

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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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	3 ANTIVIRALS
COMTAN TAB	-	3 ANTIPARKINSON AGENTS
CONCEPTROL GEL	OTC	\$0 VAGINAL PRODUCTS
CONCERTA TAB, RITALIN SR TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
CONDYLOX GEL	-	3 DERMATOLOGICALS
CONDYLOX SOLN	-	3 DERMATOLOGICALS
CONTRACEPTIVE FILM	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0 VAGINAL PRODUCTS
COPAXONE INJ	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPEGUS TAB	LMSP	SP ANTIVIRALS
COPIKTRA CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDARONE TAB	-	3 ANTIARRHYTHMICS
CORDRAN CREAM	-	3 DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	3 DERMATOLOGICALS

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CORDRAN LOTION	-	3	DERMATOLOGICALS
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	3	BETA BLOCKERS
COREG TAB	-	3	BETA BLOCKERS
CORGARD TAB	-	3	BETA BLOCKERS
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	3	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	3	CORTICOSTEROIDS
CORTENEMA	-	3	ANORECTAL AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTISPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CORTISPORIN OTIC SOLN	-	3	OTIC AGENTS
CORZIDE TAB	-	3	ANTIHYPERTENSIVES
CORZIDE TAB 80-5MG	-	3	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	SP	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	SP	DERMATOLOGICALS
COSOPT (PF) OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
COTEMPLA XR ODT	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
COUMADIN TAB	-	3	ANTICOAGULANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COZAAR TAB	-	3	ANTIHYPERTENSIVES
CPM CAP	-	3	ANTIHISTAMINES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB (QL= 1 tab/day)	QL	3	ANTHYPERLIPIDEMICS
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	3	ANTHYPERLIPIDEMICS
CRESYLATE OTIC SOLN	-	3	OTIC AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	SP	ANTIVIRALS
CROLOM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
cryselle tab	-	\$0 CONTRACEPTIVES
CUPRIMINE CAP	-	NC ASSORTED CLASSES
CUTIVATE CREAM	-	3 DERMATOLOGICALS
CUTIVATE LOTION	-	NC DERMATOLOGICALS
CUTIVATE OINT	-	3 DERMATOLOGICALS
CUTTER BACKWOODS DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
CUTTER BACKWOODS SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
CUTTER LEMON EUCALYPTUS SPRAY (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
CUVPOSA SOLN	-	3 ULCER DRUGS
cyanocobalamin inj	-	1 HEMATOPOIETIC AGENTS
CYCLESSA TAB	-	3 CONTRACEPTIVES
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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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC 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 (CYCLOSERINE equiv)	PA	3	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	SP	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP	-	SP	MISCELLANEOUS THERAPEUTIC CLASSES
cyclosporine modified cap (NEORAL equiv)	-	SP	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	SP	ASSORTED CLASSES
CYCLOSPORINE OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	M	M	HEMOSTATICS
CYMBALTA CAP	-	3	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	SP	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	OPHTHALMIC AGENTS
CYTOMEL TAB	-	3	THYROID AGENTS
CYTOTEC TAB	-	3	ULCER DRUGS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	PA	3	URINARY ANTISPASMODICS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYPRO TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DAZIDOX TAB	-	3	ANALGESICS - OPIOID
DDAVP INJ	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DDAVP TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH / THROAT / DENTAL AGENTS
DECON-A ELIXIR	-	3	COUGH / COLD / ALLERGY
DELSTRIGO TAB	-	NC	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
DEMADEX TAB	-	3	DIURETICS
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMEROL TAB	-	3	ANALGESICS - OPIOID
DENAVIR CREAM	-	2	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE CAP	-	3	ANTICONVULSANTS
DEPAKENE SYRUP	-	3	ANTICONVULSANTS
DEPAKOTE ER TAB	-	3	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	3	ANTICONVULSANTS
DEPAKOTE TAB	-	3	ANTICONVULSANTS
DEPEN TITRATAB, D-PENAMINE TAB	-	2	ASSORTED CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ	-	3	ANDROGENS-ANABOLIC
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	3	DERMATOLOGICALS
DERMATOP CREAM	-	3	DERMATOLOGICALS
DERMATOP OINT	-	3	DERMATOLOGICALS
DERMOTIC OIL	-	3	OTIC AGENTS
DESCOVY TAB	PA	SP	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	PA	3	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	PA	3	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (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.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
DESOGEN TAB	-	3 CONTRACEPTIVES
DESONATE GEL	-	NC DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2 DERMATOLOGICALS
desonide lotion	-	NC DERMATOLOGICALS
desonide oint	-	2 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 (DESOXIMETASONE equiv)	-	1 DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	2 DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	2 DERMATOLOGICALS
DESOXYN TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2 ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC ANTIDEPRESSANTS
DETROL LA CAP	-	3 URINARY ANTISPASMODICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DETROL TAB	-	3	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone soln	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXILANT CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXPAK TAB	-	3	CORTICOSTEROIDS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	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
DIABETA TAB	-	3	ANTIDIABETICS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DIAMOX SEQUEL CAP	-	3	DIURETICS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3	ANTICONVULSANTS
DIATZ ZN TAB	-	3	MULTIVITAMINS
diazepam conc (VALIUM equiv)	-	1	ANTI-ANXIETY AGENTS
DIAZEPAM SOLN	-	1	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTI-ANXIETY AGENTS
DIBENZYLINE CAP	-	3	ANTI-HYPERTENSIVES
DICLEGIS TAB	-	NC	ANTIEMETICS
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	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)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DICLOPR KIT	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIFFERIN CREAM	PA	3	DERMATOLOGICALS
DIFFERIN GEL	PA	3	DERMATOLOGICALS
DIFFERIN LOTION	PA	3	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, o FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	3	ANTIFUNGALS
DIFLUCAN TAB	-	3	ANTIFUNGALS
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)	-	NC	MIGRAINE PRODUCTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
DILACOR XR CAP	-	3	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	3	ANTICONSULTANTS
DILANTIN CAP 30MG	-	2	ANTICONSULTANTS
DILANTIN INFATABS	-	3	ANTICONSULTANTS
DILANTIN SUSP	-	3	ANTICONSULTANTS
DILATRATE SR CAP	-	3	ANTIANGINAL AGENTS
DILAUDID TAB	-	3	ANALGESICS - OPIOID
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
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
DIOVAN HCT TAB	-	3	ANTIHYPERTENSIVES
DIOVAN TAB	-	3	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	3	DERMATOLOGICALS
DIPROLENE LOTION	-	3	DERMATOLOGICALS
DIPROLENE OINT	-	3	DERMATOLOGICALS
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.
DITROPAN XL TAB	-	3	URINARY ANTISPASMODICS
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	-	3	ESTROGENS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOPHINE TAB	-	3	ANALGESICS - OPIOID
DOMETUSS-DMX LIQ	-	NC	COUGH / COLD / ALLERGY
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	-	NC	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	-	3	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
DOVONEX CREAM	-	3	DERMATOLOGICALS
DOVONEX SOLN	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
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 CAP	-	3	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 (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
DRISDOL CAP	-	3	VITAMINS
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS
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	-	3	DERMATOLOGICALS
DUAC GEL	-	3	DERMATOLOGICALS
DUAVEE TAB	-	NC	ESTROGENS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
DULERA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1 ANTIDEPRESSANTS
DUONEB NEB SOLN	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
DUOPA ENTERAL SUSP	-	NC ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	SP DERMATOLOGICALS
DUPIXENT SOLN	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
DURAGESIC PATCH	-	3 ANALGESICS - OPIOID
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	-	NC ANTIHYPERTENSIVES
DUZALLO TAB	-	NC GOUT AGENTS
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2 ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
DYAZIDE CAP	-	3	DIURETICS
DYMISTA NASAL SPRAY	PA	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	3	TETRACYCLINES
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2	DIURETICS
econazole cream (SPECTAZOLE equiv)	-	3	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3	ANTIHYPERTENSIVES
EDECRIIN TAB	-	3	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
EDURANT TAB	-	SP	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	SP	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	SP	ANTIVIRALS
EFFEXOR TAB	-	3	ANTIDEPRESSANTS
EFFEXOR XR CAP	-	3	ANTIDEPRESSANTS
EFFIENT TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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EGRIFTA INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3 ANTIPARKINSON AGENTS
ELESTAT OPHTH SOLN	-	3 OPHTHALMIC AGENTS
eletriptan tab (RELPAE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
ELIDEL CREAM (Covered for members 2 years or older)	-	3 DERMATOLOGICALS
ELIGEN B12 TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	3 DERMATOLOGICALS
ELIPHOS TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
ELIQUIS TAB	-	2 ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0 CONTRACEPTIVES
ELMIRON CAP	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	3 DERMATOLOGICALS
ELOCON OINT	-	3 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ELOCON SOLN	-	3	DERMATOLOGICALS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ (QL=1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMLA CREAM	-	3	DERMATOLOGICALS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
EMTRIVA CAP	-	SP	ANTIVIRALS
EMTRIVA SOLN	-	SP	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	PA	3	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	SP	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ENBREL INJ 50MG (QL= 4 syringes/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2 VAGINAL PRODUCTS
ENJUVIA TAB	-	3 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-SP	SP ANTIVIRALS
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, SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	SP ANTIVIRALS
EPIDIOLEX SOLN	-	NC ANTICONVULSANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	PA	3	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 (EPIPEN equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN INJ 0.3MG	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	SP	ANTIVIRALS
EPIVIR HBV TAB	-	SP	ANTIVIRALS
EPIVIR SOLN	-	SP	ANTIVIRALS
EPIVIR TAB	-	SP	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	3	ANTIHYPERTENSIVES
EPOGEN INJ	-	2	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EPZICOM TAB	-	SP	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
ergoloid mesylates tab (HYDERGINE equiv)	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3 MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3 MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	3 DERMATOLOGICALS
ERYPED SUSP	-	3 MACROLIDES
ERYPED SUSP 200MG/5ML	-	3 MACROLIDES
ERY-TAB	-	3 MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2 MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2 MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3 MACROLIDES
erythromycin gel	-	1 DERMATOLOGICALS
erythromycin ophth oint	-	1 OPHTHALMIC AGENTS
erythromycin pad	-	1 DERMATOLOGICALS
erythromycin soln	-	1 DERMATOLOGICALS
erythromycin stearate tab	-	2 MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all form except PCE)	-	2 MACROLIDES

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
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 INJ	-	3	ULCER DRUGS
esomeprazole inj (NEXIUM I.V. equiv)	-	3	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	3	ESTROGENS
ESTRACE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	3	ESTROGENS
ESTRASORB EMULSION	-	3	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ESTROSTEP FE TAB	-	3	CONTRACEPTIVES
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ETIDRONATE DISODIUM TAB 400MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	LMSP	SP	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVEKEO TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
EVISTA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	SP	ANTIVIRALS
EVOXAC CAP	-	3	MOUTH / THROAT / DENTAL AGENTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELON CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON PATCH	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	2	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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EXFORGE TAB	-	3	ANTIHYPERTENSIVES
EXJADE TAB	MSP	SP	ANTIDOTES
EXTAVIA INJ	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERTENSIVES
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	3	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
FAMVIR TAB	-	3	ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
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	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT 12.5MG, 25MG, 100MG	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL SUSP	-	3	ANTICONVULSANTS
FELBATOL TAB	-	2	ANTICONVULSANTS
FELDENE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	3	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
FEMARA TAB	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	3 CONTRACEPTIVES
FEMHRT TAB	-	3 ESTROGENS
FEMRING (3 copays per Rx)	-	3 VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1 ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1 ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1 ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3 ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC ANTIHYPERLIPIDEMICS
fenopropfen calcium tab	-	3 ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	3 ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2 ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	2 ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category	
fantanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL PATCH 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
FERREX 28 TAB	-	3	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP	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 o younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FEXMID TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
FIRDAPSE TAB	-	NC	ANTIMYASTHENIC / CHOLINERGIC AGENTS
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST DUKES MOUTHWASH	-	3	MOUTH / THROAT / DENTAL AGENTS
FIRST MARYS MOUTHWASH	-	3	MOUTH / THROAT / DENTAL AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH / THROAT / DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS MISC.
FLAGYL CAP	-	3	ANTI-INFECTIVE AGENTS MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS MISC.
FLAGYL TAB	-	3	ANTI-INFECTIVE AGENTS MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	3	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
FLEXERIL TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLOMAX CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
fludarabine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUMADINE TAB	-	3	ANTIVIRALS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	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
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

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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FLUOXETINE CAP (PMDD)	-	3	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
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)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERLIPIDEMICS
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 QUADRIVALENT INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOCALIN TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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FOCALIN XR CAP	-	3	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; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
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	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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FOSAMAX TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	SP	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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FULPHILA INJ	LMSP	SP	HEMATOPOIETIC AGENTS
FURADANTIN SUSP	-	2	URINARY ANTI-INFECTIVES
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	LMSP	SP	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONSULTANTS
FYCOMPA SUSP	-	NC	ANTICONSULTANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONSULTANTS
gabapentin soln (NEURONTIN equiv)	-	2	ANTICONSULTANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONSULTANTS
GABITRIL TAB	-	3	ANTICONSULTANTS
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.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	2	ANTIVIRALS
gatifloxacin ophth soln (ZYMAXID equiv)	-	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH / THROAT / DENTAL AGENTS
GELNIQUE	-	3	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GENOTROPIN INJ	LMSP-PA	SP	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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	3	ANTIVIRALS
GEODON CAP	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3	COUGH / COLD / ALLERGY
GILTUSS TR TAB	-	3	COUGH / COLD / ALLERGY
glatiramer inj (COPAXONE equiv)	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
GLUCAGEN HYPOKIT INJ	-	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUCOPHAGE TAB	-	3	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3	ANTIDIABETICS
GLUCOTROL TAB	-	3	ANTIDIABETICS
GLUCOTROL XL TAB	-	3	ANTIDIABETICS
GLUCOVANCE TAB	-	3	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, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	3	ANTIDIABETICS
GLYSET TAB	-	3	ANTIDIABETICS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN	-	NC	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
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	SP	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
GRIFULVIN V TAB	-	3	ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GRIS-PEG TAB	-	3	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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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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guanfacine ER tab (INTUNIV equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1 ANTIHYPERTENSIVES
GUANIDINE TAB	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS
GYNAZOLE CREAM	-	NC VAGINAL PRODUCTS
HAEGARDA INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
HALCION TAB	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HALFLYTELY BOWEL PREP KIT	-	NC LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2 DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2 DERMATOLOGICALS
HALOG CREAM	-	NC DERMATOLOGICALS
HALOG OINT	-	NC DERMATOLOGICALS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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HARVONI TAB, LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	SP ANTIVIRALS
HC-LIDOCAINE CREAM	-	NC DERMATOLOGICALS
HECTOROL CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMANGEOL SOLN	-	NC BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	SP HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	NC VACCINES
HEPSERA TAB	LMSP	SP ANTIVIRALS
HETLIOZ CAP	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HEXALEN CAP	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3 URINARY ANTI-INFECTIVES
HIZENTRA INJ	MSP	SP PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1 OPHTHALMIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ, ADMELOG INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	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	SP	ANTINEOPLASTICS
HYCET SOLN	-	3	ANALGESICS - OPIOID
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH / COLD / ALLERGY

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
HYCOFENIX SOLN	-	NC COUGH / COLD / ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1 ANTIHYPERTENSIVES
HYDREA CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3 COUGH / COLD / ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3 COUGH / COLD / ALLERGY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	3 COUGH / COLD / ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1 COUGH / COLD / ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3 ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1 DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2 ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1 DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC DERMATOLOGICALS
hydrocortisone oint	-	1 DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1 CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC 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

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTI-ANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTI-ANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYOPHEN TAB	-	NC	URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
HYPER-SAL NEB SOLN	-	3	COUGH / COLD / ALLERGY
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
HYTRIN CAP	-	3	ANTI-HYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
HYZAAR TAB	-	3	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDUR TAB	-	3 ANTIANGINAL AGENTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	3 ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1 ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2 DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC ANTI-INFECTIVE AGENTS MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0 CONTRACEPTIVES
IMPOYZ CREAM	-	NC DERMATOLOGICALS
IMURAN TAB	-	3 ASSORTED CLASSES
IMVEXXY SUPP	-	NC VAGINAL PRODUCTS
INCIVEK TAB	LMSP-PA-SF	SP ANTIVIRALS
INCRELEX INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL LA CAP	-	3	BETA BLOCKERS
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	SP	ANTIVIRALS
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	3	BETA BLOCKERS
INSECT REPELLENT SPRAY 20% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
INSPRA TAB	-	3	ANTIHYPERTENSIVES
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	SP	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
INVEGA INJ	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA TAB	PA	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	SP	ANTIVIRALS
INVIRASE TAB	-	SP	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAF	-	1	HEMATOPOIETIC AGENTS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	3	ANTIVIRALS
ISENTRESS CHEW TAB	-	3	ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ISENTRESS POWDER PACK	-	3	ANTIVIRALS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO ATROPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO CARPINE OPHTH SOLN	-	3	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
ISORDIL TITRADOSE TAB	-	3	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	1	ANTIANGINAL AGENTS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
isoxsuprine tab	-	2	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 (STROMEKTOL equiv)	-	2	ANTHELMINTICS
JADENU SPRINKLE	LMSP	SP	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	LMSP	SP	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
jolesa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
JUBLIA SOLN	-	NC DERMATOLOGICALS
JULUCA TAB	-	SP 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	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
K/NA CITRATE SOLN CITRIC ACID	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
KADIAN CAP	-	NC ANALGESICS - OPIOID
KALETRA SOLN	-	SP ANTIVIRALS
KALETRA TAB	-	SP ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC BETA BLOCKERS
KAPVAY TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
KARBINAL ER SUSP	-	NC ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0 CONTRACEPTIVES

