

IdealCare by Sendero Health Plans

2020 Formulary Overview

Effective December 2020

How to Read the Formulary

The formulary includes the following four columns:

| Drug Name | Special Code | Tier | Category |
|-----------|--------------|------|----------|
|-----------|--------------|------|----------|

Drug Name

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., NEXIUM) and generic drugs are listed in lower-case (e.g., amoxicillin).

Special Code

The second column titled “Special Code” identifies coverage limits or notes for drugs when applicable. Following are the definitions for Special Codes:

| Special Code | Definition | Description |
|--------------|--|--|
| NC | Not Covered | There is no coverage for this drug. |
| SMKG | Smoking Cessation | This drug is specifically used in the treatment of Smoking Cessation. |
| VAC | Vaccine Program | This drug is included in the Vaccine Program. These drugs are covered at zero cost share for Members who are 18 years of age and older. Members who are 17 years of age and younger can receive vaccines for free through their provider under State coverage. |
| INF | Infertility | This drug is an Infertility product. |
| OTC | Over-the-Counter | This drug is an over-the-counter product that is covered with a prescription from the prescriber. |
| QL | Quantity Limit | There is a limit to how much of this drug the Member may receive each fill and/or a limit of fills per month. |
| SP | Available through the Specialty Pharmacy Program | This drug is available through a specialty pharmacy. |
| MSP | Mandatory Specialty Pharmacy Program | This drug must be obtained directly through one of the mandatory specialty pharmacies: Apothecary By Design or Diplomat. |

| | | |
|-----------|-------------------------------------|--|
| PA | Prior Approval | Also known as Prior Authorization, is required to determine coverage. |
| RS | Restricted to Specialist Medication | Is covered only when prescribed by a specialist. |
| ST | Step Therapy Coverage | Is determined based on use of other first-line therapies or drugs (trial and failure of preferred drug). |

Tier

The third column of the chart lists the drug tier. Out-of-Pocket costs are determined based on the drug tier. Generally, Tier 1 medicines are generics and are less expensive than Tier 2 or 3 medicines, which are Brand name. Specialty drugs are also typically more expensive. The Summary of Benefits and Coverage provides the out-of-pocket cost for each drug tier.

| Tier | Definition |
|-------------|---|
| 1 | Generics and certain low-cost brand name drugs |
| 2 | Preferred brand name drugs and certain high-cost generic drugs |
| 3 | Non-preferred brand drugs |
| \$0 | Preventative drugs |
| SP | Specialty drugs |
| NC | Non-covered drugs. Not all non-covered drugs are listed within the formulary. |

Category

The fourth column of the chart lists the Category of the drug, which is the therapeutic class of the drug.

Additional Important Information

Generic (BRAND equiv)

When a generic product is listed on the formulary with the (BRAND equiv) in parenthesis behind it and the brand is not listed elsewhere on the formulary, then the brand is covered at Tier 3 but is considered a non-preferred drug.

If the brand equivalent drug is prescribed, the member must pay the Tier 3 copay plus the difference between the cost of the generic drug and the cost of the brand drug (the "cost share").

In the following example the Member's cost share is \$90.00, which is the Member's coinsurance amount for the Tier 3 drug (\$20.00) plus the difference between the cost of the Tier 1 generic drug and the Tier 3 brand drug (\$70.00):

- Cost of the acetaminophen/codeine tab, a generic Tier 1 drug, is \$30.00.
- Cost of the Tylenol/Codeine, a non-preferred brand Tier 3 drug, is \$100.00.
- The difference between cost of the Tier 1 generic drug and the Tier 3 brand drug is \$70.00.
- The member's 20% coinsurance amount for the Tier 3 drug is \$20.00 (20% of \$100.00).
- The member's cost share is \$90.00 (\$20.00 coinsurance + \$70.00 cost difference between the generic and brand drugs).

Note - The drug costs and copay amounts shown are only an example.

How to Search the Formulary

To search the electronic Adobe PDF version:

- Hold down the 'Ctrl' and 'F' keys at the same time, or click on the Binoculars icon, to open the search pane.
- Type in the first few letters of the drug name, and click Enter.
- Continue to click on the Arrow in the search pane to scroll through the matches within the

document. The general order of search results is:

1. Alphabetical index listing of all the drugs listed on the formulary.
2. Category listing where drugs are grouped by drug class.
3. Therapeutic Interchange List - Alternatives for non-preferred or not covered drugs. Note that the suggested interchange is product appropriate for MOST indications. Members should discuss alternatives with their prescriber.

What if a drug is not listed on the Formulary?

If a drug is not on the formulary, contact Member Services at 1-844-800-4693 (Monday through Friday, 8am-5pm).

What if a drug is not covered?

If the drug is not covered, there are two options:

- Ask Member Services for a list of alternative drugs that are covered. Contact your Provider and request a prescription for a similar drug that is covered.
- Ask Member Services how to submit an Exception to Coverage form.

What is needed for drugs that require Prior Approval (PA)?

Drugs that include the special code "PA" on the formulary require prior approval. If the drug requires prior approval, your Provider must complete the appropriate Prior Authorization form and submit it to Navitus Health Solutions for review and approval.

The PA forms are available to providers on the www.Navitus.com Prescriber portal. The provider logs on to the portal with their NPI and State and will be able to access the forms, or the prescriber can call Navitus Customer Care at 866-333-2757 for assistance.