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
KAYEXALATE POWDER	-	3	ASSORTED CLASSES
KEFLEX CAP	-	3	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG SPRAY	-	3	DERMATOLOGICALS
KEPPRA SOLN	-	3	ANTICONVULSANTS
KEPPRA TAB	-	3	ANTICONVULSANTS
KEPPRA XR TAB	-	3	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERLONE TAB	-	3	BETA BLOCKERS
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
KETOPROFEN CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
KETOROLAC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1 OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1 ANALGESICS - ANTI-INFLAMMATORY
ketotifen ophth soln (ZADITOR equiv) (OTC coverage only)	OTC	1 OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC AMINOGLYCOSIDES
KLARON LOTION	-	3 DERMATOLOGICALS
KLONOPIN TAB	-	3 ANTICONVULSANTS
KLOR-CON M15 TAB	-	2 MINERALS & ELECTROLYTES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
KLOR-CON POWDER PACKET	-	3	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KLOR-CON TAB	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	SP	ANTIDIABETICS
K-PHOS NEUTRAL TAB	-	3	MINERALS & ELECTROLYTES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	3	LAXATIVES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYTRIL TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
LAC-HYDRIN CREAM	-	3	DERMATOLOGICALS
LAC-HYDRIN LOTION	-	3	DERMATOLOGICALS
LACRISERT OPHTH INSERT	-	2	OPHTHALMIC AGENTS
lactulose pack	-	3	LAXATIVES
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB	-	3	ANTICONSULSANTS
LAMICTAL CHEW TAB 2MG	-	2	ANTICONSULSANTS
LAMICTAL ODT	-	3	ANTICONSULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONSULSANTS
LAMICTAL STARTER KIT	-	3	ANTICONSULSANTS
LAMICTAL TAB	-	3	ANTICONSULSANTS
LAMICTAL XR TAB	-	3	ANTICONSULSANTS
LAMISIL TAB	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONSULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3	ANTICONSULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3	ANTICONSULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB	-	3	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	3	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	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
LARIAM TAB	-	3	ANTIMALARIALS
LASIX TAB	-	3	DIURETICS
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
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	3	ANTIHYPERTENSIVES
LESCOL XL TAB	-	3	ANTIHYPERTENSIVES
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	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	SP	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF-LMSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN SOLN	-	3	FLUOROQUINOLONES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
LEVAQUIN TAB	-	3	FLUOROQUINOLONES
LEVATOL TAB	-	3	BETA BLOCKERS
LEVBID TAB	-	3	ULCER DRUGS
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	-	NC	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)	-	3	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	3	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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEVSIN INJ	-	3	ULCER DRUGS
LEVSIN SL TAB	-	3	ULCER DRUGS
LEVSIN SOLN	-	3	ULCER DRUGS
LEVSIN TAB	-	3	ULCER DRUGS
LEVSINEX CAP	-	3	ULCER DRUGS
LEXAPRO SOLN	-	3	ANTIDEPRESSANTS
LEXAPRO TAB	-	3	ANTIDEPRESSANTS
LEXETTE FOAM	-	NC	DERMATOLOGICALS
LEXIVA SUSP	-	SP	ANTIVIRALS
LEXIVA TAB	-	SP	ANTIVIRALS
LIALDA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LIBRIUM CAP	-	3	ANTI-ANXIETY AGENTS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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)	-	2	ANORECTAL AGENTS
lidocaine/hydrocortisone cream	-	NC	DERMATOLOGICALS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIMBITROL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lindane lotion	-	3	DERMATOLOGICALS
lindane shampoo	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
LIPITOR TAB	-	3	ANTIHYPERTENSIVES
LIPTRUZET TAB	-	3	ANTIHYPERTENSIVES
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
LITHOBID TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERSLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	3	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	3	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOSYN TAB	-	3	ANTIPARKINSON AGENTS
LOESTRIN 24 FE TAB	-	3	CONTRACEPTIVES
LOESTRIN FE TAB	-	3	CONTRACEPTIVES
LOESTRIN TAB	-	3	CONTRACEPTIVES
LOFIBRA TAB, TRIGLIDE TAB	-	NC	ANTIHYPERSLIPIDEMICS
LOKELMA PAK	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
LOMOTIL LIQUID	-	3	ANTIDIARRHEALS
LOMOTIL TAB	-	3	ANTIDIARRHEALS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap	-	NC	ANTIDIARRHEALS
LOPID TAB	-	3	ANTIHYPERTENSIVES
lopinavir/ritonavir soln (KALETRA equiv)	-	SP	ANTIVIRALS
LOPRESSOR HCT TAB	-	3	ANTIHYPERTENSIVES
LOPRESSOR TAB	-	3	BETA BLOCKERS
LOPROX CREAM	-	3	DERMATOLOGICALS
LOPROX GEL	-	3	DERMATOLOGICALS
LOPROX SHAMPOO	-	3	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORBRENA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTAB	-	3	ANALGESICS - OPIOID
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
LOTENSIN HCT TAB	-	3	ANTIHYPERTENSIVES
LOTENSIN TAB	-	3	ANTIHYPERTENSIVES
LOTREL CAP	-	3	ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	3	DERMATOLOGICALS
LOTRISONE LOTION	-	3	DERMATOLOGICALS
LOTRONEX TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	3	ANTIHYPERLIPIDEMICS
LOVENOX INJ (QL= 17 days supply)	QL	3	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LOXITANE CAP	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LTA 360 KIT	-	3	MOUTH / THROAT / DENTAL AGENTS
LUCEMYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMIFY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUNESTA TAB (QL= 1 tab/day)	QL	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ	INF-LMSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	2	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	2	ANTICONVULSANTS
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3	HEMOSTATICS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACROBID CAP	-	3	URINARY ANTI-INFECTIVES
MACRODANTIN CAP	-	3	URINARY ANTI-INFECTIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
magnesium sulfate inj	M	M	MINERALS & ELECTROLYTES
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
MARINOL CAP	PA	3	ANTIEMETICS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVIK TAB	-	3	ANTIHYPERTENSIVES
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	SP	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT	-	3	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP	-	3	OPHTHALMIC AGENTS
MAXZIDE TAB	-	3	DIURETICS
mebendazole chew tab (VERMOX equiv)	-	1	ANTHELMINTICS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
MEDROL DOSE PACK	-	3	CORTICOSTEROIDS
MEDROL TAB	-	2	CORTICOSTEROIDS
MEDROL TAB	-	3	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
MEGACE ES SUSP	-	3	PROGESTINS
MEGACE SUSP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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MELOXICAM SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	3	ESTROGENS
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
meperidine tab (DEMEROL equiv)	-	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	3	VITAMINS
meprobamate tab (MILTOWN equiv)	-	1	ANTI-ANXIETY AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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MEPRON SUSP	-	3	ANTI-INFECTIVE AGENTS MISC.
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR tab (LIALDA equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
MESTINON TAB	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
METADATE CD CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
METAGLIP TAB	-	3	ANTIDIABETICS
METANX CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	3	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 CONC	-	3	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
methamphetamine tab (DESOXYN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	URINARY ANTI-INFECTIVES
METHENAMINE MANDELATE TAB	-	1	URINARY ANTI-INFECTIVES
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
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
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
METHYLIN CHEW TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLIN SOLN	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
methylphenidate ER cap (RITALIN LA equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLPHENIDATE ER TAB	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab 72mg	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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 OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	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.
METROCREAM	-	3	DERMATOLOGICALS
METROGEL 1%	-	3	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3	VAGINAL PRODUCTS
METROLOTION	-	3	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
MEVACOR TAB	-	3	ANTIHYPERLIPIDEMICS
mexiletine cap (MEXITIL equiv)	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	3	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	3	ANTIHYPERTENSIVES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICRO-K CAP	-	3	MINERALS & ELECTROLYTES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
MICROZIDE CAP	-	3	DIURETICS
MIDAMOR TAB	-	3	DIURETICS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	SP	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	3	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	3	CONTRACEPTIVES
MINIPRESS CAP	-	3	ANTIHYPERTENSIVES
MINOCIN CAP	-	3	TETRACYCLINES
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	-	3	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3	CONTRACEPTIVES
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
MOBIC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MODERIBA DOSE PACK	LMSP	SP	ANTIVIRALS
MODERIBA PAK	LMSP	SP	ANTIVIRALS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	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
MONODOX CAP	-	3	TETRACYCLINES
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
MONOPRIL HCT TAB	-	3	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
MONOPRIL TAB	-	3	ANTIHYPERTENSIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	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
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTRIN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
MOVANTIK TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3 LAXATIVES
MOXATAG TAB	-	NC PENICILLINS
MOXATAG TAB 775MG	-	NC PENICILLINS
MOXEZA OPHTH SOLN	-	NC OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1 OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2 FLUOROQUINOLONES
MOZOBIL INJ	M	M HEMATOPOIETIC AGENTS
MS CONTIN TAB	-	3 ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC COUGH / COLD / ALLERGY
MUCINEX TAB	-	NC COUGH / COLD / ALLERGY
MULPLETA TAB	-	NC HEMATOPOIETIC AGENTS
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 tab	-	3 HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1 MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
MYALEPT INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	3 ANTIMYCOBACTERIAL AGENTS
MYCAMINE INJ	M	M ANTIFUNGALS
MYCELEX TROCHES	-	3 MOUTH / THROAT / DENTAL AGENTS
MYCOBUTIN CAP	-	3 ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	SP ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	SP ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	SP ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	SP ASSORTED CLASSES
MYDAYIS CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MYDFRIN OPHTH SOLN	-	3 OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN	-	3 OPHTHALMIC AGENTS
MYFORTIC TAB	-	SP ASSORTED CLASSES
MYLERAN TAB	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYSOLINE TAB	-	3	ANTICONVULSANTS
MYTELASE TAB	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	3	DERMATOLOGICALS
NAFTIN CREAM	-	3	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	M	ANALGESICS - OPIOID
naloxone inj	-	3	ANTIDOTES
NALOXONE PREFILLED INJ	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA SOL	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
NAMENDA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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.
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	3	OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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)	-	2	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
NASACORT AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP	-	3	OPHTHALMIC AGENTS
NATAZIA TAB	-	3	CONTRACEPTIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATRAPEL SPRAY 20% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAVANE CAP	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
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/POLYMXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
NEORAL CAP	-	SP	ASSORTED CLASSES
NEORAL SOLN	-	SP	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS-D LIQUID	-	3	COUGH / COLD / ALLERGY
NEPHROCAP	-	3	MULTIVITAMINS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	3	MULTIVITAMINS
NEPTAZANE TAB	-	3	DIURETICS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUMEGA INJ	LMSP	SP	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	3	ANTICONVULSANTS
NEURONTIN SOLN	-	3	ANTICONVULSANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
NEURONTIN TAB	-	3	ANTICONVULSANTS
NEVANAC OPTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2	ANTIVIRALS
NEVIRAPINE SUSP	-	SP	ANTIVIRALS
nevirapine susp (VIRAMUNE equiv)	-	SP	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	SP	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	1	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTHYPERLIPIDEMICS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	1	VITAMINS
niacinamide tab	OTC	1	VITAMINS
NIACOR TAB	-	1	ANTHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	3	ANTIANGIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	2	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
NITROLINGUAL PUMP SPRAY	-	3	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LMSP	SP	HEMATOPOIETIC AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizatidine soln (AXID equiv)	-	3	ULCER DRUGS
NIZORAL SHAMPOO	-	3	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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NOCTIVA EMULSION SPRAY	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0 CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1 PROGESTINS
NORINYL TAB 1-50	-	3 CONTRACEPTIVES
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3 DERMATOLOGICALS
NOROXIN TAB	-	3 FLUOROQUINOLONES
NORPACE CAP	-	3 ANTIARRHYTHMICS
NORPACE CR CAP	-	2 ANTIARRHYTHMICS
NORPRAMIN TAB	-	3 ANTIDEPRESSANTS
NOR-QD TAB	-	3 CONTRACEPTIVES
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
NORVASC TAB	-	3 CALCIUM CHANNEL BLOCKERS
NORVIR CAP	-	3 ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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NORVIR POWDER PACK	-	3	ANTIVIRALS
NORVIR SOLN	-	3	ANTIVIRALS
NORVIR TAB	-	3	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
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 THROID equiv)	-	1	THYROID AGENTS
NUCORT LOTION	-	3	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC LAXATIVES
NUPLAZID CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUPLAZID TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUVARING	-	\$0 CONTRACEPTIVES
NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
NUZYRA TAB	-	NC TETRACYCLINES
NYATA KIT	-	NC DERMATOLOGICALS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1 DERMATOLOGICALS
nystatin oint	-	1 DERMATOLOGICALS
nystatin powder	-	1 ANTIFUNGALS
nystatin susp	-	1 MOUTH / THROAT / DENTAL AGENTS
nystatin tab	-	1 ANTIFUNGALS
nystatin topical powder	-	1 DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1 VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	3 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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nystatin/triamcinolone oint	-	3	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
OCUFLOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS / BIOLOGICALS MISC
ODEFSEY TAB	-	SP	ANTIVIRALS
ODOMZO CAP	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
OFF DEEP WOODS DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS
OFF DEEP WOODS SPORTSMEN SPRAY 30% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS
OFF DEEP WOODS SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	3	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGESTREL TAB	-	3	CONTRACEPTIVES
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)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	2	OPHTHALMIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	PA	3	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omedia otic soln (AMERICAINÉ equiv)	-	1	OTIC AGENTS
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)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP	-	3	CEPHALOSPORINS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONEXTON GEL	-	3	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAP TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT	-	2	CORTICOSTEROIDS
ORAPRED ODT	-	3	CORTICOSTEROIDS
ORAPRED SOLN	-	3	CORTICOSTEROIDS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
ORAVIG TAB	-	3 MOUTH / THROAT / DENTAL AGENTS
ORAXYL CAP	-	3 TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP 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.
ORILISSA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	MSP-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	SP 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 TRI-CYCLEN (LO) TAB	-	3 CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	3 CONTRACEPTIVES
ORTHO-EVRA PATCH	-	3 CONTRACEPTIVES
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
OSPHENA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC OTIC AGENTS
OTOVEL OTIC SOLN	-	NC OTIC AGENTS
OTOZIN OTIC DROPS	-	3 OTIC AGENTS
OVACE PLUS CREAM	-	3 DERMATOLOGICALS
OVACE PLUS GEL	-	3 DERMATOLOGICALS
OVACE PLUS LOTION	-	NC DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	3 DERMATOLOGICALS
OVACE PLUS FOAM	-	NC DERMATOLOGICALS
OVACE WASH	-	3 DERMATOLOGICALS
OVCON 35 TAB	-	3 CONTRACEPTIVES
OVIDE LOTION (QL= 2 bottles/fill)	QL	3 DERMATOLOGICALS
OXANDRIN TAB	-	3 ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1 ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2 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
OXERVATE OPHTH SOLN	-	NC OPHTHALMIC AGENTS
oxiconazole nitrate cream (OXISTAT equiv)	-	3 DERMATOLOGICALS
OXISTAT CREAM	-	3 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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OXISTAT LOTION	-	3	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	3	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 CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
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	-	NC	ANALGESICS - OPIOID
OXYIR CAP	-	2	ANALGESICS - OPIOID
oxymorphone ER tab (OPANA ER equiv)	-	3	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	3	ANALGESICS - OPIOID
OXYTROL PATCH	PA	3	URINARY ANTISPASMODICS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTIDIABETICS
PALGIC SOLN	-	3	ANTIHISTAMINES
PALGIC TAB	-	3	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	PA	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMELOR CAP	-	3	ANTIDEPRESSANTS
pamidronate inj	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMINE TAB	-	3	ULCER DRUGS
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
PANRETIN GEL	LMSP-PA	SP	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
PARAFON FORTE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	-	\$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PARCOPA ODT	-	3	ANTIPARKINSON AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PAREGORIC TINCTURE	-	NC ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	3 ANTIPARKINSON AGENTS
PARLODEL TAB	-	3 ANTIPARKINSON AGENTS
PARNATE TAB	-	3 ANTIDEPRESSANTS
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
PASER GRANULE	-	NC ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	NC OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL OPHTH SOLN	-	3 OPHTHALMIC AGENTS
PAXIL CR TAB	-	3 ANTIDEPRESSANTS
PAXIL SUSP	-	3 ANTIDEPRESSANTS
PAXIL TAB	-	3 ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC ULCER DRUGS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIATEX TDM SUSP	-	3	COUGH / COLD / ALLERGY
pediatric multiple vitamins/fluoride chew tab	-	3	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS MISC.
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	SP	ANTIVIRALS
PEGASYS INJ KIT	LMSP	SP	ANTIVIRALS
PEG-INTRON INJ	LMSP	SP	ANTIVIRALS
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS
PENTASA CAP (Step Therapy requires trial of APRISO or LIALDA)	ST	3	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	2	ULCER DRUGS
PEPCID TAB	-	3	ULCER DRUGS
PERCOCET TAB	-	3	ANALGESICS - OPIOID
PERCODAN TAB	-	3	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	3	MOUTH / THROAT / DENTAL 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.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PERSANTINE TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phendimetrazine tab	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONSULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONSULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONSULSANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
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
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
pioglitazone tab (ACTOS TAB equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAQUENIL TAB	-	3	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENDIL TAB	-	3	CALCIUM CHANNEL BLOCKERS
PLENVU SOLN	-	NC	LAXATIVES
PLETAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEXION LOTION	-	3	DERMATOLOGICALS
PLEXION SCT CREAM	-	3	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
PODIAPN CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POLYCITRA CRYSTAL PACK	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
POLYCITRA-LC SOLN	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH / COLD / ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
POTABA CAP	-	3	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
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
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2	ANTICONVULSANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	2	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	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
PRANDIN TAB	-	3	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PRAVACHOL TAB	-	3	ANTIHYPERTENSIVES
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PRECOSE TAB	-	3	ANTIDIABETICS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	1	DERMATOLOGICALS
prednicarbate cream (PREDNICARBATE 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
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISON PAK	-	2	CORTICOSTEROIDS
PREDNISON SOLN	-	1	CORTICOSTEROIDS
PREDNISON TAB	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PREFEST TAB	-	3	ESTROGENS
PREGNYL INJ	INF-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PRELONE SYRUP	-	3	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	VITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PREPOPIK PAK	-	NC	LAXATIVES
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID CAP	-	NC	ULCER DRUGS
PREVACID OTC CAP	OTC	1	ULCER DRUGS
PREVACID SOLUTAB	-	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
PREVIDENT GEL	-	2	MOUTH / THROAT / DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH / THROAT / DENTAL AGENTS

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ST	Step Therapy	VAC	Vaccine Program