Search Tip:

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

Sendero Exchange Formulary**Alphabetical Index****Last Updated 12/1/2020**

| 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 | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABSORICA CAP | - | NC | DERMATOLOGICALS |
| ABSORICA LD 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 |
|-----|---|-------------------------------|--|
| EXC | Plan Exclusion | 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 | | |

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.

Alphabetical Index

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 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-CHEK AVIVA PLUS METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | NC | 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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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| acetaminophen/cafeine/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 SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| ACIPHEX TAB | - | NC | ULCER DRUGS |
| acitretin cap (SORIATANE equiv) | - | 2 | DERMATOLOGICALS |

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|-----|--|-------------------------------|---|
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| 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 |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ACLOVATE CREAM | - | 3 | DERMATOLOGICALS |
| ACLOVATE OINT | - | 3 | DERMATOLOGICALS |
| 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 |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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|--|---------------------|-------------|-----------------------------------|
| acyclovir cream (ZOVIRAX equiv) | - | 3 | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ACZONE GEL 5% | - | NC | DERMATOLOGICALS |
| ACZONE GEL, DAPSONE 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 | - | NC | 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. |

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|-----|--|-------------------------------|---|
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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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|--|---------------------|-------------|--|
| ADDERALL TAB | - | 3 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| ADDERALL XR CAP | - | 2 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| ADDYI TAB | - | EX C | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP | CARDIOVASCULAR AGENTS - MISC. |
| ADLYXIN INJ | - | NC | ANTIDIABETICS |
| ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 | ANTIDIABETICS |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO | ST | 3 | ANTIDIABETICS |
| KWIKPEN INJ (JUNIOR) (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | | | |
| ADOXA PAK | - | NC | TETRACYCLINES |
| ADOXA TAB | - | 3 | TETRACYCLINES |
| ADRENAClick INJ, EPINEPHRINE INJ | - | NC | VASOPRESSORS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--------------------------------------|---------------------|--|
| ADRENALIN SOLN | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ADVAIR DISKUS INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVICOR TAB | - | NC ANTI-HYPERLIPIDEMICS |
| ADZENYS ER SUSP, AMPHETAMINE ER SUSP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS |
| ADZENYS XR TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS |
| AEMCOLO TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| AEROCHAMBER | OTC | 2 MEDICAL DEVICES AND SUPPLIES |
| AEROCHAMBER SUPPLIES | - | 2 MEDICAL DEVICES AND SUPPLIES |

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| Drug Name | Special Code | Tier Category |
|--|---------------|---|
| AFINITOR DISPERZ (QL= 1 tab/day) | LMSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB 10MG (QL= 1 tab/day) | LMSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG (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. |
| AGGRENOLX CAP | - | 3 HEMATOLOGICAL AGENTS - MISC. |
| AGRYLIN CAP | - | 3 HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 MIGRAINE PRODUCTS |
| AIRDUO POWDER INHALER W/SENSOR | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRDUO RESPICLICK | - | NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AJOVY INJ | - | NC MIGRAINE PRODUCTS |
| AKLIEF CREAM | - | NC DERMATOLOGICALS |
| AKNE-MYCIN OINT | - | 3 DERMATOLOGICALS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| ALA SCALP LOTION | - | NC | 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 (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
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|---|---------------------|-------------|---|
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALCAINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 2 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 | DERMATOLOGICALS |
| 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 |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier | Category |
|------------------------------------|---------------------|-------------|--|
| ALDURAZYME INJ | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-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. |
| ALEVICYN SOLN DERMAL | - | NC | DERMATOLOGICALS |
| ALFERON-N INJ | LMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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. |
| aliskiren tab (TEKTURNA equiv) | - | 3 | ANTIHYPERTENSIVES |

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| ALKERAN INJ | M | M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKERAN TAB | - | 3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKINDI SPRINKLE CAP | - | NC CORTICOSTEROIDS |
| ALLEGRA ODT | OTC | NC ANTIHISTAMINES |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 GOUT AGENTS |
| ALLZITAL TAB | - | NC ANALGESICS - NONNARCOTIC |
| 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 (LOTIRONEX equiv) | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 OPHTHALMIC AGENTS |
| ALPHAGAN P OPHTH SOLN 0.15% | - | 3 OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 2 ANTIANXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 3 ANTIANXIETY AGENTS |

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|--|---------------------|--|
| alprazolam tab (XANAX equiv) | - | 1 ANTIANXIETY AGENTS |
| ALREX OPTH SUSP | - | 2 OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC MIGRAINE PRODUCTS |
| ALTABAX OINT | - | NC 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 |
| amantadine tab | - | 2 ANTIPARKINSON AGENTS |
| AMARYL TAB | - | 3 ANTIDIABETICS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| AMBIEN CR TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| AMBIEN TAB (QL= 1 tab/day) | QL | 3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416) | LD-QL-RS | SP CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | NC DERMATOLOGICALS |
| AMCINONIDE LOTION | - | NC DERMATOLOGICALS |
| AMCINONIDE OINT | - | NC DERMATOLOGICALS |
| AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 MIGRAINE PRODUCTS |
| amethyst tab (LYBREL equiv) | - | \$0 CONTRACEPTIVES |
| AMICAR SOLN | - | 3 HEMOSTATICS |
| AMICAR SYRUP | - | 3 HEMOSTATICS |
| AMICAR TAB | - | 3 HEMOSTATICS |
| amiloride tab (MIDAMOR equiv) | - | 1 DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 2 HEMOSTATICS |
| aminocaproic acid syrup (AMICAR equiv) | - | 1 HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 2 HEMOSTATICS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
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|--|---------------------|-------------|---|
| aminophylline tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| 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 |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) | - | 2 | DERMATOLOGICALS |
| AMOXAPINE TAB | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| AMOXICILLIN CHEW TAB | - | 1 PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 PENICILLINS |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 PENICILLINS |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 3 PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 PENICILLINS |
| amphetamine 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 |

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| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ampicillin cap (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| ampicillin susp (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| AMPYRA TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AMRIX CAP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| AMTURNIDE TAB | - | 3 | ANTIHYPERTENSIVES |
| AMZEEQ FOAM | - | NC | DERMATOLOGICALS |
| 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) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANCOBON CAP | - | 3 | ANTIFUNGALS |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |

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|---|---------------------|-------------|---|
| 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 |
| 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 |
| ANNOVERA RING | - | NC | CONTRACEPTIVES |
| 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 |
| APADAZ TAB | - | NC | ANALGESICS - OPIOID |

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|---|---------------------|---|
| APEXICON E CREAM (PSORCON E equiv) | - | NC DERMATOLOGICALS |
| APHTHASOL PASTE | - | 2 MOUTH / THROAT / DENTAL AGENTS |
| APIDRA INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 ANTIDIABETICS |
| APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 ANTIDIABETICS |
| APLENZIN TAB | - | NC ANTIDEPRESSANTS |
| APOKYN INJ (Only available through CVS Specialt 800-237-2767) | LD | SP ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 ANTIEMETICS |
| APRISO CAP | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | NC DERMATOLOGICALS |
| APTENSIO XR CAP | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| APTIOM TAB | - | NC ANTICONVULSANTS |
| APTIVUS CAP | - | SP ANTIVIRALS |
| APTIVUS SOLN | - | SP ANTIVIRALS |

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|--|---------------------|-------------|---|
| ARAKODA TAB | - | 3 | 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 PROCRIT) | ST | 2 | HEMATOPOIETIC AGENTS |
| ARAVA TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| ARAZLO LOTION | - | NC | DERMATOLOGICALS |
| 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 (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | SP | AMINOGLYCOSIDES |

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|---|---------------------|-------------|--|
| 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 | - | 3 | ANTICOAGULANTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|------------------------|---|-------------------------------|--|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|--|--------------|--|
| ARMONAIR RESPICLICK | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 THYROID AGENTS |
| ARNUITY ELLIPTA INHALER | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| 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 |
| ASMANEX INHALER | - | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 ANALGESICS - NONNARCOTIC |

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|-----------------|--|------------------------|---|-------------------------|--|
| EXC | Plan Exclusion | INF | Infertility | | |
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| 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 | | |
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| VAC | Vaccine Program | | | | |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| 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. |
| ASPIRIN/OMEPRazole ER TAB | - | NC HEMATOLOGICAL AGENTS - MISC. |
| ASTAGRAF XL CAP | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| 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 |
| ATACAND TAB | - | NC ANTIHYPERTENSIVES |
| atazanavir cap (REYATAZ equiv) | - | SP ANTIVIRALS |

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| 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 |
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|--|---------------------|-------------|--|
| 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 | ANTI-ANXIETY AGENTS |
| atomoxetine cap (STRATTERA equiv) | - | 2 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS |
| atorvastatin tab 10mg (LIPITOR equiv) | - | \$0 | ANTIHYPERTENSIVES |
| atorvastatin tab 20mg (LIPITOR equiv) | - | \$0 | ANTIHYPERTENSIVES |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTIVE AGENTS MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | 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 |
| ATROPINE SULFATE INJ | M | M | ULCER DRUGS |

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| 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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| Drug Name | Special Code | Tier Category |
|------------------------------|---------------------|--|
| 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 (QL= 4 tabs/day) | LMSP-PA-QL | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVI-Q INJ | - | NC VASOPRESSORS |
| AVALIDE TAB | - | 3 ANTIHYPERTENSIVES |
| AVANDAMET TAB | - | 2 ANTIDIABETICS |
| AVANDARYL TAB | - | 2 ANTIDIABETICS |
| AVANDIA TAB | - | 2 ANTIDIABETICS |
| AVAPRO TAB | - | 3 ANTIHYPERTENSIVES |
| AVAR AEROSOL FOAM | - | NC DERMATOLOGICALS |

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| EXC Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| 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 |
| AXIRON SOLN (QL= 2 bottles/30 days) | PA-QL | 3 ANDROGENS-ANABOLIC |
| AYGESTIN TAB | - | 3 PROGESTINS |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASAN TAB | - | NC 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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| 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 OPHTHALMIC AGENTS |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZELEX CREAM | - | NC DERMATOLOGICALS |
| AZENASE PAK | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZESCHEW TAB 13-1MG | - | 3 MULTIVITAMINS |
| AZESCO TAB | - | NC MULTIVITAMINS |
| 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 |

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| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | NC | 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 |
| BAFIERTAM CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB | - | NC | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| 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 |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL SUSP | - | 2 ANTICONVULSANTS |
| BANZEL TAB | - | 2 ANTICONVULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 ANTIDIABETICS |
| BARACLUDE SOLN | - | NC ANTIVIRALS |
| 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 |
| 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 |
| benazepril tab (LOTENSIN equiv) | - | 1 ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCTZ equiv) | - | 1 ANTIHYPERTENSIVES |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--------------------------------------|
| 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 |
| BENZAMYCIN GEL | - | 3 DERMATOLOGICALS |
| BENZAMYCIN GEL PACK | - | NC DERMATOLOGICALS |
| BENZNIDAZOLE TAB | PA | 2 ANTHELMINTICS |
| BENZOCAINE/LIDOCAINE/TETRACAINE OINT | - | NC DERMATOLOGICALS |
| 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 |