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
PREVIDENT RINSE	-	2 MOUTH / THROAT / DENTAL AGENTS
PREVPAC KIT	-	3 ULCER DRUGS
PREVYMIS TAB	-	NC ANTIVIRALS
PREZCOBIX TAB	-	SP ANTIVIRALS
PREZISTA SUSP	-	SP ANTIVIRALS
PREZISTA TAB	-	SP 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
PRIMLEV TAB	-	NC ANALGESICS - OPIOID
PRIMSOL SOLN	-	3 ANTI-INFECTIVE AGENTS MISC.
PRINIVIL TAB, ZESTRIL TAB	-	3 ANTIHYPERTENSIVES
PRISTIQ TAB	-	3 ANTIDEPRESSANTS
PROAIR HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAMATINE TAB	-	3 VASOPRESSORS
probenecid tab (BENEMID equiv)	-	1 GOUT AGENTS
procainamide inj	M	M ANTIARRHYTHMICS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PROCARDIA CAP	-	3	CALCIUM CHANNEL BLOCKERS
PROCENTRA SOLN	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
prochlorperazine supp (COMPАЗINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
prochlorperazine tab (COMPАЗINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	2	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	3	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROGRAF CAP	-	SP	ASSORTED CLASSES
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	LMSP-PA	SP	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	-	1	COUGH / COLD / ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH / COLD / ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH / COLD / ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH / COLD / ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH / COLD / ALLERGY
PROMETRIUM CAP	-	3	PROGESTINS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PROQUIN XR TAB	-	3	FLUOROQUINOLONES
PROSCAR TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSOM TAB	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC / CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH / THROAT / DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTONIX PAK	-	NC	ULCER DRUGS
PROTOPIC OINT	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVERA TAB	-	3	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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PROZAC CAP	-	3	ANTIDEPRESSANTS
PROZAC SOLN	-	3	ANTIDEPRESSANTS
PROZAC TAB	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	SP	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURINETHOL TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
PYRIDIDIUM TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC / CHOLINERGIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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	-	3	ANTIMALARIALS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN LITE POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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)	-	3	ANTIMALARIALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	3	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	NC	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	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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RAPAFLO CAP (Restricted to Urology Specialist)	RS	2 GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	SP ASSORTED CLASSES
RAPAMUNE TAB	-	SP 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.
RAYOS TAB	-	NC CORTICOSTEROIDS
RAZADYNE ER CAP	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE SOLN	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL CAP	LMSP	SP ANTIVIRALS
REBETOL SOLN	LMSP	SP ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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REBIF INJ	LMSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AGENTS
REGLAN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
REMERON SOLUTAB	-	3	ANTIDEPRESSANTS
REMERON TAB	-	3	ANTIDEPRESSANTS
RENAGEL TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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REPAGLINIDE TAB	-	NC ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	SP ANTIHYPERLIPIDEMICS
REPEL HUNTER'S SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
REPEL LEMON EUCALYPTUS SPRAY 30% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
REPEL SPORTSMEN DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
REPEL SPORTSMEN MAX SPRAY 40% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
REPEL SPORTSMEN SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0 DERMATOLOGICALS
REPREXAIN TAB	-	3 ANALGESICS - OPIOID
REQUIP TAB	-	3 ANTIPARKINSON AGENTS
REQUIP XL TAB	-	3 ANTIPARKINSON AGENTS
RESCON TAB	-	3 COUGH / COLD / ALLERGY
RESCRIPTOR TAB	-	SP ANTIVIRALS
RESERPINE TAB	-	3 ANTIHYPERTENSIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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RESERVAPAK SYRUP	-	NC ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2 OPTHALMIC AGENTS
RESTORIL CAP 15MG	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RESTORIL CAP 22.5MG	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RESTORIL CAP 30MG	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RESTORIL CAP 7.5MG	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RETACRIT INJ	-	2 HEMATOPOIETIC AGENTS
RETIN-A CREAM	PA	3 DERMATOLOGICALS
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
RETROVIR CAP	-	SP ANTIVIRALS
RETROVIR SYRUP	-	SP ANTIVIRALS
RETROVIR TAB	-	SP ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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REVATIO SUSP	-	NC CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	3 CARDIOVASCULAR AGENTS - MISC.
REVIA TAB	-	3 ANTIDOTES
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	SP ASSORTED CLASSES
REXAPHENAC CREAM	-	NC DERMATOLOGICALS
REXULTI TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
REYATAZ CAP	-	SP ANTIVIRALS
REYATAZ POWDER PACK	-	SP ANTIVIRALS
REZIRA SOLN	-	3 COUGH / COLD / ALLERGY
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
ribavirin cap (REBETOL equiv)	LMSP	1 ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	1 ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFADIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR 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)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
RISPERDAL M ODT	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RISPERDAL SOLN	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RISPERDAL TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RITALIN LA CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
RITALIN LA CAP 60MG	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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RITALIN TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS
RITUXAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROBAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3	ULCER DRUGS
ROCALTROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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ROCALTROL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	3	DERMATOLOGICALS
ROSULA GEL	-	3	DERMATOLOGICALS
ROSULA PAD	-	3	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERSLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1	ANTIHYPERSLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERSLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERSLIPIDEMICS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICET SOLN	-	3	ANALGESICS - OPIOID
ROXICODONE TAB	-	3	ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
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	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBIX ODT	-	NC ANALGESICS - OPIOID
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC ANTIHISTAMINES
RYDAPT CAP	LMSP-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3 ANTIARRHYTHMICS
RYTHMOL TAB	-	3 ANTIARRHYTHMICS
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTICONVULSANTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTICONVULSANTS
SAFYRAL TAB	-	NC CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	3 MOUTH / THROAT / DENTAL AGENTS
SALEX SHAMPOO	-	3 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SAMSCA TAB	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCTURA TAB	-	3	URINARY ANTISPASMODICS
SANCTURA XR CAP	PA	3	URINARY ANTISPASMODICS
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE CAP	-	SP	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	SP	ASSORTED CLASSES
SANDOSTATIN INJ	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
SARAFEM TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC ANTICOAGULANTS
SAVELLA PAK	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	3 ANTIEMETICS
SEASONIQUE TAB	-	3 CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	3 DERMATOLOGICALS
SECONAL CAP	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SECTRAL CAP	-	3 BETA BLOCKERS
SEEBRI NEOHALER CAP	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC ANTIDIABETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
SELRX SHAMPOO 2.3%	-	NC DERMATOLOGICALS
SELZENTRY SOLN	-	SP ANTIVIRALS
SELZENTRY TAB	-	SP ANTIVIRALS
SEMPREX-D CAP	-	3 COUGH / COLD / ALLERGY
SENSIPAR TAB	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC DERMATOLOGICALS
SEROQUEL TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
SEROQUEL XR TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1 ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1 ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	2 GASTROINTESTINAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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sevelamer powder pak (RENVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ	VAC	NC	VACCINES
SHOHL SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
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
silodosin cap (RAPAFLO equiv) (Restricted to Urology Specialist)	RS	2	GENITOURINARY AGENTS - MISCELLANEOUS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
SILVADENE CREAM	-	3 DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1 DERMATOLOGICALS
SILVERA PAD	-	NC DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2 OPHTHALMIC AGENTS
SIMCOR TAB	-	NC ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0 ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC ANTIHYPERLIPIDEMICS
SINEMET CR TAB	-	3 ANTIPARKINSON AGENTS
SINEMET TAB	-	3 ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
SINGULAIR TAB	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
sirolimus tab (RAPAMUNE equiv)	-	SP	ASSORTED CLASSES
SIRTURO TAB (QL= 4 tabs/day)	MSP-PA-QL	SP	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS MISC.
SKELAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
SLO-NIACIN TAB	OTC	3	VITAMINS
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 0.9% irr soln	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	M	M	MINERALS & ELECTROLYTES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH / COLD / ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
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 tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	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	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH 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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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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
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
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3	DERMATOLOGICALS
SOLARCAINE EXTRA GEL	-	3	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES
SOMA TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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SOMATULINE INJ	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreen: 888-347-3416)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SONATA CAP	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SORIATANE CAP	-	3	DERMATOLOGICALS
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
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX CAP	PA	3	ANTIFUNGALS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	COUGH / COLD / ALLERGY
STAMARIL INJ	-	NC	VACCINES
STARLIX TAB	-	3	ANTIDIABETICS
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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STEGLUJAN TAB	-	NC ANTIDIABETICS
STELARA INJ	-	NC DERMATOLOGICALS
STIMATE NASAL SOLN	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB	-	3 ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	3 ANTHELMINTICS
STROVITE TAB	-	3 MULTIVITAMINS
SUBLOCADE INJ	-	NC ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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SUBOXONE SL TAB	-	NC ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC ANALGESICS - OPIOID
SUCLEAR KIT	-	NC LAXATIVES
SUCRAID SOLN	-	NC DIGESTIVE AIDS
sucralfate tab (CARAFATE equiv)	-	1 ULCER DRUGS
SULAR TAB	-	3 CALCIUM CHANNEL BLOCKERS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1 OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1 OPHTHALMIC AGENTS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1 OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1 SULFONAMIDES
SULFAMYLON CREAM	-	2 DERMATOLOGICALS
SULFAMYLON PACK	-	NC 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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN PAD	-	3	DERMATOLOGICALS
SUMAXIN TS SUSP	-	3	DERMATOLOGICALS
SUMAXIN WASH	-	3	DERMATOLOGICALS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
SURMONTIL CAP	-	3	ANTIDEPRESSANTS
SUSTIVA CAP	-	SP	ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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SUSTIVA TAB	-	SP ANTIVIRALS
SUSTOL INJ	-	NC ANTIEMETICS
SUTENT CAP	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUTTAR SF SYRUP	-	3 COUGH / COLD / ALLERGY
SYLATRON INJ	MSP-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3 ULCER DRUGS
SYMBICORT INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX CAP	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	2 ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	2 VASOPRESSORS
SYMLINPEN	-	3 ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC ANTICONVULSANTS
SYMPROIC TAB	PA	2 GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2 ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
SYNAGIS INJ	MSP-PA	\$0 PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC ANTIEMETICS
SYNERA PATCH	-	3 DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2 ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
SYNRIBO INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1 THYROID AGENTS
SYNVEXIA TC CREAM	-	NC DERMATOLOGICALS
SYPRINE CAP	MSP-PA	SP MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	3 DERMATOLOGICALS
TACLONEX SCALP SUSP	-	3 DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	SP ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
tadalafil tab (CIALIS equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	SP CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	3 ULCER DRUGS
TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
TALTZ INJ	-	NC DERMATOLOGICALS
TALZENNA CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMBOCOR TAB	-	3 ANTIARRHYTHMICS
TAMIFLU CAP (QL= 10 caps/fill)	QL	3 ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3 ANTIVIRALS
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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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
TANZEUM INJ	-	NC ANTIDIABETICS
TAPAZOLE TAB	-	3 THYROID AGENTS
TARCEVA TAB	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC TETRACYCLINES
TARGRETIN CAP	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	LMSP	SP DERMATOLOGICALS
TARKA TAB	-	3 ANTIHYPERTENSIVES
TARKA TAB	-	NC ANTIHYPERTENSIVES
TASIGNA CAP	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3 ANTIPARKINSON AGENTS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC CONTRACEPTIVES
tazarotene cream (TAZORAC equiv)	-	3 DERMATOLOGICALS
TAZORAC CREAM	-	3 DERMATOLOGICALS
TAZORAC GEL	-	3 DERMATOLOGICALS
TECFIDERA CAP	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
TECFIDERA STARTER PACK	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC ANTIVIRALS
TEGRETOL CHEW TAB	-	3 ANTICONVULSANTS
TEGRETOL SUSP	-	3 ANTICONVULSANTS
TEGRETOL TAB	-	3 ANTICONVULSANTS
TEGRETOL XR TAB	-	3 ANTICONVULSANTS
TEGSEDI INJ	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3 ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3 ANTIHYPERTENSIVES
TEKTURNA TAB	-	3 ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2 ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HC [®] 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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
TEMODAR CAP	LMSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	-	3	DERMATOLOGICALS
TEMOVATE GEL	-	3	DERMATOLOGICALS
TEMOVATE OINT	-	3	DERMATOLOGICALS
TEMOVATE SOLN	-	3	DERMATOLOGICALS
TEMOVATE-E CREAM	-	3	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	LMSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENEX TAB	-	3	ANTIHYPERTENSIVES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	SP	ANTIVIRALS
TENORETIC TAB	-	3	ANTIHYPERTENSIVES
TENORMIN TAB	-	3	BETA BLOCKERS
TERAZOL CREAM	-	3	VAGINAL PRODUCTS
TERAZOL SUPP	-	3	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TESSALON CAP	-	3	COUGH / COLD / ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
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 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TETRACYCLINE CAP	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB	-	3	ANTIHYPERTENSIVES
TEXACORT SOLN	-	3	DERMATOLOGICALS
THALOMID CAP	MSP-PA	SP	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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
TIAZAC CAP	-	3	CALCIUM CHANNEL BLOCKERS
TIBSOVO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICLOPIDINE TAB	-	1	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.

NC =Not Covered		generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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TIGAN CAP	-	3	ANTIEMETICS
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	3	ANTIARRHYTHMICS
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
TIMOPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	3	OPHTHALMIC AGENTS
TINDAMAX TAB	-	3	ANTI-INFECTIVE AGENTS MISC.
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS MISC.
TIROSINT CAP	-	3	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	SP	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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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
TOBI NEB SOLN	-	NC AMINOGLYCOSIDES
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	SP AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2 OPTHALMIC AGENTS
TOBRADEX OPHTH SOLN	-	3 OPTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3 OPTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	SP AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	1 OPTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1 OPTHALMIC AGENTS
TOBEX OPHTH OINT	-	3 OPTHALMIC AGENTS
TOBEX OPHTH SOLN	-	3 OPTHALMIC AGENTS
TODAY SPONGE	OTC	\$0 VAGINAL PRODUCTS
TOFRANIL PM CAP	-	3 ANTIDEPRESSANTS
TOFRANIL TAB	-	3 ANTIDEPRESSANTS
tolazamide tab (TOLINASE equiv)	-	1 ANTIDIABETICS
TOLBUTAMIDE TAB	-	2 ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3 ANTIPARKINSON AGENTS
TOLMETIN CAP	-	3 ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	3 ANALGESICS - ANTI-INFLAMMATORY

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	2	URINARY ANTISPASMODICS
TOPAMAX SPRINKLE CAP	-	3	ANTICONVULSANTS
TOPAMAX TAB	-	3	ANTICONVULSANTS
TOPICORT CREAM	-	3	DERMATOLOGICALS
TOPICORT GEL	-	3	DERMATOLOGICALS
TOPICORT OINT	-	3	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
TOPROL XL TAB	-	3	BETA BLOCKERS
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	PA	3	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	CARDIOVASCULAR AGENTS - MISC.

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	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
TRANDATE TAB	-	3	BETA BLOCKERS
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	3	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	M	M	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
TRANXENE-T TAB	-	3	ANTIANSIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TREANDA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECTOR TAB	PA	3	ANTIMYCOBACTERIAL AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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TRELEGY ELLIPTA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ	-	NC DERMATOLOGICALS
TRENTAL TAB	-	3 HEMATOLOGICAL AGENTS - MISC.
TRESIBA INJ	-	2 ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	SP 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	PA	3 DERMATOLOGICALS
TREXALL TAB	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3 ANALGESICS - OPIOID
triamcinolone cream	-	1 DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
triamcinolone lotion	-	1 DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
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
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	MSP-PA	SP	MISCELLANEOUS THERAPEUTIC CLASSES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
trifluoperazine tab (STELAZINE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	2 OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1 ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1 ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0 CONTRACEPTIVES
TRILEPTAL SUSP	-	2 ANTICONVULSANTS
TRILEPTAL TAB	-	3 ANTICONVULSANTS
TRILIPIX CAP	-	NC ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC DERMATOLOGICALS
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
TRI-NORINYL TAB	-	3 CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3 ANTIDEPRESSANTS
TRIUMEQ TAB	-	3 ANTIVIRALS
TRIZIVIR TAB	-	SP ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
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 (QL= 4 pens/28 days)	QL	3	ANTIDIABETICS
TRUSOPT OPTH SOLN	-	3	OPHTHALMIC AGENTS
TRUVADA TAB	PA	SP	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUSNEL SYRUP	-	3	COUGH / COLD / ALLERGY
TUSSICAPS	-	NC	COUGH / COLD / ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH / COLD / ALLERGY
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	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
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
tydemy tab (SAFYRAL equiv)	-	NC	CONTRACEPTIVES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
TYKERB TAB	LMSP-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	3 ANALGESICS - OPIOID
TYMLOS INJ	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
TYSABRI INJ	M	M PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	PA-SP	SP ANTIVIRALS
TYZINE NASAL SOLN	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
UCERIS RECTAL FOAM	PA	3 ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3 CORTICOSTEROIDS
U-CORT CREAM	-	2 DERMATOLOGICALS
UDENYCA INJ	-	NC HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3 DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	2 GOUT AGENTS
ULTRACET TAB	-	3 ANALGESICS - OPIOID
ULTRAM ER TAB	-	3 ANALGESICS - OPIOID
ULTRAM TAB	-	3 ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ULTRATHON REPELLENT SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0	DERMATOLOGICALS
ULTRAVATE CREAM	-	3	DERMATOLOGICALS
ULTRAVATE LOTION	-	3	DERMATOLOGICALS
ULTRAVATE OINT	-	3	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UNIPHYL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UNIRETIC TAB	-	3	ANTIHYPERTENSIVES
UNIVASC TAB	-	3	ANTIHYPERTENSIVES
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOTION	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URECHOLINE TAB	-	3	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
UROCID-K TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
URSO FORTE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

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VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	SP	DERMATOLOGICALS
VALCYTE SOLN	-	3	ANTIVIRALS
VALCYTE TAB	-	3	ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	-	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	2	ANTIVIRALS
VALIUM TAB	-	3	ANTI-ANXIETY AGENTS
valproate inj (DEPACON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTI-HYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTI-HYPERTENSIVES
VALTREX TAB	-	3	ANTIVIRALS
VALTURNA TAB	-	3	ANTI-HYPERTENSIVES
VANCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	3	ANTI-INFECTIVE AGENTS MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	2	ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN SOLN KIT	-	1	ANTI-INFECTIVE AGENTS MISC.

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
VANIQA CREAM	-	NC DERMATOLOGICALS
VANOS CREAM	-	NC DERMATOLOGICALS
VANTIN TAB	-	3 CEPHALOSPORINS
varденаfil ODT (STAXYN equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
varденаfil tab (LEVITRA equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2 ANTIEMETICS
VASCEPA CAP	-	NC ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	3 ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	NC DERMATOLOGICALS
VASOTEC TAB	-	3 ANTIHYPERTENSIVES
VAXCHORA SUSP	-	NC VACCINES
V-C FORTE CAP	-	3 MULTIVITAMINS
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0 VAGINAL PRODUCTS
VECTICAL OINT	-	NC DERMATOLOGICALS
VELPHORO CHEW TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2 ASSORTED CLASSES
VELTIN GEL	-	3 DERMATOLOGICALS
VEMLIDY TAB	-	2 ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1 ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	NC ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1 ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC 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
VERDROCET TAB 2.5MG-325MG	-	NC ANALGESICS - OPIOID

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERIPRED SOLN	-	3	CORTICOSTEROIDS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	-	2	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	2	OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	3	TETRACYCLINES

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
VIBRAMYCIN SUSP	-	3	TETRACYCLINES
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICOPROFEN TAB	-	3	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	LMSP-PA-SF	SP	ANTIVIRALS
VIDEX EC CAP	-	SP	ANTIVIRALS
VIDEX EC CAP 125MG	-	SP	ANTIVIRALS
VIDEX SOLN	-	SP	ANTIVIRALS
VIEKIRA PAK TAB	-	NC	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	SP	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	SP	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIIBRYD TAB	-	3	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
VIRACEPT POWDER	-	SP	ANTIVIRALS
VIRACEPT TAB	-	SP	ANTIVIRALS
VIRAMUNE SUSP	-	SP	ANTIVIRALS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
VIRAMUNE TAB	-	SP ANTIVIRALS
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine)	ST	SP ANTIVIRALS
VIREAD TAB	-	SP ANTIVIRALS
VIROPTIC OPHTH SOLN	-	3 OPHTHALMIC AGENTS
VISICOL TAB	-	3 LAXATIVES
VISTARIL CAP	-	3 ANTIANXIETY AGENTS
VISTOGARD PAK	-	NC ANTIDOTES
vitamin D cap (Rx covered 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	-	SP ANTIVIRALS
VITRAKVI CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVACTIL TAB	-	3 ANTIDEPRESSANTS
VIVELLE-DOT PATCH	-	3 ESTROGENS
VIVITROL INJ	-	NC ANTIDOTES

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2	VACCINES
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL (QL= 5 tubes/fill)	QL	3	DERMATOLOGICALS
VOLTAREN OPTH SOLN	-	3	OPHTHALMIC AGENTS
VOLTAREN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOLTAREN XR TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
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
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	SP	ANTIVIRALS
VOSOL HC OTIC SOLN	-	3	OTIC AGENTS
VOSOL OTIC SOLN	-	3	OTIC AGENTS