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|--|---------------------|---|
| BENZPHETAMINE TAB | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| benztropine tab | - | 1 ANTIPARKINSON AGENTS |
| BEPREVE OPTH SOLN | - | 3 OPHTHALMIC AGENTS |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC DERMATOLOGICALS |
| BESIVANCE OPTH SUSP | - | NC OPHTHALMIC AGENTS |
| BETAGAN OPTH SOLN | - | 3 OPHTHALMIC AGENTS |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 DERMATOLOGICALS |
| betamethasone augmented gel | - | 1 DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 2 DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 DERMATOLOGICALS |
| betamethasone dipropionate oint | - | 1 DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 DERMATOLOGICALS |

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|--|---------------------|--|
| 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/ TOBI NEB SOLN | - | NC AMINOGLYCOSIDES |
| BETIMOL OPTH SOLN | - | 2 OPHTHALMIC AGENTS |
| BETOPTIC-S OPTH 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 |
| BIAXIN TAB | - | 3 MACROLIDES |
| BIAXIN XL TAB | - | 3 MACROLIDES |

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|------------------------|--|-------------------------------|--|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| bicalutamide tab (CASODEX equiv) | - | 1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIFERARX TAB | - | NC HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | NC ESTROGENS |
| BIKTARVY TAB | - | SP ANTIVIRALS |
| BILTRICIDE TAB | - | 3 ANTHELMINTICS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 OPHTHALMIC AGENTS |
| BINOSTO TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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. |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF TAB | MSP-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|---|---------------------|--|
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAVELLE INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BREO ELLIPTA INHALER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREZTRI AEROSPHERE INHALER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB | - | 3 HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 OPHTHALMIC AGENTS |
| 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 |

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| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | |
| M Medical Benefit | MSP Mandatory Specialty Pharmacy Program | |
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| QL Quantity Limit | RS Restricted to Specialist | |
| SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | |
| SP Available through Specialty Pharmacy Program | ST Step Therapy | |
| VAC Vaccine Program | | |

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|--|---------------------|-------------|--|
| 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 |
| BROVANA NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BROVEX PEB LIQUID | OTC | NC | COUGH / COLD / ALLERGY |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRYHALI LOTION | - | NC | DERMATOLOGICALS |
| 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 (QL= 2 bottles/fill)) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|--|---------------------|---|
| bumetanide tab (BUMEX equiv) | - | 1 DIURETICS |
| BUNAVAIL FILM | - | NC 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 |
| buprenorphine SL tab (SUBUTEX equiv) | - | NC ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | 1 ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 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 ANTIANXIETY AGENTS |
| bupirone tab (BUSPAR equiv) | - | 1 ANTIANXIETY AGENTS |
| BUTALBITAL/ACETAMINOPHEN CAP | - | NC ANALGESICS - NONNARCOTIC |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| butalbital/acetaminophen/caffeine soln | - | 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 |
| 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 |
| BYNFEZIA PEN INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYSTOLIC TAB | - | 2 BETA BLOCKERS |
| BYVALSON TAB | - | NC ANTIHYPERTENSIVES |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP | HEMATOLOGICAL 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 |
| 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 FOAM, SORILUX FOAM | - | 3 | DERMATOLOGICALS |
| calcipotriene oint | - | 2 | DERMATOLOGICALS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene/betamethasone dipropionate susp | - | 3 | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 3 | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | LMSP | 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 |

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|---|---------------------|---|
| 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. |
| 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 |
| CAPLYTA CAP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| 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 |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| CARAC CREAM | - | NC DERMATOLOGICALS |
| CARAFATE SUSP | - | 3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| 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 |
| 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 | - | 3 ANTIHISTAMINES |
| carbinoxamine soln (PALGIC equiv) | - | 3 ANTIHISTAMINES |
| CARBINOXAMINE TAB | - | 3 ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 3 ANTIHISTAMINES |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--------------------------------------|
| 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 |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | NC | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| 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 |
| 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 |
| cefaclor cap (CECLOR equiv) | - | 3 | CEPHALOSPORINS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|-----------------------------------|
| CEFACLOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACLOR SUSP | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFDITOREN TAB | - | 3 | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | 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) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | 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 |

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| 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 |
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| Drug Name | Special Code | Tier Category |
|-------------------------------------|---------------------|---|
| 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 cap 750mg (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 |
| CESAMET CAP | - | 3 ANTIEMETICS |
| cesia tab (CYCLESSA equiv) | - | \$0 CONTRACEPTIVES |
| cetirizine chew tab (Zyrtec equiv) | OTC | NC ANTIHISTAMINES |
| CETROTIDE INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETYLEV TAB | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | 2 MOUTH / THROAT / DENTAL AGENTS |

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| 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 | - | 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 | - | 1 | ANTIMALARIALS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | 1 | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |
| chlorpheniramine ER cap | - | 1 | ANTI-HISTAMINES |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTI-PSYCHOTICS / ANTI-MANIC AGENTS |
| CHLORPROPAMIDE TAB | - | 1 | ANTI-DIABETICS |
| chlorpropamide tab (DIABINESE equiv) | - | 1 | ANTI-DIABETICS |
| CHLORTHALIDONE TAB | - | 1 | DIURETICS |