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PA	Prior Authorization	QL	Quantity Limit
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
VOSPIRE ER TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VOTRIENT TAB	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYTONNE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERTENSIVES
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

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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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
WELCHOL PACK	-	2	ANTIHYPERTENSIVES
WELCHOL TAB	-	2	ANTIHYPERTENSIVES
WELLBUTRIN SR TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	3	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	3	ANTI-ANXIETY AGENTS
XANAX XR TAB	-	3	ANTI-ANXIETY AGENTS
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

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELPROS OPHTH EMULSION	-	NC OPHTHALMIC AGENTS
XENADERM OINT	-	NC DERMATOLOGICALS
XENAZINE TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XEPI CREAM	-	NC DERMATOLOGICALS
XERESE CREAM	-	3 DERMATOLOGICALS
XERMELO TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3 ANTI-INFECTIVE AGENTS MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3 ANTI-INFECTIVE AGENTS MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2 ANTIDIABETICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
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
XOFLUZA TAB	-	NC ANTIVIRALS
XOLEGEL	-	NC DERMATOLOGICALS
XOPENEX NEB SOLN	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2 ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	SP 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.
XYLOCAINE SOLN	-	3 DERMATOLOGICALS
XYOSTED INJ	-	NC ANDROGENS-ANABOLIC

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	SP 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
YBUPHEN TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	3 AMEBICIDES
YONSA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZANAFLEX CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANOSAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANTAC CAP	-	3	ULCER DRUGS
ZANTAC EFFER TAB	-	3	ULCER DRUGS
ZANTAC GRANULE PACKET	-	3	ULCER DRUGS
ZANTAC SYRUP	-	3	ULCER DRUGS
ZANTAC TAB	-	3	ULCER DRUGS
ZARONTIN CAP	-	3	ANTICONSULTANTS
ZARONTIN SOLN	-	3	ANTICONSULTANTS
ZAROXOLYN TAB	-	3	DIURETICS
ZARXIO INJ	LMSP	SP	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	SP	HEMATOPOIETIC AGENTS
ZEBETA TAB	-	3	BETA BLOCKERS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	1	ULCER DRUGS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
ZEGERID POWDER PACK	-	NC ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	3 ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMPLAR CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENZEDI TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPATIER TAB	-	NC ANTIVIRALS
ZERIT CAP	-	SP ANTIVIRALS
ZERIT SOLN	-	SP ANTIVIRALS
ZESTORETIC TAB	-	3 ANTIHYPERTENSIVES
ZETIA TAB	-	NC ANTIHYPERLIPIDEMICS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAC TAB	-	3	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	SP	ANTIVIRALS
ZIAGEN TAB	-	SP	ANTIVIRALS
ZIANA GEL	-	3	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day)	PA-QL	3	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITHROMAX SUSP	-	3	MACROLIDES

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Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ZITHROMAX TAB	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB (80mg is Not Covered)	-	3	ANTIHYPERTENSIVES
ZOCOR TAB 80MG	-	NC	ANTIHYPERTENSIVES
ZOFRAN ODT	-	3	ANTIEMETICS
ZOFRAN SOLN	-	3	ANTIEMETICS
ZOFRAN TAB	-	3	ANTIEMETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	LMSP-PA-SF	SP	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
ZOLOFT CONC	-	3	ANTIDEPRESSANTS
ZOLOFT TAB	-	3	ANTIDEPRESSANTS
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

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier Category
ZOLPIMIST SPRAY	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZOMETA INJ	M	M ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC COUGH / COLD / ALLERGY
ZONEGRAN CAP	-	3 ANTICONVULSANTS
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	SP ASSORTED CLASSES
ZORVOLEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
ZOVIRAX CAP	-	3 ANTIVIRALS
ZOVIRAX CREAM	-	3 DERMATOLOGICALS
ZOVIRAX OINT	-	NC DERMATOLOGICALS
ZOVIRAX SUSP	-	3 ANTIVIRALS

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Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ZOVIRAX TAB	-	3	ANTIVIRALS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH / COLD / ALLERGY
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3	GOUT AGENTS
ZYMAXID OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS

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Sendero Exchange Formulary Cont.

Alphabetical Index

Last Updated 2/1/2019

Drug Name	Special Code	Tier	Category
ZYPREXA TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYTIGA TAB 250MG	LMSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	LMSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS MISC.
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS MISC.

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
ADDERALL XR CAP	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
ADDERALL TAB	-	3
DESOXYN TAB	-	3
DEXEDRINE CAP	-	3
dextroamphetamine soln (PROCENTRA equiv)	-	3
PROCENTRA SOLN	-	3
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
CAFCIT SOLN	-	2

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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Category/Class

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
LOMAIRA TAB	-	NC
phendimetrazine tab	-	NC
ANTI-OBESITY AGENTS		
BELVIQ XR TAB	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA equiv)	-	3
INTUNIV TAB	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
STIMULANTS - MISC.		
dexmethylphenidate tab (FOCALIN 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
METHYLIN SOLN	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
CONCERTA TAB, RITALIN SR TAB	-	3
DAYTRANA PATCH	-	3
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3
FOCALIN TAB	-	3
FOCALIN XR CAP	-	3
METADATE CD CAP	-	3
METHYLIN CHEW TAB	-	3
methylphenidate chew tab (METHYLIN equiv)	-	3
NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3
RITALIN LA CAP	-	3
RITALIN LA CAP 60MG	-	3
RITALIN TAB	-	3
COTEMPLA XR ODT	-	NC
methylphenidate ER tab 72mg	-	NC
QUILLIVANT XR SUSP	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		

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MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
		Limited Distribution
		Medical Benefit
		Over-the-Counter
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Category/Class

Last Updated* 2/1/2019

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	SP
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0606)	LD-PA-QL	SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA IV INJ	M	M
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered 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
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1

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SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
		Limited Distribution
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		Over-the-Counter
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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
NAPROXEN SUSP	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
ANAPROX TAB	-	3
ARTHROTEC TAB	-	3
CATAFLAM TAB	-	3
CELEBREX CAP (QL= 2 caps/day)	QL	3
CLINORIL TAB	-	3
DAYPRO TAB	-	3
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
FELDENE CAP	-	3
fenoprofen calcium tab	-	3
FENOPROFEN CAP	-	3
KETOPROFEN ER CAP	-	3
MECLOFENAMATE CAP	-	3
mefenamic acid cap (PONSTEL equiv)	-	3
MELOXICAM SUSP	-	3
MOBIC TAB	-	3

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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
MOTRIN SUSP	-	3
NAPROSYN EC TAB	-	3
NAPROSYN SUSP	-	3
NAPROSYN TAB	-	3
PONSTEL CAP	-	3
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
VOLTAREN TAB	-	3
VOLTAREN XR TAB	-	3
DUEXIS TAB	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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
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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	SP
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	SP
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
ARAVA TAB	-	3
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	SP
ENBREL INJ 50MG (QL= 4 syringes/28 days)	LMSP-PA-QL	SP
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
BUTAL/APAP CAP	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
FIORINAL CAP	-	NC
SALICYLATES		
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)	-	2
ZORPRIN TAB	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL equiv)	-	1
methadone soln	-	1

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
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
levorphanol tab (LEVORPHANOL equiv)	-	2
morphine sulfate supp	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYIR CAP	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3
AVINZA CAP (QL= 2 caps/day)	QL	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
CODEINE SULFATE SOLN	-	3
DAZIDOX TAB	-	3
DEMEROL TAB	-	3
DILAUDID TAB	-	3
DOLOPHINE TAB	-	3
DURAGESIC PATCH	-	3
EMBEDA CAP	-	3
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
METHADOSE CONC	-	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
MS CONTIN TAB	-	3
NUCYNTA TAB	-	3
oxymorphone ER tab (OPANA ER equiv)	-	3
oxymorphone tab (OPANA equiv)	-	3
ROXICODONE TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3
ULTRAM ER TAB	-	3
ULTRAM TAB	-	3
ARYMO ER TAB	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL PATCH equiv)	-	NC

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MORPHABOND TAB	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
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

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Sendero Exchange Formulary

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
HYCET SOLN	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
LORTAB	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
PERCOCET TAB	-	3
PERCODAN TAB	-	3
REPREXAIN TAB	-	3
ROXICET SOLN	-	3
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3
TYLENOL/CODEINE TAB	-	3
ULTRACET TAB	-	3
VICOPROFEN TAB	-	3
FIORICET/CODEINE CAP	-	NC

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Sendero Exchange Formulary

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
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
PRIMLEV TAB	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
BUNAVAIL FILM, SUBOXONE SL FILM	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
ZUBSOLV SL TAB	-	2
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
nalbuphine inj	M	M
BELBUCA FILM	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	NC

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA Prior Authorization	QL	Quantity Limit
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Category/Class

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ANALGESICS - OPIOID Cont.		
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL TAB	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANADROL TAB	-	3
OXANDRIN TAB	-	3
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	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 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3
ANDROID CAP, TESTRED CAP	PA	3
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3
DEPO-TESTOSTERONE INJ	-	3
METHITEST TAB	PA	3
METHYLTESTOSTERONE CAP	PA	3
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	3
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTENEMA	-	3
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
ANALPRAM-HC CREAM	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
VASODILATING AGENTS		
RECTIV OINT	-	3

ANTHELMINTICS

ANTHELMINTICS		
mebendazole chew tab (VERMOX equiv)	-	1
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMEKTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	2
albendazole tab (ALBENZA equiv)	-	3
ALBENZA TAB	-	3

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Category/Class

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DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
BILTRICIDE TAB	-	3
STROMECTOL TAB	-	3
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2
NITRATES		
ISOSORBIDE DINITRATE ER TAB	-	1
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-BID OINT	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
DILATRATE SR CAP	-	3
IMDUR TAB	-	3
ISORDIL TITRADOSE TAB	-	3
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
NITRO-DUR PATCH	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROLINGUAL PUMP SPRAY	-	3
NITROMIST SPRAY	-	3
NITROSTAT SL TAB	-	3
GONITRO POWDER	-	NC
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	1
BUSPAR TAB	-	3
VISTARIL CAP	-	3
bupirone tab 30mg (BUSPAR equiv)	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIANSXIETY AGENTS Cont.		
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
OXAZEPAM CAP	-	1
oxazepam cap (SERAX equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	2
alprazolam ER tab (XANAX XR equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	3
ATIVAN TAB	-	3
LIBRIUM CAP	-	3
NIRAVAM ODT	-	3
TRANXENE-T TAB	-	3
VALIUM TAB	-	3
XANAX TAB	-	3
XANAX XR TAB	-	3
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
QUINIDINE SULFATE TAB	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2

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Category/Class

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
NORPACE CAP	-	3
QUINIDINE SULFATE ER TAB	-	3
procainamide inj	M	M
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
RYTHMOL SR CAP	-	3
RYTHMOL TAB	-	3
TAMBOCOR TAB	-	3
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2
CORDARONE TAB	-	3
TIKOSYN CAP	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT SOLN	-	NC
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	1

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Thera requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3
SEEBRI NEOHALER CAP	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC

LEUKOTRIENE MODULATORS

montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
ACCOLATE TAB	-	3
SINGULAIR CHEW TAB	-	3
SINGULAIR GRANULE PACK	-	3
SINGULAIR TAB	-	3
zafirlukast tab (ACCOLATE equiv)	-	3
zileuton ER tab (ZYFLO CR equiv)	-	3

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Category/Class

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ZYFLO CR TAB	-	3
ZYFLO TAB	-	3
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	3
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
PULMICORT INH SUSP	-	3
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	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
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
FORADIL AEROLIZER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2
ACCUNEB NEB SOLN	-	3
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3

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Category/Class

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ARCAPTA NEOHALER	-	3
BRETHINE TAB	-	3
BROVANA NEB SOLN	-	3
DUONEB NEB SOLN	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
PROAIR HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
VOSPIRE ER TAB	-	3
XOPENEX NEB SOLN	-	3
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
UNIPHYL TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	PA	2
ARIXTRA INJ	PA	3
FRAGMIN INJ	-	3
LOVENOX INJ (QL= 17 days supply)	QL	3

THROMBIN INHIBITORS

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3
KLONOPIN TAB	-	3
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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
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
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2
TRILEPTAL SUSP	-	2
VIMPAT SOLN	-	2

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
VIMPAT TAB (QL= 2 tabs/day)	QL	2
CARBATROL CAP	-	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT	-	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
LAMICTAL STARTER KIT	-	3
LAMICTAL TAB	-	3
LAMICTAL XR TAB	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
MYSOLINE TAB	-	3
NEURONTIN CAP	-	3
NEURONTIN SOLN	-	3
NEURONTIN TAB	-	3
TEGRETOL CHEW TAB	-	3
TEGRETOL SUSP	-	3
TEGRETOL TAB	-	3
TEGRETOL XR TAB	-	3

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
TOPAMAX SPRINKLE CAP	-	3
TOPAMAX TAB	-	3
TRILEPTAL TAB	-	3
ZONEGRAN CAP	-	3
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
EPIDIOLEX SOLN	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
FELBATOL TAB	-	2
FELBATOL SUSP	-	3
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
GABITRIL TAB	-	3
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreer 888-347-3416)	LD-PA	SP
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	SP
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
REMERON SOLUTAB	-	3
REMERON TAB	-	3
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
WELLBUTRIN SR TAB	-	3

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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
WELLBUTRIN TAB	-	3
WELLBUTRIN XL TAB	-	3
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
NARDIL TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
PARNATE TAB	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
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
CELEXA SOLN	-	3
CELEXA TAB	-	3
LEXAPRO SOLN	-	3
LEXAPRO TAB	-	3
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
PAXIL CR TAB	-	3
PAXIL SUSP	-	3
PAXIL TAB	-	3
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
PROZAC CAP	-	3
PROZAC SOLN	-	3
PROZAC TAB	-	3
ZOLOFT CONC	-	3
ZOLOFT TAB	-	3
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC

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Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
PROZAC WEEKLY CAP	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD TAB	-	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
CYMBALTA CAP	-	3
EFFEXOR TAB	-	3
EFFEXOR XR CAP	-	3
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3
PRISTIQ TAB	-	3
DESVENLAFAXINE ER TAB	-	NC

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
duloxetine cap 40mg (IRENKA equiv)	-	NC
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
NORTRIPTYLINE SOLN	-	1
desipramine tab (NORPRAMIN equiv)	-	2
ANAFRANIL CAP	-	3
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
NORPRAMIN TAB	-	3
PAMELOR CAP	-	3
protriptyline tab (VIVACTIL equiv)	-	3
SURMONTIL CAP	-	3
TOFRANIL PM CAP	-	3
TOFRANIL TAB	-	3

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
trimipramine cap (SURMONTIL equiv)	-	3
VIVACTIL TAB	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
GLYSET TAB	-	3
miglitol tab (GLYSET equiv)	-	3
PRECOSE TAB	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN	-	3
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2

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Category/Class

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
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
GLUCOVANCE TAB	-	3
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3
METAGLIP TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC

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Category/Class

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
GLUCOPHAGE TAB	-	3
GLUCOPHAGE XR TAB	-	3
metformin ER osmotic tab (FORTAMET equiv)	-	3
RIOMET SOLN, METFORMIN SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2
PROGLYCEM SUSP	-	3
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	SP
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3

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Category/Class

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
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 (QL= 1 pen/30 days)	QL	3
TRULICITY INJ (QL= 4 pens/28 days)	QL	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA INJ	-	2
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG INJ, ADMELOG INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
BASAGLAR INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS TAB equiv)	-	1
AVANDIA TAB	-	2
ACTOS TAB	-	3

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LMSP	Lumicera Mandatory Specialty Pharmacy Program		M		Medical Benefit
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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
PRANDIN TAB	-	3
STARLIX TAB	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3
STEGLATRO TAB	-	NC
SULFONYLUREAS		
CHLORPROPAMIDE TAB	-	1
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
AMARYL TAB	-	3
DIABETA TAB	-	3

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Category/Class

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3
GLYNASE TAB	-	3
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
LOMOTIL LIQUID	-	3
LOMOTIL TAB	-	3
MOTOFEN TAB	-	3
opium tincture	-	3
loperamide cap	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC

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DrugName	Special Code	Tier
ANTIDOTES Cont.		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
EXJADE TAB	MSP	SP
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP
JADENU TAB	LMSP	SP
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2
naloxone inj	-	3
REVIA TAB	-	3
EVZIO INJ	-	NC
VIVITROL INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
JADENU SPRINKLE	LMSP	SP
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
NALOXONE PREFILLED INJ	-	2

ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1

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Category/Class

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
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
KYTRIL TAB (QL= 9 tabs/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ZOFRAN ODT	-	3
ZOFRAN SOLN	-	3
ZOFRAN TAB	-	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
TIGAN CAP	-	3
TRANSDERM-SCOP PATCH	-	3
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
MARINOL CAP	PA	3
DICLEGIS TAB	-	NC
SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
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 PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
MYCAMINE INJ	M	M
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

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Category/Class

Last Updated* 2/1/2019

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ANTIFUNGALS Cont.		
griseofulvin tab (GRIS-PEG equiv)	-	2
ANCOBON CAP	-	3
GRIFULVIN V TAB	-	3
GRIS-PEG TAB	-	3
LAMISIL TAB	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
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
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX CAP	PA	3
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3
CRESEMBA CAP	-	NC

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
TOLSURA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
CPM CAP	-	3
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
diphenhydramine inj (BENADRYL equiv)	-	2
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
clemastine syrup (TAVIST equiv)	-	3
CLEMASTINE TAB	-	3
clemastine tab (TAVIST equiv)	-	3
PALGIC SOLN	-	3
PALGIC TAB	-	3
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC
KARBINAL ER SUSP	-	NC
ANTIHISTAMINES - NON-SEDATING		
CLARINEX SYRUP	PA	3
DESLORATADINE ODT	PA	3
desloratadine tab (CLARINEX equiv)	PA	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
levocetirizine soln (XYZAL equiv)	-	3
levocetirizine tab (XYZAL equiv)	-	3
CLARINEX REDITAB	-	NC
CLARINEX TAB	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
LIPTRUZET TAB	-	3
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERLIPIDEMICS - MISC.		