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| chlorzoxazone tab | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| CHLORZOXAZONE TAB 250MG | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| 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 |
| CIALIS TAB | - | EX C CARDIOVASCULAR AGENTS - MISC. |

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| 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 OPTH OINT | - | 3 | OPHTHALMIC AGENTS |
| CILOXAN OPTH 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. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP | HEMATOLOGICAL AGENTS - MISC. |

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| CIPRO HC OTIC SUSP | - | 3 OTIC AGENTS |
| CIPRO SUSP 5% | - | 3 FLUOROQUINOLONES |
| CIPRO TAB | - | 3 FLUOROQUINOLONES |
| CIPRO XR TAB | - | 3 FLUOROQUINOLONES |
| CIPRODEX OTIC SUSP | - | 3 OTIC AGENTS |
| CIPROFLOXACIN 100MG TAB | - | 3 FLUOROQUINOLONES |
| CIPROFLOXACIN ER TAB | - | 3 FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 OTIC AGENTS |
| citalopram 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 |

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|---------------------------------------|---------------------|-------------|--------------------------------|
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| 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 |

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|---|---------------------|-------------|-----------------------------------|
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 2 | ANTI-INFECTIVE AGENTS MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 | 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 | ANTICONSULSANTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONSULSANTS |
| clobetasol E foam (OLUX E equiv) | - | NC | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |

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| clobetasol shampoo (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC | DERMATOLOGICALS |
| CLOBEX LOTION | - | 3 | DERMATOLOGICALS |
| CLOBEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| CLOBEX SPRAY | - | 3 | DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | 3 | DERMATOLOGICALS |
| CLODERM CREAM | - | 3 | DERMATOLOGICALS |
| CLOMIPHENE CITRATE POWDER | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE CITRATE TAB | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomiphene citrate tab (CLOMID equiv) | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | 3 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 3 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| 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 | ANTIANKXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | NC | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH / THROAT / DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 | DERMATOLOGICALS |
| CLOZAPINE ODT | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| CLOZAPINE ODT 12.5MG | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| clozapine ODT 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 |

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| 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 equiv) | - | NC GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 GOUT AGENTS |
| COLCRYS TAB | - | NC 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 |
| 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 |

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|--|---|--------------------------------|
| EXC Plan Exclusion | 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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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| COLESTID TAB | - | 3 | ANTIHYPERTENSIVES |
| colestipol granule (COLESTID equiv) | - | 3 | ANTIHYPERTENSIVES |
| colestipol powder packet (COLESTID equiv) | - | 3 | ANTIHYPERTENSIVES |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERTENSIVES |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| COMBIPATCH | - | 3 | ESTROGENS |
| COMBIVENT INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVIR TAB | - | 3 | ANTIVIRALS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMPLERA TAB | - | 3 | ANTIVIRALS |
| COMTAN TAB | - | 3 | ANTI-PARKINSON AGENTS |
| CONCEPT DHA CAP | - | 1 | MULTIVITAMINS |
| CONCEPTROL GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CONCERTA TAB, RITALIN SR TAB | - | 3 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| CONDYLOX GEL | - | 3 DERMATOLOGICALS |
| CONDYLOX SOLN | - | 3 DERMATOLOGICALS |
| CONJUPRI TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB | - | NC CALCIUM CHANNEL BLOCKERS |
| CONTRACEPTIVE FILM | OTC | \$0 VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | \$0 VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | \$0 VAGINAL PRODUCTS |
| COPAXONE INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDARONE TAB | - | 3 ANTIARRHYTHMICS |
| CORDRAN CREAM | - | 3 DERMATOLOGICALS |
| CORDRAN CREAM 0.025% | - | 3 DERMATOLOGICALS |
| CORDRAN LOTION | - | 3 DERMATOLOGICALS |
| CORDRAN OINT | - | NC DERMATOLOGICALS |
| CORDRAN TAPE | - | 3 DERMATOLOGICALS |
| COREG CR CAP | - | 3 BETA BLOCKERS |
| COREG TAB | - | 3 BETA BLOCKERS |
| CORGARD TAB | - | 3 BETA BLOCKERS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| CORLANOR SOLN | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| 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 OPTH 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) OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|-------------------------------------|---------------------|---|
| 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 ANTIHYPERLIPIDEMICS |
| CRESTOR TAB 20MG (QL= 1.5 tabs/day) | QL | 3 ANTIHYPERLIPIDEMICS |
| CRESYLATE OTIC SOLN | - | 3 OTIC AGENTS |
| CRINONE GEL | PA | 2 VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | SP ANTIVIRALS |
| CROLOM OPTH 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 |
| CROTAN LOTION | - | 3 DERMATOLOGICALS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| cryselle tab | - | \$0 CONTRACEPTIVES |
| CUPRIMINE CAP | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| CUTAQUIG INJ | - | NC PASSIVE IMMUNIZING ANI TREATMENT AGENTS |
| 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 |
| CUVITRU INJ | - | NC PASSIVE IMMUNIZING AGENTS |
| CUVPOSA SOLN | - | 3 ULCER DRUGS |
| cyanocobalamin inj | - | 1 HEMATOPOIETIC AGENTS |
| CYCLESSA TAB | - | 3 CONTRACEPTIVES |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC MUSCULOSKELETAL THERAPY AGENTS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 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 CAP | - | 3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE equiv) | - | NC ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB | - | 3 ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | SP ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | SP ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | SP ASSORTED CLASSES |
| CYCLOSPORINE OPHTH EMULSION | - | NC OPHTHALMIC AGENTS |

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|-----|--|-------------------------------|---|
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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| CYFOLEX CAP | - | NC HEMATOPOIETIC AGENTS |
| CYKLOKAPRON INJ | M | M HEMOSTATICS |
| CYMBALTA CAP | - | 3 ANTIDEPRESSANTS |
| ciproheptadine syrup | - | 1 ANTIHISTAMINES |
| ciproheptadine tab | - | 1 ANTIHISTAMINES |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | SP OPHTHALMIC AGENTS |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | SP GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days Restricted to Ophthalmology or Optometry Specialist Only available through Walgreens 888-347-3416) | LD-QL-RS | 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. |

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|---|--|--------------------------------|
| EXC Plan Exclusion | 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 | |
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|--|---------------------|--|
| DALIRESP TAB | - | 3 ANTI-ASTHMATIC 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. |
| DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP ANTIMALARIALS |
| darifenacin SR tab (ENABLEX equiv) | - | 2 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 / ANOREXICANTS |

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|--|---------------------|--|
| DAYVIGO TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| 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. |
| DDAVP TAB | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DEBACTEROL SOLN | - | NC MOUTH / THROAT / DENTAL AGENTS |
| DECON-A LIQUID | OTC | NC COUGH / COLD / ALLERGY |
| deferasirox granules packet (JADENU equiv) | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |

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|--|---------------------|---------------------------------------|
| deferasirox tab 180mg (JADENU equiv) | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DELSTRIGO TAB | - | SP ANTIVIRALS |
| DELZICOL CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| DEMADEX TAB | - | 3 DIURETICS |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 TETRACYCLINES |
| DEMEROL TAB | - | 3 ANALGESICS - OPIOID |
| DEMSER CAP | - | NC ANTIHYPERTENSIVES |
| 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 | - | 2 MISCELLANEOUS THERAPEUTIC CLASSES |

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|--|---------------------|---|
| DEPLIN CAP | - | NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS |
| DEPO-PROVERA INJ | - | NC CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 CONTRACEPTIVES |
| DEPO-TESTOSTERONE INJ | - | 3 ANDROGENS-ANABOLIC |
| DERMACINRX CREAM | - | NC DERMATOLOGICALS |
| DERMACINRX KIT | - | NC DERMATOLOGICALS |
| DERMA-SMOOTH/FS OIL | - | 2 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 |
| DESLOMATADINE 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. |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| desmopressin acetate tab (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESOGEN TAB | - | 3 | CONTRACEPTIVES |
| DESONATE GEL | - | NC | DERMATOLOGICALS |
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide gel | - | NC | 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 (TOPICORT CREAM equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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|---|---------------------|-------------|--|
| 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 |
| 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 |

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|--|---------------------|-------------|--|
| 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 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DEXPAK TAB | - | NC | CORTICOSTEROIDS |
| DEXTENZA OPTH INSERT | - | NC | OPHTHALMIC AGENTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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|--|---------------------|--|
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DIABETA TAB | - | 3 ANTIDIABETICS |
| DIABETIC METER | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | SP ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | SP ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 MULTIVITAMINS |
| DIAMOX SEQUEL CAP | - | 3 DIURETICS |
| DIAPHRAGM | - | \$0 MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 2 ANTICONVULSANTS |
| DIATZ ZN TAB | - | 3 MULTIVITAMINS |
| diazepam conc (VALIUM equiv) | - | 1 ANTIANXIETY AGENTS |
| DIAZEPAM SOLN | - | 1 ANTIANXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 ANTIANXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 3 ANTIDIABETICS |

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| DIBENZYLINE CAP | - | 3 | ANTIHYPERTENSIVES |
| 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 PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 | 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) (QL= 3 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| DICLOTREX PAK | - | 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 |

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| didanosine DR cap (VIDEX EC equiv) | - | 1 ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | SP ANTIVIRALS |
| DIETHYLPROPION ER TAB | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| diethylpropion tab | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| DIFFERIN CREAM | PA | 3 DERMATOLOGICALS |
| DIFFERIN GEL | PA | 3 DERMATOLOGICALS |
| DIFFERIN LOTION | - | NC 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 |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--------------------------|
| DIGOXIN SOLN | - | 1 | CARDIOTONICS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC | MIGRAINE PRODUCTS |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC | MIGRAINE PRODUCTS |
| DILACOR XR CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| DILANTIN CAP 100MG | - | 3 | ANTICONSULSANTS |
| DILANTIN CAP 30MG | - | 2 | ANTICONSULSANTS |
| DILANTIN INFATABS | - | 3 | ANTICONSULSANTS |
| DILANTIN SUSP | - | 3 | ANTICONSULSANTS |
| DILATRARE 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 |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | LMSP | SP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | LMSP | SP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIOVAN HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| DIOVAN TAB | - | 3 | ANTIHYPERTENSIVES |
| 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 | - | 1 | ANTIDIARRHEAL / PROBIOTIC AGENTS |
| 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 |

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|--|---------------------|-------------|---|
| 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 | ANTICONSULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONSULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONSULSANTS |
| DIVIGEL GEL, ELESTRIN GEL | - | 3 | ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 2 | ANTIARRHYTHMICS |
| DOJOLVI ORAL LIQUID | - | NC | NUTRIENTS |
| 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. |