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
LOVAZA CAP	-	3
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
WELCHOL PACK	-	2
WELCHOL TAB	-	2
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN LITE POWDER PACK	-	3
QUESTRAN POWDER	-	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
QUESTRAN POWDER PACK	-	3
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
LOPID TAB	-	3
TRICOR TAB	-	3
ANTARA CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
LOFIBRA TAB, TRIGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0

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Category/Class

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
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
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
fluvastatin cap (LESCOL equiv)	-	2
ALTOPREV TAB	-	3
CRESTOR TAB (QL= 1 tab/day)	QL	3
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	3
fluvastatin ER tab (LESCOL XL equiv)	-	3
LESCOL CAP	-	3
LESCOL XL TAB	-	3
LIPITOR TAB	-	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
MEVACOR TAB	-	3
PRAVACHOL TAB	-	3
ZOCOR TAB (80mg is Not Covered)	-	3
ADVICOR TAB	-	NC

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Category/Class

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ANTIHYPERTENSIVES		
FLOLIPID SUSP	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	1
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	SP
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1

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Category/Class

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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
captopril tab (CAPOTEN equiv)	-	2
ACCUPRIL TAB	-	3
ACEON TAB	-	3
ALTACE CAP	-	3
ALTACE TAB	-	3
EPANED PREMIXED SOLN	PA	3
EPANED SOLN	PA	3
LOTENSIN TAB	-	3
MAVIK TAB	-	3
MONOPRIL TAB	-	3
PRINIVIL TAB, ZESTRIL TAB	-	3
QBRELIS SOLN	PA	3
UNIVASC TAB	-	3
VASOTEC TAB	-	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2

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Category/Class

Last Updated* 2/1/2019

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ANTIHYPERTENSIVES Cont.		
DIBENZYLINE CAP	-	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
AVAPRO TAB	-	3
BENICAR TAB	-	3
candesartan tab (ATACAND equiv)	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB	-	3
MICARDIS TAB	-	3
TEVETEN TAB	-	3
ATACAND TAB	-	NC
EPROSARTAN TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CARDURA TAB	-	3
CATAPRES TAB	-	3
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
HYTRIN CAP	-	3
MINIPRESS CAP	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
TENEX TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
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
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

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ANTIHYPERTENSIVES Cont.		
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	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
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	2
EXFORGE HCT TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
ACCURETIC TAB	-	3
amlodipine/valsartan tab (EXFORGE equiv)	-	3
AMTURNIDE TAB	-	3
ATACAND HCT TAB	-	3
AVALIDE TAB	-	3
BENICAR HCT TAB	-	3
CORZIDE TAB	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
CORZIDE TAB 80-5MG	-	3
DIOVAN HCT TAB	-	3
EDARBYCLOR TAB	-	3
EXFORGE TAB	-	3
HYZAAR TAB	-	3
LOPRESSOR HCT TAB	-	3
LOTENSIN HCT TAB	-	3
LOTREL CAP	-	3
MONOPRIL HCT TAB	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TENORETIC TAB	-	3
TEVETEN HCT TAB	-	3
trandolapril/verapamil ER tab (TARKA equiv)	-	3
UNIRETIC TAB	-	3
VALTURNA TAB	-	3
VASERETIC TAB	-	3
ZESTORETIC TAB	-	3
ZIAC TAB	-	3
BYVALSON TAB	-	NC

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ANTIHYPERTENSIVES Cont.		
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	3
INSPRA TAB	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
NEBUPENT NEB SOLN	-	2

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL CAP	-	3
FLAGYL ER TAB	-	3
FLAGYL TAB	-	3
PRIMSOL SOLN	-	3
TINDAMAX TAB	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatme of IBS-D allowed via PA)	PA-QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
BACTRIM DS TAB	-	3
PEDIAZOLE SUSP	-	3
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
MEPRON SUSP	-	3
GLYCOPEPTIDES		
FIRVANQ SOLN	-	1
VANCOMYCIN SOLN KIT	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	2
VANCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln (FIRVANQ SOLN))	QL-ST	3
VANCOMYCIN INJ	-	NC
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
CLEOCIN CAP	-	3
CLEOCIN SOLN	-	3
clindamycin soln (CLEOCIN equiv)	-	3
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	SP
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2

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LMSP	Lumicera Mandatory Specialty Pharmacy Program		M		Medical Benefit
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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
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
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	3
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
MALARONE TAB	-	2
COARTEM TAB	-	3
FANSIDAR TAB	-	3
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
MEFLOQUINE TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
PRIMAQUINE TAB	-	2
ARALEN TAB	-	3
LARIAM TAB	-	3
PLAQUENIL TAB	-	3
QUALAQUIN CAP	-	3
quinine sulfate cap (QUALAQUIN equiv)	-	3
ARAKODA TAB, KRINTAFEL TAB	-	NC

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
GUANIDINE TAB	-	3
MESTINON SYRUP	-	3
MESTINON TAB	-	3
MESTINON TIMESPAN TAB	-	3
MYTELASE TAB	-	3
FIRDAPSE TAB	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
RIFATER TAB	PA	3
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID SYRUP	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2

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DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
rifampin cap (RIFADIN equiv)	-	2
cycloserine cap (CYCLOSERINE equiv)	PA	3
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3
RIFADIN CAP	-	3
TRECTOR TAB	PA	3
CAPASTAT INJ	M	M
PASER GRANULE	-	NC
SIRUORO TAB (QL= 4 tabs/day)	MSP-PA-QL	SP
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	LMSP	SP
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	LMSP	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CEENU CAP	-	2
CYCLOPHOSPHAMIDE CAP	-	2
cyclophosphamide tab (CYTOXAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
ALKERAN TAB	-	3
ALKERAN INJ	M	M
melphalan inj (ALKERAN equiv)	M	M
TREANDA INJ	M	M
ZANOSAR INJ	M	M
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	SP
MYLERAN TAB	LMSP	SP
TEMODAR CAP	LMSP	SP
temozolomide cap (TEMODAR equiv)	LMSP	SP
ANTIMETABOLITES		
methotrexate inj	-	1
methotrexate tab (Trexall equiv)	-	1
mercaptopurine tab (Purinethol equiv)	-	2
METHOTREXATE INJ	-	2
TABLOID TAB	-	2
TREXALL TAB	-	2
PURINETHOL TAB	-	3
fludarabine inj	M	M
PURIXAN SUSP	-	NC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
XATMEP SOLN	-	NC
capecitabine tab (XELODA equiv)	LMSP	SP
XELODA TAB	LMSP	SP
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	M	M
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB	-	NC
ERIVEDGE CAP	MSP-PA-SF	SP
ODOMZO CAP	LMSP-PA-SF	SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
exemestane tab (AROMASIN equiv)	-	2
FARESTON TAB	-	2
flutamide cap (EULEXIN equiv)	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FEMARA TAB	-	3
MEGACE SUSP	-	3
ERLEADA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
YONSA TAB	-	NC
abiraterone tab 250mg (ZYTIGA equiv)	LMSP-PA-SF	SP
leuprolide inj (LUPRON equiv)	INF-LMSP	SP
LUPRON DEPOT INJ	INF-LMSP	SP
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	SP
nilutamide tab (NILANDRON equiv)	LMSP	SP
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-S F	SP
ZYTIGA TAB 250MG	LMSP-PA-SF	SP
ZYTIGA TAB 500MG (QL= 2 tabs/day)	LMSP-PA-QL- SF	SP

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP	-	NC
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	SP
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
ALUNBRIG PAK	-	NC
BRAFTOVI CAP	-	NC
COPIKTRA CAP	-	NC
GLEEVEC TAB	-	NC
LORBRENA TAB	-	NC
MEKTOVI TAB	-	NC
TALZENNA CAP	-	NC
TIBSOVO TAB	-	NC
VITRAKVI CAP	-	NC
VITRAKVI SOLN	-	NC
VIZIMPRO TAB	-	NC
XOSPATA TAB	-	NC
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	SP
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	SP
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BOSULIF TAB	MSP-PA-SF	SP
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-S F	SP
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	SP
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	SP
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	SP
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	SP
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	SP
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	SP
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-S F	SP
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	SP
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	SP
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	SP
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	SP
MEKINIST TAB	LMSP-PA	SP
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
NEXAVAR TAB	MSP-PA-SF	SP
NINLARO CAP	MSP-PA	SP
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	SP
RYDAPT CAP	LMSP-PA	SP
SPRYCEL TAB	LMSP-PA-SF	SP
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP
SUTENT CAP	MSP-PA-SF	SP
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL- SF	SP
TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
TARCEVA TAB	LMSP-PA-SF	SP
TASIGNA CAP	LMSP-PA-SF	SP

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TYKERB TAB	LMSP-PA	SP
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	SP
VOTRIENT TAB	LMSP-PA-SF	SP
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-S F	SP
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
ZELBORAF TAB	MSP-PA-SF	SP
ZOLINZA CAP	LMSP-PA-SF	SP
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	SP
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL- SF	SP
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
HYDREA CAP	-	3
PROLEUKIN INJ	-	NC
SYNRIBO INJ	-	NC
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
ALFERON-N INJ	LMSP	SP
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	SP
INTRON-A INJ	MSP	SP

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
SYLATRON INJ	MSP-PA	SP
TARGRETIN CAP	LMSP-PA-SF	SP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN TAB	-	1
MESNEX TAB	LMSP	SP
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
LODOSYN TAB	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
COMTAN TAB	-	3
TASMAR TAB	-	3
tolcapone tab (TASMAR equiv)	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1

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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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
MIRAPEX ER TAB	-	3
MIRAPEX TAB	-	3
NEUPRO PATCH	-	3
PARCOPA ODT	-	3
PARLODEL CAP	-	3
PARLODEL TAB	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
REQUIP TAB	-	3
REQUIP XL TAB	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
SINEMET CR TAB	-	3
SINEMET TAB	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	SP
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	-	2
AZILECT TAB	-	3
ELDEPYRL CAP	-	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	3
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON DOPAMINERGICS		
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
LITHOBID TAB	-	3
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST	2

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
GEODON CAP	-	3
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
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 (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA TAB	PA	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
INVEGA INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
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
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
CLOZARIL TAB	-	3
FAZACLO ODT 12.5MG, 25MG, 100MG	-	3
LOXITANE CAP	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
SEROQUEL TAB	-	3
ZYPREXA TAB	-	3
ZYPREXA ZYDIS TAB	-	3
ADASUVE INHALER	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
ABILIFY TAB	-	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	PA	3
ABILIFY MYCITE TAB	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
NAVANE CAP	-	3
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC

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DrugName	Special Code	Tier
ANTIVIRALS		
ANTIRETROVIRALS		
didanosine DR cap (VIDEX EC equiv)	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
stavudine cap (ZERIT equiv)	-	1
stavudine soln (ZERIT equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
abacavir soln (ZIAGEN equiv)	-	2
abacavir tab (ZIAGEN equiv)	-	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2
CIMDUO TAB	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2
ritonavir tab (NORVIR equiv)	-	2
SYMFI (LO) TAB	-	2
SYMTUZA TAB	-	2
ATRIPLA TAB	-	3
COMPLERA TAB	-	3
GENVOYA TAB	-	3

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ISENTRESS (HD) TAB	-	3
ISENTRESS CHEW TAB	-	3
ISENTRESS POWDER PACK	-	3
NORVIR CAP	-	3
NORVIR POWDER PACK	-	3
NORVIR SOLN	-	3
NORVIR TAB	-	3
STRIBILD TAB	-	3
TRIUMEQ TAB	-	3
DELSTRIGO TAB	-	NC
PIFELTRO TAB	-	NC
TYBOST TAB	-	NC
abacavir/lamivudine tab (EPZICOM equiv)	-	SP
APTIVUS CAP	-	SP
APTIVUS SOLN	-	SP
atazanavir cap (REYATAZ equiv)	-	SP
BIKTARVY TAB	-	SP
COMBIVIR TAB	-	SP
CRIXIVAN CAP	-	SP
DESCOVY TAB	PA	SP
EDURANT TAB	-	SP
efavirenz cap (SUSTIVA equiv)	-	SP

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ANTIVIRALS Cont.		
efavirenz tab (SUSTIVA equiv)	-	SP
EMTRIVA CAP	-	SP
EMTRIVA SOLN	-	SP
EPIVIR SOLN	-	SP
EPIVIR TAB	-	SP
EPZICOM TAB	-	SP
EVOTAZ TAB	-	SP
fosamprenavir tab (LEXIVA equiv)	-	SP
FUZEON INJ	LMSP	SP
INTELENCE TAB	-	SP
INVIRASE CAP	-	SP
INVIRASE TAB	-	SP
JULUCA TAB	-	SP
KALETRA SOLN	-	SP
KALETRA TAB	-	SP
LEXIVA SUSP	-	SP
LEXIVA TAB	-	SP
lopinavir/ritonavir soln (KALETRA equiv)	-	SP
NEVIRAPINE SUSP	-	SP
nevirapine susp (VIRAMUNE equiv)	-	SP
ODEFSEY TAB	-	SP
PREZCOBIX TAB	-	SP

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PREZISTA SUSP	-	SP
PREZISTA TAB	-	SP
RESCRIPTOR TAB	-	SP
RETROVIR CAP	-	SP
RETROVIR SYRUP	-	SP
RETROVIR TAB	-	SP
REYATAZ CAP	-	SP
REYATAZ POWDER PACK	-	SP
SELZENTRY SOLN	-	SP
SELZENTRY TAB	-	SP
SUSTIVA CAP	-	SP
SUSTIVA TAB	-	SP
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	SP
TIVICAY TAB (QL= 2 tabs/day)	QL	SP
TRIZIVIR TAB	-	SP
TRUVADA TAB	PA	SP
VIDEX EC CAP	-	SP
VIDEX EC CAP 125MG	-	SP
VIDEX SOLN	-	SP
VIRACEPT POWDER	-	SP
VIRACEPT TAB	-	SP
VIRAMUNE SUSP	-	SP

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VIRAMUNE TAB	-	SP
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine)	ST	SP
VIREAD TAB	-	SP
VITEKTA TAB	-	SP
ZERIT CAP	-	SP
ZERIT SOLN	-	SP
ZIAGEN SOLN	-	SP
ZIAGEN TAB	-	SP
CMV AGENTS		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
VALCYTE SOLN	-	3
VALCYTE TAB	-	3
PREVYMIS TAB	-	NC
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv)	LMSP	1
ribavirin tab (COPEGUS equiv)	LMSP	1
VEMLIDY TAB	-	2
DAKLINZA TAB	-	NC
MODERIBA TAB	-	NC

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ANTIVIRALS Cont.		
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	SP
BARACLUDE TAB (QL= 1 tab/day)	QL	SP
COPEGUS TAB	LMSP	SP
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-SP	SP
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
EPIVIR HBV SOLN	-	SP
EPIVIR HBV TAB	-	SP
HARVONI TAB, LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
HEPSERA TAB	LMSP	SP
INCIVEK TAB	LMSP-PA-SF	SP
INFERGEN INJ	LMSP	SP
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	SP
MODERIBA DOSE PACK	LMSP	SP
MODERIBA PAK	LMSP	SP
PEGASYS INJ	LMSP	SP

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PEGASYS INJ KIT	LMSP	SP
PEG-INTRON INJ	LMSP	SP
REBETOL CAP	LMSP	SP
REBETOL SOLN	LMSP	SP
TYZEKA TAB	PA-SP	SP
VICTRELIS CAP	LMSP-PA-SF	SP
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
HERPES AGENTS		
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
FAMVIR TAB	-	3
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
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
FLUMADINE TAB	-	3
TAMIFLU CAP (QL= 10 caps/fill)	QL	3
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3
XOFLUZA TAB	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB, D-PENAMINE TAB	-	2
CUPRIMINE CAP	-	NC
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	SP
THALOMID CAP	MSP-PA	SP
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
AZASAN TAB	-	3
IMURAN TAB	-	3
ENVARUSUS XR TAB	-	NC
CELLCEPT CAP	-	SP
CELLCEPT SUSP	-	SP

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
CELLCEPT TAB	-	SP
cyclosporine cap (SANDIMMUNE equiv)	-	SP
cyclosporine modified cap (NEORAL equiv)	-	SP
cyclosporine modified soln (NEORAL equiv)	-	SP
mycophenolate DR tab (MYFORTIC equiv)	-	SP
mycophenolate mofetil cap (CELLCEPT equiv)	-	SP
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	SP
mycophenolate mofetil tab (CELLCEPT equiv)	-	SP
MYFORTIC TAB	-	SP
NEORAL CAP	-	SP
NEORAL SOLN	-	SP
PROGRAF CAP	-	SP
RAPAMUNE SOLN	-	SP
RAPAMUNE TAB	-	SP
SANDIMMUNE CAP	-	SP
SANDIMMUNE SOLN 100MG/ML	-	SP
sirolimus tab (RAPAMUNE equiv)	-	SP
tacrolimus cap (PROGRAF equiv)	-	SP
ZORTRESS TAB	PA	SP
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
VELTASSA POWDER	PA	2
KAYEXALATE POWDER	-	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	3
COREG CR CAP	-	3
COREG TAB	-	3
TRANDATE TAB	-	3
BETA BLOCKERS CARDIO-SELECTIVE		
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
KERLONE TAB	-	3
LOPRESSOR TAB	-	3
SECTRAL CAP	-	3
TENORMIN TAB	-	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
TOPROL XL TAB	-	3
ZEBETA TAB	-	3
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
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
nadolol tab (CORCARD equiv)	-	2
BETAPACE AF TAB	-	3
BETAPACE TAB	-	3
CORGARD TAB	-	3
INDERAL LA CAP	-	3
INNOPRAN XL CAP	-	3
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
BIOLOGICALS MISC Cont.		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
BIOLOGICALS MISC		
ADAGEN INJ	M	M
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
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
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

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INF Infertility	LD	Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
NISOLDIPINE ER TAB 25.5MG	-	2
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CALAN TAB	-	3
CARDENE SR CAP	-	3
CARDIZEM CD CAP	-	3
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
COVERA-HS TAB	-	3
DILACOR XR CAP	-	3
DYNACIRC CR TAB	-	3
felodipine ER tab (PLENDIL equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
NIMOTOP CAP	-	3
NORVASC TAB	-	3
PLENDIL TAB	-	3
PROCARDIA CAP	-	3
SULAR TAB	-	3
TIAZAC CAP	-	3
verapamil SR cap (VERELAN PM equiv)	-	3

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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
VERELAN CAP	-	3
VERELAN PM CAP	-	3
VERELAN SR CAP 360mg	-	3
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2
CADUET TAB	-	3
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH	PA-QL	2
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
tadalafil tab (CIALIS equiv)	-	NC
vardenafil ODT (STAXYN equiv)	-	NC
vardenafil tab (LEVITRA equiv)	-	NC

PERIPHERAL VASODILATORS

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program

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Category/Class

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ISOXSUPRINE TAB	-	2
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB	-	NC
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
REVATIO TAB	PA	3
REVATIO SUSP	-	NC
ADCIRCA TAB	LMSP-PA	SP
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
KEFLEX CAP	-	3
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
CEPHALOSPORINS - 2ND GENERATION		
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
CEFTIN SUSP	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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Last Updated* 2/1/2019

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEFTIN TAB	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime susp (SUPREX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
OMNICEF SUSP	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
VANTIN TAB	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0

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INF	Infertility		LD		Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program		M		Medical Benefit
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

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
jolesa 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
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
CYCLESSA TAB	-	3
DESOGEN TAB	-	3

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		Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M
		Medical Benefit
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

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
LOESTRIN FE TAB	-	3
LOESTRIN TAB	-	3
mibelas chew tab (MINASTRIN equiv)	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3
NATAZIA TAB	-	3
NORINYL TAB 1-50	-	3
OGESTREL TAB	-	3
ORTHO TRI-CYCLEN (LO) TAB	-	3
ORTHO-CYCLEN TAB	-	3
OVCON 35 TAB	-	3
SEASONIQUE TAB	-	3
TRI-NORINYL TAB	-	3
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
rajani tab (BEYAZ equiv)	-	NC

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
ORTHO-EVRA PATCH	-	3
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
COPPER CONTRACEPTIVES - IUD (NEW)		
PARAGARD IUD	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	\$0

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
NOR-QD TAB	-	3
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISON SOLN	-	1
PREDNISON TAB	-	1
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISC ST LIALDA, or sulfasalazine)		2
CORTISONE ACETATE TAB	-	2

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
MEDROL TAB	-	2
ORAPRED ODT	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISON PAK	-	2
budesonide ER tab (QL=1 tab/day)	PA-QL	3
CORTEF TAB	-	3
DEXPAK TAB	-	3
MEDROL DOSE PACK	-	3
MEDROL TAB	-	3
MILLIPRED DP PAK	-	3
MILLIPRED TAB	-	3
ORAPRED ODT	-	3
ORAPRED SOLN	-	3
PRELONE SYRUP	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
VERIPRED SOLN	-	3
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC

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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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
TESSALON CAP	-	3
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
ALBATUSSIN LIQUID	-	3

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
BRONCOPECTOL SYRUP	-	3
DECON-A ELIXIR	-	3
GILTUSS LIQUID	-	3
GILTUSS TR TAB	-	3
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/30 days)	QL	3
NEOTUSS-D LIQUID	-	3
PEDIATEX TDM SUSP	-	3
promethazine DM syrup	-	3
RESCON TAB	-	3
REZIRA SOLN	-	3
SEMPREX-D CAP	-	3
SUTTAR SF SYRUP	-	3
TUSNEL SYRUP	-	3
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3
CLARINEX-D TAB	-	NC

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
DOMETUSS-DMX LIQ	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
HYPER-SAL NEB SOLN	-	3
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1

DERMATOLOGICALS

ACNE PRODUCTS

clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	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 (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
EPIDUO FORTE GEL (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

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Category/Class

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	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
AKNE-MYCIN OINT	-	3
ATRALIN GEL, RETIN-A GEL	PA	3
AVAR AEROSOL FOAM	-	3
AZELEX CREAM	PA	3
BENZAACLIN GEL	-	3
BENZAMYCIN GEL	-	3
BENZAMYCIN GEL PACK	-	3
CLARIFOAM EF FOAM	-	3
CLEOCIN-T GEL	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3

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Sendero Exchange Formulary

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DERMATOLOGICALS Cont.		
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3
CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL	-	3
clindamycin/tretinoin gel (ZIANA equiv)	-	3
DIFFERIN CREAM	PA	3
DIFFERIN GEL	PA	3
DIFFERIN LOTION	PA	3
DUAC CS KIT	-	3
DUAC GEL	-	3
EPIDUO GEL 0.1-2.5%	PA	3
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3
KLARON LOTION	-	3
ONEXTON GEL	-	3
PLEXION LOTION	-	3
PLEXION SCT CREAM	-	3
RETIN-A CREAM	PA	3
ROSULA EMULSION	-	3
ROSULA 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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SUMAXIN PAD	-	3
SUMAXIN TS SUSP	-	3
SUMAXIN WASH	-	3
TRETIN-X CREAM	PA	3
VELTIN GEL	-	3
ZIANA GEL	-	3
ABSORICA CAP	-	NC
ACZONE GEL	-	NC
ACZONE GEL 7.5%	-	NC
ALTRENO LOTION	-	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
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ROSULA WASH	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
ALTABAX OINT	-	3
BACTROBAN OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
BACTROBAN CREAM	-	NC

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DERMATOLOGICALS Cont.		
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
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
econazole cream (SPECTAZOLE equiv)	-	3
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
LOPROX CREAM	-	3
LOPROX GEL	-	3

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DERMATOLOGICALS Cont.		
LOPROX SHAMPOO	-	3
LOTRISONE CREAM	-	3
LOTRISONE LOTION	-	3
MENTAX CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
NAFTIN CREAM	-	3
NAFTIN GEL	-	3
NIZORAL SHAMPOO	-	3
nystatin/triamcinolone cream	-	3
nystatin/triamcinolone oint	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
OXISTAT CREAM	-	3
OXISTAT LOTION	-	3
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	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

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DERMATOLOGICALS Cont.		
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
FLECTOR PATCH (QL= 30 patches/fill)	QL	3
VOLTAREN GEL (QL= 5 tubes/fill)	QL	3
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
DICLOPR KIT	-	NC
DST PLUS PAK KIT	-	NC
INFLAMMA-K KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PENNSAID SOLN 1.5%	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
FLUOROPLEX CREAM	-	2
FLUOROURACIL CREAM 0.5%	-	2
FLUOROURACIL SOLN	-	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3
EFUDEX CREAM	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
PANRETIN GEL	LMSP-PA	SP
TARGRETIN GEL	LMSP	SP
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
ANTIPSORIATICS		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2

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calcipotriene soln (DOVONEX SOLN equiv)	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SORIATANE CK KIT	-	2
CALCITRIOL OINT	-	3
DOVONEX CREAM	-	3
DOVONEX SOLN	-	3
DRITHO-SCALP CREAM	-	3
OXSORALEN ULTRA CAP	-	3
SORIATANE CAP	-	3
SORILUX FOAM	-	3
tazarotene cream (TAZORAC equiv)	-	3
TAZORAC CREAM	-	3
TAZORAC GEL	-	3
SILIQ INJ	-	NC
STELARA INJ	-	NC
TALTZ INJ	-	NC
TREMFYA INJ	-	NC
VECTICAL OINT	-	NC
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	SP
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	SP
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
OVACE PLUS GEL	-	3
OVACE PLUS SHAMPOO	-	3
OVACE WASH	-	3
ROSULA PAD	-	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
SELRX SHAMPOO 2.3%	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	2
DENAVIR CREAM	-	2
XERESE CREAM	-	3
ZOVIRAX CREAM	-	3
ZOVIRAX OINT	-	NC

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Category/Class

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SILVADENE CREAM	-	3
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
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
desoximetasone cream (DESOXIMETASONE equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1

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Category/Class

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
PREDNICARBATE CREAM	-	1
prednicarbate cream (PREDNICARBATE 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
clobetasol propionate cream (TEMOVATE equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2

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Sendero Exchange Formulary

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol propionate oint (TEMOVATE equiv)	-	2
clobetasol propionate soln (TEMOVATE equiv)	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	2
desoximetasone gel (TOPICORT equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
PRAMOSONE CREAM 1%	-	2
PRAMOSONE OINT	-	2
U-CORT CREAM	-	2
ACLOVATE CREAM	-	3
ACLOVATE OINT	-	3
AMCINONIDE LOTION	PA	3
AMCINONIDE OINT	PA	3
calcipotriene/betamethasone oint (TACLONEX equiv)	-	3
CAPEX SHAMPOO	-	3
CARMOL-HC CREAM	-	3
clobetasol foam (OLUX equiv)	PA	3
clobetasol lotion (CLOBEX equiv)	PA	3

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MSP	Mandatory Specialty Pharmacy Program		OTC		Over-the-Counter
PA	Prior Authorization		QL		Quantity Limit
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Sendero Exchange Formulary

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol shampoo (CLOBEX equiv)	PA	3
clobetasol spray (CLOBEX equiv)	PA	3
CLOBEX LOTION	PA	3
CLOBEX SHAMPOO	PA	3
CLOBEX SPRAY	PA	3
CLOCORTOLONE CREAM, CLODERM CREAM	-	3
CORDRAN CREAM	-	3
CORDRAN CREAM 0.025%	-	3
CORDRAN LOTION	-	3
CORDRAN TAPE	-	3
CUTIVATE CREAM	-	3
CUTIVATE OINT	-	3
DERMA-SMOOTH/FS OIL	-	3
DERMATOP CREAM	-	3
DERMATOP OINT	-	3
DIPROLENE AF CREAM	-	3
DIPROLENE LOTION	-	3
DIPROLENE OINT	-	3
ELOCON CREAM	-	3
ELOCON OINT	-	3
ELOCON SOLN	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
flurandrenolide Cream (CORDRAN equiv)	-	3
flurandrenolide lotion (CORDRAN equiv)	-	3
KENALOG SPRAY	-	3
NUCORT LOTION	-	3
OLUX FOAM	PA	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
PROCTOCORT CREAM	-	3
TACLONEX OINT	-	3
TACLONEX SCALP SUSP	-	3
TEMOVATE CREAM	-	3
TEMOVATE GEL	-	3
TEMOVATE OINT	-	3
TEMOVATE SOLN	-	3
TEMOVATE-E CREAM	-	3
TEXACORT SOLN	-	3
TOPICORT CREAM	-	3
TOPICORT GEL	-	3
TOPICORT OINT	-	3
triamcinolone spray (KENALOG equiv)	-	3
ULTRAVATE CREAM	-	3
ULTRAVATE LOTION	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ULTRAVATE OINT	-	3
VERDESO FOAM	-	3
AMCINONIDE CREAM 0.1%	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide lotion	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
HALOG CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HALOG OINT	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
lidocaine/hydrocortisone cream	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TRIANEX OINT	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
WESTCORT OINT	-	NC
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	SP
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
LAC-HYDRIN CREAM	-	3
LAC-HYDRIN LOTION	-	3
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ALDARA CREAM	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
ELIDEL CREAM (Covered for members 2 years or older)	-	3
PROTOPIC OINT	-	3
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
CONDYLOX SOLN	-	3
SALEX SHAMPOO	-	3
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	2
EMLA CREAM	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
LIDODERM PATCH (QL= 3 patches/day)	QL	3
SOLARCAINE EXTRA GEL	-	3
SYNERA PATCH	-	3
XYLOCAINE SOLN	-	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
LIDAMANTLE LOTION	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
LIDOCIN GEL	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC

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		Medical Benefit
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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MISC. TOPICAL		
COLEMAN BOTANICALS INSECT SPRAY (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
COLEMAN HIGH-DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
COLEMAN SKINSMART (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
CUTTER BACKWOODS DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
CUTTER BACKWOODS SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
CUTTER LEMON EUCALYPTUS SPRAY (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
INSECT REPELLENT SPRAY 20% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
NATRAPEL SPRAY 20% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
OFF DEEP WOODS DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
OFF DEEP WOODS SPORTSMEN SPRAY 30% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
OFF DEEP WOODS SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
REPEL HUNTER'S SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for female age 10 to 45 and males 14 or older.)	QL	\$0
REPEL LEMON EUCALYPTUS SPRAY 30% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
REPEL SPORTSMEN DRY SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
REPEL SPORTSMEN MAX SPRAY 40% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
REPEL SPORTSMEN SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
ULTRATHON REPELLENT SPRAY 25% (QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.)	QL	\$0
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
ROSACEA AGENTS		
metronidazole lotion (METROLOTION equiv)	-	1

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
METROCREAM	-	3
METROGEL 1%	-	3
METROLOTION	-	3
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
crotamiton lotion (EURAX equiv)	-	3
ELIMITE CREAM	-	3
EURAX LOTION	-	3
lindane lotion	-	3
lindane shampoo	-	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
OVIDE LOTION (QL= 2 bottles/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
ACCU-CHEK TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
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
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
acetazolamide tab	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
DIAMOX SEQUEL CAP	-	3
NEPTAZANE TAB	-	3
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
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
ALDACTAZIDE TAB	-	3
ALDACTAZIDE TAB 50-50MG	-	3
DYAZIDE CAP	-	3
MAXZIDE TAB	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
DIURETICS Cont.		
toremide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
DEMADEX TAB	-	3
EDECIN TAB	-	3
LASIX TAB	-	3
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
ALDACTONE TAB	-	3
MIDAMOR TAB	-	3
CAROSPIR SUSP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
DIURETICS Cont.		
MICROZIDE CAP	-	3
ZAROXOLYN TAB	-	3
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
ALENDRONATE TAB 40MG	-	2
FORTICAL NASAL SPRAY	-	2
risedronate tab (ACTONEL equiv)	-	2
ACTONEL TAB	-	3
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	3
ETIDRONATE DISODIUM TAB 400MG	-	3
FOSAMAX+D TAB	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
SKELID TAB	-	3
pamidronate inj	M	M
ZOMETA INJ	M	M
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
TYMLOS INJ	LMSP	SP
CALCIUM REGULATORS - MISC.		
calcitonin nasal spray (MIACALCIN equiv)	-	2

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ALENDRONATE SOLN	-	3
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3
FOSAMAX TAB	-	3
MIACALCIN NASAL SPRAY	-	3
FORTEO INJ	LMSP	SP
MIACALCIN INJ	LMSP	SP
FERTILITY REGULATORS		
PREGNYL INJ	INF-M	M
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB	-	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
GENOTROPIN INJ	LMSP-PA	SP
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
EVISTA TAB	-	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	SP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	LMSP	SP
LUPRON DEPOT-PED INJ	LMSP	SP
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
cinacalcet tab (SENSIPAR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
SENSIPAR TAB	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
BUPHENYL POWDER	-	3
BUPHENYL TAB	-	3
CARNITOR SOLN	-	3

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CARNITOR TAB	-	3
HECTOROL CAP	-	3
ROCALTROL CAP	-	3
ROCALTROL SOLN	-	3
ZEMPLAR CAP	-	3
ALDURAZYME INJ	M	M
FABRAZYME INJ	M	M
GALAFOLD CAP	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
CALCITRIOL INJ	LMSP	SP
calcitriol inj (CALCIJEX equiv)	LMSP	SP
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	SP
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP

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Sendero Exchange Formulary

Category/Class

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	SP
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP INJ	-	3
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
SANDOSTATIN LAR INJ KIT	-	NC
octreotide inj (SANDOSTATIN equiv)	LMSP	SP
SANDOSTATIN INJ	LMSP	SP
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
SOMATULINE INJ	LMSP	SP
VASOPRESSIN RECEPTOR ANTAGONISTS		

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Sendero Exchange Formulary

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-341)	LD-PA-QL	SP
SAMSCA TAB	MSP	SP
ESTROGENS		
ESTROGEN COMBINATIONS		
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
ACTIVELLA TAB	-	3
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
estradiol/norethindrone tab (ACTIVELLA equiv)	-	3
FEMHRT TAB	-	3
PREFEST TAB	-	3
DUAVEE TAB	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	2

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DrugName	Special Code	Tier
ESTROGENS Cont.		
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
CLIMARA PATCH	-	3
DIVIGEL GEL, ELESTRIN GEL	-	3
ENJUVIA TAB	-	3
ESTRACE TAB	-	3
ESTRASORB EMULSION	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3
VIVELLE-DOT PATCH	-	3
FLUROQUINOLONES		
FLUROQUINOLONES		
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
AVELOX TAB	-	3

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FLUOROQUINOLONES Cont.		
CIPRO SUSP	-	3
CIPRO SUSP 5%	-	3
CIPRO TAB	-	3
CIPRO XR TAB	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
FACTIVE TAB	-	3
LEVAQUIN SOLN	-	3
LEVAQUIN TAB	-	3
NOROXIN TAB	-	3
PROQUIN XR TAB	-	3
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	-	NC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	SP
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3

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NC	generic	BRANDS
INF	Infertility	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	Over-the-Counter
PA	Prior Authorization	Quantity Limit
RS	Restricted to Specialist	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	Available through Specialty Pharmacy Program
ST	Step Therapy	Vaccine Program

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	PA	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
METZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
LIALDA TAB	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
AZULFIDINE EN TAB	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
DIPENTUM CAP	-	3
PENTASA CAP (Step Therapy requires trial of APRISO or LIALDA)	ST	3

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
SFROWASA ENEMA	-	3
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
mesalamine DR tab (LIALDA equiv)	-	NC
mesalamine tab (ASACOL equiv)	-	NC
ROWASA KIT	-	NC
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	SP
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	3
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
LOTRONEX TAB	-	3
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
SYMPROIC TAB	PA	2
MOVANTIK TAB	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC

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Category/Class

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
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
AURYXIA TAB	-	3
ELIPHOS TAB	-	3
FOSRENOL CHEW TAB	-	3
PHOSLO CAP	-	3
RENAGEL TAB	-	3
RENVELA TAB	-	3
VELPHORO CHEW TAB	-	3
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

CYTRA-3 SYRUP	-	1
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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
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 (UROCIT-K TAB equiv)	-	2
SHOHLs SOLN	-	2
POLYCITRA CRYSTAL PACK	-	3
POLYCITRA-LC SOLN	-	3
UROCIT-K TAB	-	3
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	SP
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride cap (AVODART equiv)	-	2

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Category/Class

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
dutasteride/tamsulosin cap (JALYN equiv)	-	2
RAPAFLO CAP (Restricted to Urology Specialist)	RS	2
silodosin cap (RAPAFLO equiv) (Restricted to Urology Specialist)	RS	2
CARDURA XL TAB	-	3
FLOMAX CAP	-	3
JALYN CAP	-	3
PROSCAR TAB	-	3
AVODART CAP	-	SP
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
PYRIDIUM TAB	-	3
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
MITIGARE CAP	-	2
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	2
ZYLOPRIM TAB	-	3

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
GOUT AGENTS Cont.		
COLCHICINE CAP	-	NC
COLCHICINE TAB, COLCRYS TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT	-	NC
HEMLIBRA INJ	MSP-PA	SP
COMPLEMENT INHIBITORS		
HAEGARDA INJ	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
TRENTAL TAB	-	3
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1

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Category/Class

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
prasugrel tab (EFFIENT equiv)	-	1
TICLOPIDINE TAB	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
AGGRENOX CAP	-	3
AGRYLIN CAP	-	3
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3
EFFIENT TAB	-	3
PERSANTINE TAB	-	3
PLAVIX TAB 75MG	-	3
PLETAL TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP	-	NC
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	SP
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	SP
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ENDARI POWDER PACK	-	NC
SIKLOS TAB	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	ST	2
EPOGEN INJ	-	2
PROCRIT INJ	-	2
RETACRIT INJ	-	2
DOPTELET TAB	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROMACTA POWDER	-	NC

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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

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
UDENYCA INJ	-	NC
FULPHILA INJ	LMSP	SP
GRANIX INJ	LMSP	SP
LEUKINE INJ	LMSP	SP
NEUMEGA INJ	LMSP	SP
NIVESTYM INJ	LMSP	SP
PROMACTA TAB	LMSP-PA	SP
ZARXIO INJ	LMSP	SP
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
CHROMAGEN FA TAB	-	3
FERREX 28 TAB	-	3
MULTIVITAMIN TAB	-	3
BIFERARX TAB	-	NC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
STEM CELL MOBILIZERS		
MOZOBIL INJ	M	M
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
AMICAR SOLN	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
AMICAR TAB	-	3
LYSTEDA TAB	-	3
CYKLOKAPRON INJ	M	M
tranexamic acid inj (CYKLOKAPRON equiv)	M	M
HYPNOTICS		

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DrugName	Special Code	Tier
HYPNOTICS Cont.		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	3
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
AMBIEN TAB (QL= 1 tab/day)	QL	3
HALCION TAB	-	3

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
LUNESTA TAB (QL= 1 tab/day)	QL	3
PROSOM TAB	-	3
RESTORIL CAP 15MG	-	3
RESTORIL CAP 22.5MG	-	3
RESTORIL CAP 30MG	-	3
RESTORIL CAP 7.5MG	-	3
SOMNOTE CAP	-	3
SONATA 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		

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DrugName	Special Code	Tier
LAXATIVES Cont.		
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 (Step Therapy requires trial of CLENPIQ)	ST	3
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
PREPOPIK PAK	-	NC
SUCLEAR KIT	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
KRISTALOSE PACKET	-	3
lactulose pack	-	3
GIALAX KIT	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC

SALINE LAXATIVES

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
LAXATIVES Cont.		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
BIAXIN SUSP	-	3
BIAXIN TAB	-	3
BIAXIN XL TAB	-	3
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin stearate tab	-	2

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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DrugName	Special Code	Tier
MACROLIDES Cont.		
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERYPED SUSP	-	3
ERYPED SUSP 200MG/5ML	-	3
ERY-TAB	-	3
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
PCE TAB	-	3
FIDAXOMICIN		
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		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
DIABETIC SUPPLIES		
ACCU-CHECK GUIDE CARE METER	OTC	\$0
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
OMNIPOD PODS (QL= 10 pods/month)	QL	2

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3
DIABETIC METER (all other diabetic meters)	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	2
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/cafeine/acetaminophen tab (PRODRIN equiv)	-	NC
PRODRIN TAB	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	3
ERGOMAR SL TAB	-	3
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
EMGALITY INJ (QL=1 inj/28 days)	PA-QL	2
AJOVY INJ	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
eletriptan tab (RELPAQ equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3

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MIGRAINE PRODUCTS Cont.		
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
RELPAX TAB (QL= 9 tabs/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
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
ONZETRA XSAIL	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC

MINERALS & ELECTROLYTES

CHLORIDE

AMMONIUM CHLORIDE INJ	M	M
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FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; A - other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1
MAGNESIUM		
magnesium sulfate inj	M	M
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
K-PHOS NEUTRAL TAB	-	3
POTASSIUM		
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

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
potassium chloride soln	-	1
KLOR-CON M15 TAB	-	2
KLOR-CON POWDER PACKET	-	3
KLOR-CON POWDER PACKET 25MEQ	-	3
KLOR-CON TAB	-	3
MICRO-K CAP	-	3
SODIUM		
sodium chloride inj	M	M
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
SYPRINE CAP	MSP-PA	SP
trientine cap (SYPRINE equiv)	MSP-PA	SP
IMMUNOSUPPRESSIVE AGENTS		
CYCLOSPORINE MODIFIED CAP	-	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	SP
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	SP
MOUTH/THROAT/DENTAL AGENTS		

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MOUTH/THROAT/DENTAL AGENTS Cont.		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
LTA 360 KIT	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3
FIRST MARYS MOUTHWASH	-	3
MYCELEX TROCHES	-	3
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DEBACTEROL SOLN	-	NC
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; - All other members covered at preferred brand copay)		\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or - younger; All other members covered at generic copay)		\$0

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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 GEL	-	2
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
EVOXAC CAP	-	3
SALAGEN TAB	-	3
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1

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MULTIVITAMINS Cont.		
renaphro cap (NEPHROCAP equiv)	-	1
DIATZ ZN TAB	-	3
NEPHROCAP	-	3
NEPHRO-VITE TAB	-	3
FIBRIK CAP	-	NC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
STROVITE TAB	-	3
V-C FORTE CAP	-	3
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
pediatric multiple vitamins/fluoride chew tab	-	3
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR SUSP	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		

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MULTIVITAMINS Cont.		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
CITRANATAL CAP MEDLEY	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv)	-	1
CHLORZOXAZONE TAB 500MG	-	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
FEXMID TAB	-	3
FLEXERIL TAB	-	3
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
PARAFON FORTE TAB	-	3
ROBAXIN TAB	-	3

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
SKELAXIN TAB	-	3
SOMA TAB	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
ZANAFLEX CAP	-	3
ZANAFLEX TAB	-	3
BACLOFEN TAB	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
DANTRIUM CAP	-	3
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		

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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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASAL AGENT COMBINATIONS		
DYMISTA NASAL SPRAY	PA	3
AZENASE PAK	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	3
PATANASE NASAL SPRAY	-	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
ATROVENT NASAL SPRAY	-	3
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
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

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NC	generic	BRANDS
INF	Infertility	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	Over-the-Counter
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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC
NASACORT AQ NASAL SPRAY	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	3

NEUROMUSCULAR AGENTS

ALS AGENTS

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

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

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MSP	Mandatory Specialty Pharmacy Program		OTC		Over-the-Counter
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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
LACRISERT OPHTH INSERT	-	2
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
TIMOLOL OPHTH GEL SOLN	-	2
BETAGAN OPHTH SOLN	-	3
COSOPT (PF) OPHTH SOLN	-	3
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
TIMOPTIC OPHTH SOLN	-	3
TIMOPTIC-XE OPHTH GEL	-	3

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
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
CYCLOGYL OPHTH SOLN	-	3
ISOPTO ATROPINE OPHTH SOLN	-	3
MYDRIACYL OPHTH SOLN	-	3
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
ISOPTO CARPINE OPHTH SOLN	-	3
PILOPINE HS OPHTH GEL	-	3
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
ALPHAGAN P OPHTH SOLN 0.15%	-	3
IOPIDINE OPHTH SOLN	-	3
LUMIFY OPHTH SOLN	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
BLEPH-10 OPHTH SOLN	-	3
CILOXAN OPHTH OINT	-	3
CILOXAN OPHTH SOLN	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
NATACYN OPHTH SUSP	-	3
NEOSPORIN OPHTH SOLN	-	3
OCUFLOX OPHTH SOLN	-	3
POLYTRIM OPHTH SOLN	-	3
TOBREX OPHTH OINT	-	3
TOBREX OPHTH SOLN	-	3
VIGAMOX OPHTH SOLN	-	3
VIROPTIC OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN	-	NC
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv)	-	1
MYDFRIN OPHTH SOLN	-	3

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
naphazoline ophth soln	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
ALCAINE OPHTH SOLN	-	3
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1
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
CORTISPORIN OPHTH SOLN	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
FML LIQUIFLIM OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
MAXITROL OPHTH OINT	-	3
MAXITROL OPHTH SUSP	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX OPHTH SOLN	-	3
TOBRADEX ST OPHTH SUSP	-	3
INVELTYS OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
ALAMAST OPHTH SOLN	-	2
ALOCRIL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
AZOPT OPHTH SUSP	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	2
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	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
PROLENSA OPHTH SOLN	-	2
ACULAR (LS) OPHTH SOLN	-	3
ACUVAIL OPHTH SOLN	-	3
BEPREVE OPHTH SOLN	-	3
CROLOM OPHTH SOLN	-	3
ELESTAT OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
OCUFEN OPHTH SOLN	-	3
OPTIVAR OPHTH SOLN	-	3
PATANOL OPHTH SOLN	-	3
TRUSOPT OPHTH SOLN	-	3
VOLTAREN OPHTH SOLN	-	3

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
BROMSITE OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
PROSTAGLANDINS - OPHTHALMIC		
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= 2.5ml/30 days)	QL	2
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day)	PA-QL	3
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
CRESYLATE OTIC SOLN	-	3
VOSOL OTIC SOLN	-	3
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv)	-	1

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	3
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN 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
CORTANE-B AQUEOUS OTIC SOLN	-	3
CORTISPORIN OTIC SOLN	-	3
OTOZIN OTIC DROPS	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
DERMOTIC OIL	-	3

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Sendero Exchange Formulary

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Last Updated* 2/1/2019

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
VOSOL HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP	SP
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	MSP-PA	\$0
PENICILLINS		
AMINOPENICILLINS		
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	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
PENICILLINS Cont.		
PENICILLIN VK SOLN	-	1
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3
AUGMENTIN ES-600 SUSP	-	3
AUGMENTIN SUSP	-	3
AUGMENTIN TAB	-	3
AUGMENTIN XR TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	2
AYGESTIN TAB	-	3

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Sendero Exchange Formulary

Category/Class

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PROGESTINS Cont.		
MEGACE ES SUSP	-	3
megestrol ES susp (MEGACE ES equiv)	-	3
PROMETRIUM CAP	-	3
PROVERA TAB	-	3
progesterone oil inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTABUSE TAB	-	3
CAMPRAL TAB	-	3
LUCEMYRA TAB	-	NC
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharma 866-997-3688)	LD-PA-QL	SP
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2

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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

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
EXELON SOLN	-	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine sol (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
ARICEPT ODT (QL= 1 tab/day)	QL	3
ARICEPT TAB (QL= 2 tabs/day)	QL	3
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10m	QL-ST	3
EXELON CAP	-	3
EXELON PATCH	-	3
NAMENDA SOL	-	3
NAMENDA TAB	-	3
RAZADYNE ER CAP	-	3
RAZADYNE SOLN	-	3
RAZADYNE TAB	-	3
NAMENDA XR CAP	-	NC
COMBINATION PSYCHOTHERAPEUTICS		

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Sendero Exchange Formulary

Category/Class

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LIMBITROL TAB	-	3
SYMBYAX CAP	-	3
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	SP
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB (QL= 2 tabs/day)	LMSP-PA-QL	3
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	3
TYSABRI INJ	M	M
COPAXONE INJ	-	NC
ZINBRYTA INJ	-	NC
AUBAGIO TAB	LMSP	SP

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AVONEX INJ	LMSP	SP
EXTAVIA INJ	LMSP	SP
GILENYA CAP	LMSP	SP
glatiramer inj (COPAXONE equiv)	LMSP	SP
PLEGRIDY INJ	LMSP	SP
PLEGRIDY PEN INJ	LMSP	SP
REBIF INJ	LMSP	SP
TECFIDERA CAP	LMSP	SP
TECFIDERA STARTER PACK	LMSP	SP
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	3
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ergoloid mesylates tab (HYDERGINE equiv)	-	3

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ORAP TAB	-	3
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT (Limited to 180 days/plan year)	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
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-S F	SP
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	SP
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	MSP-PA-QL-S F	SP
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP
PULMOZYME INH SOLN	LMSP	SP
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	SP
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL- SF	SP
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL- SF	SP
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL- SF	SP
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP
SULFONAMIDES		

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
SULFONAMIDES Cont.		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
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
minocycline cap (MINOCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
ADOXA TAB	-	3
demeclocycline tab (DECLOMYCIN equiv)	-	3
DORYX TAB	-	3
DOXYCYCLINE HYCLATE DR CAP	-	3
doxycycline hyclate DR tab (DORYX equiv)	-	3
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3
DYNACIN TAB	-	3

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
MINOCIN CAP	-	3
MONODOX CAP	-	3
ORAXYL CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN CAP	-	3
VIBRAMYCIN SUSP	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TARGADOX TAB	-	NC
XIMINO CAP	-	NC
THYROID AGENTS		

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	1
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Category/Class

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DrugName	Special Code	Tier
THYROID AGENTS Cont.		
propylthiouracil tab	-	1
TAPAZOLE TAB	-	3
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
CYTOMEL TAB	-	3
TIROSINT CAP	-	3
levothyroxine tab (SYNTHROID equiv)	-	NC
ULCER DRUGS		
ANTISPASMODICS		
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

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
ANASPAZ ODT	-	3
BENTYL CAP	-	3
BENTYL SYRUP	-	3
BENTYL TAB	-	3
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
LEVBID TAB	-	3
LEVSIN INJ	-	3
LEVSIN SL TAB	-	3
LEVSIN SOLN	-	3
LEVSIN TAB	-	3
LEVSINEX CAP	-	3
methscopolamine tab (PAMINE equiv)	-	3
PAMINE TAB	-	3
ROBINUL TAB	-	3
SYMAX DUOTAB	-	3
atropine inj	M	M
ATROPINE SULFATE INJ	M	M

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
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
PEPCID SUSP	-	2
AXID CAP	-	3
AXID SOLN	-	3
nizatidine soln (AXID equiv)	-	3
PEPCID TAB	-	3
TAGAMET TAB	-	3

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ZANTAC CAP	-	3
ZANTAC EFFER TAB	-	3
ZANTAC GRANULE PACKET	-	3
ZANTAC SYRUP	-	3
ZANTAC TAB	-	3
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE SUSP	-	2
CARAFATE TAB	-	3
PROTON PUMP INHIBITORS		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID OTC CAP	OTC	1
esomeprazole cap (NEXIUM equiv)	-	3
ESOMEPRAZOLE INJ	-	3
esomeprazole inj (NEXIUM I.V. equiv)	-	3
FIRST OMEPRAZOLE SUSP	-	3
lansoprazole cap (PREVACID equiv)	OTC	3
LANSOPRAZOLE SUSP	-	3
rabeprazole EC tab (ACIPHEX equiv)	-	3
ACIPHEX SPRINKLE CAP	-	NC
ACIPHEX TAB	-	NC

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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

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.

Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
OMEPRAZOLE TAB	OTC	NC
PREVACID CAP	-	NC
PREVACID SOLUTAB	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX EC TAB	-	NC
PROTONIX PAK	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	1
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3
PREVPAC KIT	-	3
PYLERA CAP	-	3
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC

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LMSP	Lumicera Mandatory Specialty Pharmacy Program		M		Medical Benefit
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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA cap	-	NC
URINARY ANTI-INFECTIVES		
METHENAMINE MANDELATE TAB	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
FURADANTIN SUSP	-	2
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
MONUROL GRANULE PACK	-	3

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv)	-	2
VESICARE TAB	-	2
DETROL TAB	-	3
DITROPAN XL TAB	-	3
GELNIQUE	-	3
OXYTROL PATCH	PA	3
SANCTURA TAB	-	3
SANCTURA XR CAP	PA	3
TOVIAZ TAB	PA	3
tropium chloride SR cap (SANCTURA XR equiv)	PA	3
tropium tab (SANCTURA equiv)	-	3
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	2
darifenacin SR tab (ENABLEX equiv)	PA	3
DETROL LA CAP	-	3
ENABLEX TAB	PA	3

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	3
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2
VAXCHORA SUSP	-	NC
VIRAL VACCINES		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE 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

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
VACCINES Cont.		
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUADRIVALENT INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
HEPLISAV-B INJ	VAC	NC
SHINGRIX INJ	VAC	NC
STAMARIL INJ	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONCEPTROL GEL	OTC	\$0
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
TERAZOL SUPP	-	3
GYNAZOLE CREAM	-	NC
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (1 QL tabs on first fill))	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2

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Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
ESTRACE VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	3
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2
epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill)	QL	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENALICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ, EPIPEN JR INJ	-	NC
EPIPEN INJ 0.3MG	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
PROAMATINE TAB	-	3

VITAMINS

MISC. NUTRITIONAL FACTORS

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Sendero Exchange Formulary

Category/Class

Last Updated* 2/1/2019

DrugName	Special Code	Tier
VITAMINS Cont.		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
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
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
DRISDOL CAP	-	3
MEPHYTON TAB	-	3
ERGOCAL CAP	-	NC
WATER SOLUBLE VITAMINS		
niacin cap	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
NIACIN TR TAB	OTC	1
niacinamide tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
POTABA CAP	-	3
SLO-NIACIN TAB	OTC	3

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Sendero Exchange Formulary
Prior Authorization Drug List
Last Updated* 2/1/2019

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	3
ABILIFY SOLN	3
abiraterone tab 250mg	SP
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	SP
ACTEMRA SC INJ	SP
ACTIMMUNE INJ	SP
ACTIQ LOZENGE	3
adapalene cream	2
adapalene gel	2
ADAPALENE LOTION	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADCIRCA TAB	SP
ADEMPAS TAB	SP
AFINITOR DISPERZ	SP
AFINITOR TAB	SP
AIMOVIG INJ	2
ALECENSA CAP	SP
ALINIA SUSP	2
ALINIA TAB	2
ALUNBRIG TAB 30MG	SP

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ALUNBRIG TAB 90MG, 180MG	SP
AMCINONIDE LOTION	3
AMCINONIDE OINT	3
AMITIZA CAP	3
AMPYRA TAB	3
ANDRODERM PATCH	2
ANDROGEL 1% 25MG	3
ANDROGEL 1% 50MG, TESTIM GEL 1%	3
ANDROGEL 1.62% 1.25GM	3
ANDROGEL 1.62% 2.5GM	3
ANDROGEL PUMP 1%	3
ANDROGEL PUMP 1.62%	3
ANDROID CAP, TESTRED CAP	3
aripiprazole ODT	3
aripiprazole soln	3
ARIXTRA INJ	3
armodafinil tab	2
ATRALIN GEL, RETIN-A GEL	3
AXIRON SOLN	3
AZELEX CREAM	3
BENLYSTA AUTO-INJECTOR	SP

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BENLYSTA INJ	SP
BENZNIDAZOLE TAB	2
bexarotene cap	SP
BOSULIF TAB	SP
budesonide ER tab	3
CABOMETYX TAB	SP
CALQUENCE CAP	SP
CAPRELSA TAB	SP
CARBAGLU TAB	SP
CHOLBAM CAP	SP
CIALIS TAB 2.5MG, 5MG	3
CIMZIA INJ	SP
CIMZIA STARTER INJ KIT	SP
CLARINEX SYRUP	3
clobetasol foam	3
clobetasol lotion	3
clobetasol shampoo	3
clobetasol spray	3
CLOBEX LOTION	3
CLOBEX SHAMPOO	3
CLOBEX SPRAY	3

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
COMETRIQ KIT	SP
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	SP
COSENTYX INJ (2-PACK)	SP
COTELLIC TAB	SP
CRINONE GEL	2
cycloserine cap	3
CYSTAGON CAP	SP
CYSTARAN OPHTH SOLN	SP
dalfampridine ER tab	3
DARAPRIM TAB	SP
darifenacin SR tab	3
DESCOVY TAB	SP
DESLORATADINE ODT	3
desloratadine tab	3
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
diclofenac gel	3
DIFFERIN CREAM	3
DIFFERIN GEL	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DIFFERIN LOTION	3
DIFFERIN OTC GEL 0.1%	1
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOFIN CREAM	3
dronabinol cap	2
DUPIXENT INJ	SP
DYMISTA NASAL SPRAY	3
EMGALITY INJ	2
ENABLEX TAB	3
ENBREL INJ 25MG	SP
ENBREL INJ 50MG	SP
ENBREL MINI INJ	SP
ENBREL SURECLICK INJ 50MG	SP
ENDOMETRIN INSERT	2
ENTRESTO TAB	2
EPANED PREMIXED SOLN	3
EPANED SOLN	3
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB	SP
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ERIVEDGE CAP	SP
ESBRIET CAP	SP
ESBRIET TAB 267MG	SP
ESBRIET TAB 801MG	SP
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	SP
fentanyl citrate lollipop	2
FENTORA TAB	3
FERRIPROX SOLN	SP
FERRIPROX TAB	SP
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
fondaparinux inj	2
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
GENOTROPIN INJ	SP
GILOTRIF TAB	SP
HARVONI TAB, LEDIPASVIR/SOFOSBUVIR TAB	SP
HEMLIBRA INJ	SP

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HUMIRA INJ 10MG	SP
HUMIRA INJ 20MG	SP
HUMIRA INJ 40MG	SP
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	SP
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	SP
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACI	SP
HUMIRA PEN INJ 40MG	SP
HYCAMTIN CAP	SP
IBRANCE CAP	SP
ICLUSIG TAB	SP
IDHIFA TAB	SP
imatinib tab	SP
IMBRUVICA CAP 140MG	SP
IMBRUVICA CAP 70MG	SP
IMBRUVICA TAB	SP
INCIVEK TAB	SP
INLYTA TAB	SP
INVEGA TAB	3
INVOKAMET TAB	3

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
INVOKANA TAB	3
IRESSA TAB	SP
itraconazole cap	2
itraconazole soln	3
JAKAFI TAB	SP
JYNARQUE PAK	SP
KALYDECO PAK	SP
KALYDECO TAB	SP
KEVZARA INJ	SP
KINERET INJ	SP
KISQALI PAK	SP
KISQALI TAB	SP
KORLYM TAB	SP
KUVAN POWDER PACK	SP
KUVAN TAB	SP
LAZANDA NASAL SPRAY	3
LENVIMA CAP	SP
LETAIRIS TAB	SP
LINZESS CAP	3
LONSURF TAB	SP
LYNPARZA CAP	SP

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
LYNPARZA TAB	SP
MARINOL CAP	3
MAVYRET TAB	SP
MEKINIST TAB	SP
METHITEST TAB	3
METHYLTESTOSTERONE CAP	3
miglustat cap	SP
modafinil tab	2
NATPARA INJ	SP
NERLYNX TAB	SP
NEXAVAR TAB	SP
NINLARO CAP	SP
NUEDEXTA CAP	2
NUVIGIL TAB	3
OCALIVA TAB	SP
ODACTRA SL TAB	3
ODOMZO CAP	SP
OFEV CAP	SP
OLUMIANT TAB	SP
OLUX FOAM	3
OPSUMIT TAB	SP

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORENCIA CLICK INJ	SP
ORENCIA SC INJ 125MG/ML	SP
ORENCIA SC INJ 50MG/0.4ML	SP
ORENCIA SC INJ 87.5MG/0.7ML	SP
ORKAMBI GRANULES PACKET	SP
ORKAMBI TAB	SP
OTEZLA STARTER PACK	SP
OTEZLA TAB	SP
OXYTROL PATCH	3
paliperidone ER tab	2
PALYNZIQ INJ	SP
PANRETIN GEL	SP
PRALUENT INJ	SP
PROGESTERONE SUPP	3
PROMACTA TAB	SP
PROVIGIL TAB	3
QBRELIS SOLN	3
REPATHA INJ	SP
REPATHA PUSHTRONEX INJ	SP
RETIN-A CREAM	3
RETIN-A MICRO GEL 0.04%, 0.1%	2

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
REVATIO TAB	3
REVLIMID CAP	SP
RIFATER TAB	3
RUBRACA TAB	SP
RYDAPT CAP	SP
SABRIL POWDER PACK	SP
SABRIL TAB	SP
SANCTURA XR CAP	3
SAPHRIS SL TAB	3
SIGNIFOR INJ	SP
sildenafil tab 20mg	1
SIRTURO TAB	SP
SKLICE LOTION	3
SOLARAZE GEL	3
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	SP
SPIRIVA HANDIHALER	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	3
SPORANOX CAP	3
SPORANOX SOLN	3
SPRYCEL TAB	SP

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
STIVARGA TAB	SP
STRENSIQ INJ	SP
SUTENT CAP	SP
SYLATRON INJ	SP
SYMDEKO TAB	SP
SYMPROIC TAB	2
SYNAGIS INJ	\$0
SYPRINE CAP	SP
tadalafil tab (PAH)	SP
tadalafil tab 2.5mg, 5mg	2
TAFINLAR CAP	SP
TAGRISSE TAB	SP
TARCEVA TAB	SP
TARGRETIN CAP	SP
TASIGNA CAP	SP
TAVALISSE TAB	SP
TESTOSTERONE GEL 1% 25MG	2
TESTOSTERONE GEL 1% 50MG	2
testosterone gel 1% pump	2
testosterone gel 1.62% 1.25gm	2
testosterone gel 1.62% 2.5gm	2

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
testosterone gel 2%	3
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	2
TESTOSTERONE GEL, VOGELXO GEL	3
testosterone soln	3
tetrabenazine tab	SP
THALOMID CAP	SP
TOVIAZ TAB	3
TRACLEER TAB 32MG	SP
TRACLEER TAB 62.5MG, 125MG	SP
TRECATOR TAB	3
tretinoin cream	2
tretinoin gel	2
TRETIN-X CREAM	3
trientine cap	SP
TRINTELLIX TAB	3
tropium chloride SR cap	3
TRUVADA TAB	SP
TYKERB TAB	SP
TYVASO INH SOLN	SP
TYZEKA TAB	SP

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 2/1/2019**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
UCERIS RECTAL FOAM	3
UCERIS TAB	3
UPTRAVI TAB	SP
VALCHLOR GEL	SP
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	SP
VENCLEXTA TAB	SP
VENTAVIS INH SOLN	SP
VERZENIO TAB	SP
VICTRELIS CAP	SP
vigabatrin powder pack	SP
vigabatrin tab	SP
VOSEVI TAB	SP
VOTRIENT TAB	SP
XADAGO TAB	3
XALKORI CAP	SP
XELJANZ TAB	SP
XELJANZ XR TAB	SP
XIFAXAN TAB 550MG	3
XTANDI CAP	SP
XULTOPHY INJ	2

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Sendero Exchange Formulary cont.

Prior Authorization Drug List

Last Updated* 2/1/2019

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
XYREM SOLN	SP
ZAVESCA CAP	SP
ZEJULA CAP	SP
ZELBORAF TAB	SP
ZIOPTAN OPHTH SOLN	3
ZOLINZA CAP	SP
ZORTRESS TAB	SP
ZYDELIG TAB	SP
ZYKADIA CAP	SP
ZYTIGA TAB 250MG	SP
ZYTIGA TAB 500MG	SP

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Sendero Exchange Formulary

Last Updated* 2/1/2019

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	cholecalciferol cap 50000 unit	CONCEPTROL GEL
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
DIFFERIN OTC GEL 0.1%	FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUID
ferrous sulfate soln	FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg
guaifenesin/codeine syrup	HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ
HUMULIN N PEN INJ	HUMULIN R INJ	IRON SUSP	ketotifen ophth soln
LANCET DEVICE	LANCET KIT	LANCETS	lansoprazole cap
levonorgestrel tab	meclizine chew tab	meclizine tab	NASACORT OTC NASAL SPRAY
niacin cap	niacin CR tab	niacin tab	NIACIN TR TAB

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niacinamide tab	NICODERM PATCH	NICORETTE GUM	NICORETTE LOZENGE
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOFINE PEN	NOVOLIN INJ	NOVOTWIST PEN	NOVOTWIST/NOVOFINE
NEEDLE		NEEDLE	PEN NEEDLE
PEAK FLOW METER	PLAN B TAB	PREVACID OTC CAP	SLO-NIACIN TAB
TODAY SPONGE	triamcinolone OTC nasal	vcf vaginal gel	vitamin D cap 1000unit
	spray		
vitamin D cap 400unit	VITAMIN D TAB 400UNIT	ZEGERID CAP OTC	

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Sendero Exchange Formulary

Last Updated* 2/1/2019

Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTIMMUNE INJ
ADCIRCA TAB	adefovir dipivoxil tab	ADEMPAS TAB	AFINITOR DISPERZ
AFINITOR TAB	ALECENSA CAP	ALFERON-N INJ	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	AMPYRA TAB	APOKYN INJ	AUBAGIO TAB
AVONEX INJ	BENLYSTA AUTO-INJECTOR	BENLYSTA INJ	bexarotene cap
BOSULIF TAB	CABOMETYX TAB	calcitriol inj	CALQUENCE CAP
capecitabine tab	CAPRELSA TAB	CARBAGLU TAB	CAYSTON INH SOLN
CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT	COMETRIQ KIT
COPEGUS TAB	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COTELLIC TAB
CYSTAGON CAP	CYSTARAN OPHTH SOLN	dalfampridine ER tab	DARAPRIM TAB
DUPIXENT INJ	ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG	EPCLUSA TAB, SOFOSBUVIR/VELPATA SVIR TAB	ERIVEDGE CAP	ESBRIET CAP
ESBRIET TAB 267MG	ESBRIET TAB 801MG	etoposide cap	EXJADE TAB

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EXTAVIA INJ	FARYDAK CAP	FERRIPROX SOLN	FERRIPROX TAB
FORTEO INJ	FULPHILA INJ	FUZEON INJ	GENOTROPIN INJ
GILENYA CAP	GILOTRIF TAB	glatiramer inj	GRANIX INJ
HARVONI TAB,	HEMLIBRA INJ	HEPSERA TAB	HIZENTRA INJ
LEDIPASVIR/SOFOSBUV			
IR TAB			
HUMIRA INJ 10MG	HUMIRA INJ 20MG	HUMIRA INJ 40MG	HUMIRA INJ
			CROHNS/UC/HIDRADENI
			TIS STARTER PACK
HUMIRA INJ PEDIATRIC	HUMIRA INJ	HUMIRA PEN INJ 40MG	HYCAMTIN CAP
CROHNS STARTER	PSORIASIS/UVEITIS		
PACK	STARTER PACK		
IBRANCE CAP	ICLUSIG TAB	IDHIFA TAB	imatinib tab
IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCIVEK 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	leuprolide inj	LONSURF TAB	LUPRON DEPOT INJ
LUPRON DEPOT PED	LUPRON DEPOT-PED	LYNPARZA CAP	LYNPARZA TAB
INJ	INJ		
LYSODREN TAB	MAVYRET TAB	MEKINIST TAB	MESNEX TAB
MIACALCIN INJ	miglustat cap	MODERIBA DOSE PACK	MODERIBA PAK
MYLERAN TAB	NATPARA INJ	NERLYNX TAB	NEUMEGA INJ
NEXAVAR TAB	nilutamide tab	NINLARO CAP	NIVESTYM INJ
OCALIVA TAB	octreotide inj	ODOMZO CAP	OFEV CAP
OLUMIANT TAB	OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ
			125MG/ML

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ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORKAMBI GRANULES PACKET	ORKAMBI TAB
OTEZLA STARTER PACK	OTEZLA TAB	PALYNZIQ INJ	PANRETIN GEL
PEGASYS INJ	PEGASYS INJ KIT	PEG-INTRON INJ	PLEGRIDY INJ
PLEGRIDY PEN INJ	PRALUENT INJ	PROMACTA TAB	PULMOZYME INH SOLN
REBETOL CAP	REBETOL SOLN	REBIF INJ	REPATHA INJ
REPATHA	REVLIMID CAP	ribavirin cap	ribavirin tab
PUSHTRONEX INJ			
RUBRACA TAB	RYDAPT CAP	SABRIL POWDER PACK	SABRIL TAB
SAMSCA TAB	SANDOSTATIN INJ	SIGNIFOR INJ	SIRTURO TAB
SOMATULINE INJ	SOMAVERT INJ	SPRYCEL TAB	STIVARGA TAB
STRENSIQ INJ	SUTENT CAP	SYLATRON INJ	SYMDEKO TAB
SYNAGIS INJ	SYPRINE CAP	tadalafil tab (PAH)	TAFINLAR CAP
TAGRISSE TAB	TARCEVA TAB	TARGRETIN CAP	TARGRETIN GEL
TASIGNA CAP	TAVALISSE TAB	TECFIDERA CAP	TECFIDERA STARTER PACK
			THALOMID CAP
TEMODAR CAP	temozolomide cap	tetrabenazine tab	TRACLEER TAB 62.5MG, 125MG
TOBI PODHALER	tobramycin neb soln	TRACLEER TAB 32MG	
			TYMLOS INJ
tretinoin cap	trientine cap	TYKERB TAB	VENCLEXTA STARTER PACK
TYVASO INH SOLN	UPTRAVI TAB	VALCHLOR GEL	VICTRELIS CAP
			VOTRIENT TAB
VENCLEXTA TAB	VENTAVIS INH SOLN	VERZENIO TAB	XELODA TAB
vigabatrin powder pack	vigabatrin tab	VOSEVI TAB	ZAVESCA CAP
XALKORI CAP	XELJANZ TAB	XELJANZ XR TAB	ZYDELIG TAB
XTANDI CAP	XYREM SOLN	ZARXIO INJ	
ZEJULA CAP	ZELBORAF TAB	ZOLINZA CAP	
ZYKADIA CAP	ZYTIGA TAB 250MG	ZYTIGA TAB 500MG	

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Sendero Exchange Formulary

Last Updated* 2/1/2019

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
APIDRA INJ	Step Therapy requires trial of NOVOLOG
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG
ARANESP INJ	Step Therapy requires trial of EPOGEN or PROCRIT
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
ATELVIA TAB	Step Therapy requires trial of alendronate
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone triamcinolone or mometasone
budesonide SR cap	Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine
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
HUMALOG INJ, ADMELOG INJ	Step Therapy requires trial of NOVOLOG
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG
HUMALOG MIX INJ	Step Therapy requires trial of NOVOLOG
HUMALOG MIX KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
HUMALOG PEN INJ	Step Therapy requires trial of NOVOLOG
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN

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.

Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
LUVOX CR CAP	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
MOVIPREP SOLN	Step Therapy requires trial of CLENPIQ
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
NORITATE CREAM	Step Therapy requires trial of FINACEA
PENTASA CAP	Step Therapy requires trial of APRISO or LIALDA
PEXEVA TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
SUPREP SOLN	Step Therapy requires trial of CLENPIQ
ULORIC TAB	Step Therapy requires trial of allopurinol
VANCOGIN CAP	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
VIRAMUNE XR TAB	Step Therapy requires trial of nevirapine
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone

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.

Sendero Exchange Formulary
Smoking Cessation Agents
Last Updated* 2/1/2019

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX PAK(Limited to 180 days/plan year)	\$0
CHANTIX TAB(Limited to 180 days/plan year)	\$0
NICODERM PATCH(Limited to 180 days/plan year)	\$0
NICORETTE GUM(Limited to 180 days/plan year)	\$0
NICORETTE LOZENGE(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT(Limited to 180 days/plan year)	\$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
ZYBAN TAB(Limited to 180 days/plan year)	\$0

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

Sendero Exchange Formulary

Infertility Drug List

Last Updated* 2/1/2019

Drug Name	Tier # for Drug Copay
leuprolide inj	SP
LUPRON DEPOT INJ	SP
PREGNYL INJ	M

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Sendero Exchange Formulary

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTIQ LOZENGE	QL= 120 units/30 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
AIMOVIG INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
almotriptan tab	QL= 9 tabs/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
AMBIEN TAB	QL= 1 tab/day
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days
AMPYRA TAB	QL= 2 tabs/day
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 1 packet/day

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 2 packets/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
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
ARICEPT ODT	QL= 1 tab/day
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
AVINZA CAP	QL= 2 caps/day
AXERT TAB	QL= 9 tabs/fill, 2 fills/30 days
AXIRON SOLN	QL= 2 bottles/30 days
BARACLUDE TAB	QL= 1 tab/day
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: fluticasone, fluticasone, triamcinolone or mometasone
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BENLYSTA INJ	QL= 4 inj/28 day
bimatoprost ophth soln	QL= 2.5ml/30 days
BONIVA TAB 150MG	QL= 1 tab/30 days
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
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
BUTRANS PATCH	QL= 4 patches/28 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CELEBREX CAP	QL= 2 caps/day
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Prior Authorization for BPH

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.

Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
COLEMAN BOTANICALS INSECT SPRAY	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
COLEMAN HIGH-DRY SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
COLEMAN SKINSMART	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CRESTOR TAB	QL= 1 tab/day
CRESTOR TAB 20MG	QL= 1.5 tabs/day
CUTTER BACKWOODS DRY SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
CUTTER BACKWOODS SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
CUTTER LEMON EUCALYPTUS SPRAY	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
diclofenac gel	QL= 300gm/30 days
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
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
EMEND PAK	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
EMGALITY INJ	QL=1 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 syringes/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
epinephrine pen inj 0.3mg	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
eszopiclone tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FETZIMA TITRATION PACK	QL= 1 cap/day
FLECTOR PATCH	QL= 30 patches/fill
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
FROVA TAB	QL= 9 tabs/fill, 2 fills/30 days
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
HARVONI TAB, LEDIPASVIR/SOFOSBUVIR 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

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMIRA INJ 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
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/chlorpheniramine CR sus _p	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudo _e phedrine liquid	QL= 120ml/fill, 2 fills/30 days
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
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
IMITREX VIAL INJ	QL= 5 inj/fill, 2 fills/30 days
INLYTA TAB	QL= 8 tabs/day
INSECT REPELLENT SPRAY 20%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
INVOKAMET TAB	QL= 2 tabs/day
INVOKANA TAB	QL= 1 tab/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE 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
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

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KISQALI TAB	QL= 63 tabs/28 days
KYTRIL TAB	QL= 9 tabs/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
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
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
LOVENOX INJ	QL= 17 days supply
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUNESTA TAB	QL= 1 tab/day
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
medroxyprogesterone inj	QL= 1 inj/90 days
METHERGINE TAB	QL= 28 tabs/fill, 1 fill/365 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
mometasone nasal spray	QL= 2 bottles/fill
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATRAPEL SPRAY 20%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
NATROBA SUSP	QL= 1 bottle/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
NUVIGIL TAB	QL= 1 tab/day
OICALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
OFF DEEP WOODS DRY SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
OFF DEEP WOODS SPORTSMEN SPRAY 30%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
OFF DEEP WOODS SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
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

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORKAMBI GRANULES PACKET	QL= 2 packets/day
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
OVIDE LOTION	QL= 2 bottles/fill
OZEMPIC INJ	QL= 1 pack/28 days
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
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
POTIGA TAB 50MG	QL= 9 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PROAIR HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
PROVIGIL TAB	QL= 2 tabs/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RELPAK TAB	QL= 9 tabs/fill, 2 fills/30 days
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REPEL HUNTER'S SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
REPEL LEMON EUCALYPTUS SPRAY 30%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
REPEL SPORTSMEN DRY SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
REPEL SPORTSMEN MAX SPRAY 40%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
REPEL SPORTSMEN SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
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

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Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
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
SIRTURO TAB	QL= 4 tabs/day
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SOLARAZE GEL	QL= 300gm/30 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREC DULERA, or FLUTICASONE/SALMETEROL
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

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SYMDEKO TAB	QL= 2 tabs/day
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Prior Authorization for BPH
TAFINLAR CAP	QL= 4 caps/day
TAGRISSE TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days

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

Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
testosterone soln	QL= 2 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
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPHTH SOLN	QL= 2.5ml/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered ; generic copay; Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days
TUSSIONEX SUSP	QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
UCERIS TAB	QL= 1 tab/day
ULESFIA LOTION	QL= 4 bottles/fill
ULTRATHON REPELLENT SPRAY 25%	QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older.
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376

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.

Sendero Exchange Formulary Cont.**Last Updated* 2/1/2019****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
VANCOGIN CAP	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
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
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VOLTAREN GEL	QL= 5 tubes/fill
VOSEVI TAB	QL= 1 tab/day
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
XADAGO TAB	QL= 1 tab/day
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day

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Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-I allowed via PA
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
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day
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
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	QL= 9 tabs/fill, 2 fills/30 days

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

Sendero Exchange Formulary Cont.

Last Updated* 2/1/2019

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZOMIG ZMT	QL= 9 tabs/fill, 2 fills/30 days
ZUTRIPRO LIQUID	QL= 120ml/fill, 2 fills/30 days
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYTIGA TAB 500MG	QL= 2 tabs/day

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