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|---|---------------------|---|
| 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 (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | SP HEMATOPOIETIC AGENTS |
| DORAL TAB | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| DORYX MPC TAB | - | NC TETRACYCLINES |
| DORYX TAB | - | 3 TETRACYCLINES |
| DORYX TAB 200MG | - | NC TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 OPHTHALMIC AGENTS |
| DOVATO TAB | - | 2 ANTIVIRALS |
| DOVONEX CREAM | - | 3 DERMATOLOGICALS |
| DOVONEX SOLN | - | 3 DERMATOLOGICALS |
| doxazosin tab (CARDURA equiv) | - | 1 ANTIHYPERTENSIVES |
| DOXEPIN CAP | - | 1 ANTIDEPRESSANTS |
| doxepin cap (SINEQUAN equiv) | - | 1 ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 ANTIDEPRESSANTS |

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| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | PA | 3 | DERMATOLOGICALS |
| doxepin tab (SILENOR equiv) | - | NC | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| 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 |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | 3 | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | 3 | TETRACYCLINES |

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|---|---------------------|--|
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC ANTIEMETICS |
| D-PENAMINE TAB | - | 2 ASSORTED CLASSES |
| DRISDOL CAP | - | 3 VITAMINS |
| DRITHO-SCALP CREAM | - | 3 DERMATOLOGICALS |
| DRIZALMA DR CAP | - | NC ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) | PA | 2 ANTIEMETICS |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | NC CONTRACEPTIVES |
| drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv) | - | NC CONTRACEPTIVES |
| DROXIA CAP | - | 2 HEMATOPOIETIC AGENTS |
| DRYSOL SOLN | - | 1 DERMATOLOGICALS |
| DST PLUS PAK KIT | - | NC DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC ANALGESICS - OPIOID |
| DUAC CS KIT | - | 3 DERMATOLOGICALS |
| DUAC GEL | - | 3 DERMATOLOGICALS |
| DUAKLIR INHALER | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DUAVEE TAB | - | NC ESTROGENS |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| DUETACT TAB | - | NC ANTIDIABETICS |
| DUEXIS TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| DULERA INHALER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) | - | NC ANTIDEPRESSANTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 ANTIDEPRESSANTS |
| DUOBRII LOTION | - | NC DERMATOLOGICALS |
| DUONEB NEB SOLN | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DUOPA ENTERAL SUSP | - | NC ANTIPARKINSON AGENTS |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | LMSP-PA-QL | SP DERMATOLOGICALS |
| DUPIXENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | SP DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | SP DERMATOLOGICALS |
| DURAGESIC PATCH | - | 3 ANALGESICS - OPIOID |
| DUREZOL OPTH EMULSION | - | 2 OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB | - | NC ANTIHYPERTENSIVES |
| DUZALLO TAB | - | NC GOUT AGENTS |

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| DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | 2 ANALGESICS - OPIOID |
| DXEVO 11-DAY PAK | - | NC CORTICOSTEROIDS |
| DYAZIDE CAP | - | 3 DIURETICS |
| DYMISTA SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| DYNACIN TAB | - | 3 TETRACYCLINES |
| DYNACIRC CR TAB | - | 3 CALCIUM CHANNEL BLOCKERS |
| DYRENIUM CAP | - | 3 DIURETICS |
| ECONASIL KIT | - | NC DERMATOLOGICALS |
| econazole cream (SPECTAZOLE equiv) | - | 1 DERMATOLOGICALS |
| ECOZA FOAM | - | NC DERMATOLOGICALS |
| EDARBI TAB | - | 3 ANTIHYPERTENSIVES |
| EDARBYCLOR TAB | - | 3 ANTIHYPERTENSIVES |
| EDECRIN 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 |

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|--|---------------------|-------------|--|
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 | ANTIVIRALS |
| EFFEXOR TAB | - | 3 | ANTIDEPRESSANTS |
| EFFEXOR XR CAP | - | 3 | ANTIDEPRESSANTS |
| EFFIENT TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| EFUDEX CREAM | - | 3 | DERMATOLOGICALS |
| EGATEN TAB | - | NC | ANTHELMINTICS |
| EGRIFTA INJ | - | EX C | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELDEPYRL CAP | - | 3 | ANTIPARKINSON AGENTS |
| ELESTAT OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | 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 |

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|--|---------------------|--|
| ELIPHOS TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 CONTRACEPTIVES |
| ELMIRON CAP | - | 2 GENITOURINARY AGENTS - MISCELLANEOUS |
| ELOCON CREAM | - | 3 DERMATOLOGICALS |
| ELOCON OINT | - | 3 DERMATOLOGICALS |
| ELOCON SOLN | - | 3 DERMATOLOGICALS |
| eluryng vaginal ring (NUVARING equiv) | - | NC CONTRACEPTIVES |
| EMADINE OPTH SOLN | - | 3 OPHTHALMIC AGENTS |
| EMBEDA CAP | - | 3 ANALGESICS - OPIOID |
| EMCYT CAP | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND PAK (QL= 3 caps/fill) | QL | 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 100MG/ML (QL= 3 inj/fill, 6 fills/yea | PA-QL | 2 MIGRAINE PRODUCTS |
| EMLA CREAM | - | 3 DERMATOLOGICALS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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|---|---------------------|-----------------------------------|
| EMSAM PATCH | - | 3 ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | SP ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) | - | 2 ANTIVIRALS |
| EMTRIVA CAP | - | SP ANTIVIRALS |
| EMTRIVA SOLN | - | SP ANTIVIRALS |
| EMVERM TAB | - | NC ANTHELMINTICS |
| ENABLEX TAB | - | 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 |
| ENBREL INJ 50MG (QL= 4 inj/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 (QL= 6 packets/day) | LMSP-PA-QL | SP HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 VAGINAL PRODUCTS |
| ENJUVIA TAB | - | 3 ESTROGENS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|-------------------------------------|
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSPRYNG INJ | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| 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) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ENVARUSUS XR TAB | - | NC | ASSORTED CLASSES |
| EPANED PREMIXED SOLN | PA | 3 | ANTIHYPERTENSIVES |
| EPANED SOLN | PA | 3 | ANTIHYPERTENSIVES |
| EPCLUSA TAB | - | NC | ANTIVIRALS |
| EPICERAM EMULSION | - | NC | DERMATOLOGICALS |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416) | LD-PA | SP | ANTICONVULSANTS |
| 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 opthth soln (ELESTAT equiv) | - | 3 | OPHTHALMIC AGENTS |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |

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| 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 |
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|--|---------------------|-------------|---|
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| EPIPEN (JR) INJ | - | NC | VASOPRESSORS |
| EPIVIR HBV SOLN | - | 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 | - | 3 | ANTIHYPERTENSIVES |
| EPZICOM TAB | - | SP | ANTIVIRALS |
| EQUETRO CAP | - | 2 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC | VITAMINS |
| ERGOLOID MESYLATES TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ergoloid mesylates tab (HYDERGINE equiv) | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOMAR SL TAB | - | 3 | MIGRAINE PRODUCTS |
| ergotamine tartrate/cafeine tab (CAFERGOT equiv) | - | 3 | MIGRAINE PRODUCTS |
| ERIVEDGE CAP | MSP-PA-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) | LMSP-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERTACZO CREAM | - | NC DERMATOLOGICALS |
| ERY PAD | - | 1 DERMATOLOGICALS |
| ERYPED SUSP | - | 3 MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 2 MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 MACROLIDES |
| erythromycin gel | - | 1 DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 DERMATOLOGICALS |
| erythromycin soln | - | 1 DERMATOLOGICALS |
| erythromycin stearate tab | - | 2 MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all form except PCE) | - | 2 MACROLIDES |
| erythromycin tab (ERY-TAB equiv) | - | 3 MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 DERMATOLOGICALS |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv | - | 1 ANTI-INFECTIVE AGENTS MISC. |

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|---|---------------------|--|
| 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 DR granule pack (NEXIUM equiv) | - | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| 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 |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | NC ESTROGENS |

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|---|---------------------|-------------|---|
| 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) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 2 | VAGINAL PRODUCTS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 | ESTROGENS |
| ESTRASORB EMULSION | - | 3 | ESTROGENS |
| ESTRATEST TAB | - | NC | ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| ESTROPIRATE 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 (EDECRIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |

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|-----------------------------------|---------------------|-------------|---|
| 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 | LMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EUCRISA OINT | - | NC | DERMATOLOGICALS |
| EURAX CREAM | - | 2 | DERMATOLOGICALS |
| EURAX LOTION | - | 3 | DERMATOLOGICALS |
| EVAMIST SPRAY | - | 3 | ESTROGENS |
| EVEKEO ODT | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| EVEKEO TAB | - | NC | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | LMSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| 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 |
| EVRYSDI SOLN | - | NC NEUROMUSCULAR AGENTS |
| EVZIO INJ | - | NC ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EVZIO INJ | - | NC ANTIDOTES |
| EXALGO TAB | - | NC ANALGESICS - OPIOID |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | 3 DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | 3 DERMATOLOGICALS |
| EXELON CAP | - | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|--|---------------------|-------------|---|
| EXELON PATCH | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXFORGE HCT TAB | - | 2 | ANTIHYPERTENSIVES |
| EXFORGE TAB | - | 3 | ANTIHYPERTENSIVES |
| EXJADE TAB | LMSP | SP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EXTAVIA INJ | LMSP | SP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EZALLOR SPRINKLE CAP | - | NC | ANTIHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| FABIOR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| FABRAZYME INJ | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FACTIVE TAB | - | 3 | FLUOROQUINOLONES |

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|---|---------------------|---|
| 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 |
| 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 |
| FASENRA PEN INJ (QL= 1 inj/56 days) | MSP-PA-QL | SP ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FAZACLO ODT 12.5MG, 25MG, 100MG | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 2 | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| FELBATOL SUSP | - | 3 | ANTICONVULSANTS |
| FELBATOL TAB | - | 3 | ANTICONVULSANTS |
| FELDENE CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 | VAGINAL PRODUCTS |
| FEMALE CONDOMS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| 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 | ANTIHYPERTENSIVES |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERTENSIVES |

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| OTC | Over-the-Counter | PA | Prior Authorization |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTIHYPERTENSIVES |
| FENOGLIDE TAB | - | NC | ANTIHYPERTENSIVES |
| fenoprofen calcium tab | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| FENSOLVI INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 2 | ANALGESICS - OPIOID |
| fantanyl patch (DURAGESIC equiv) | - | 2 | ANALGESICS - OPIOID |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC | ANALGESICS - OPIOID |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| FERREX 28 TAB | - | 3 | HEMATOPOIETIC AGENTS |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---------------------------------------|
| 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 |
| FERRIPROX TAB 1000MG (TWICE DAILY) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 HEMATOPOIETIC AGENTS |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 HEMATOPOIETIC AGENTS |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | 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 |
| FIASP FLEXTOUCH INJ | - | 2 ANTIDIABETICS |
| FIASP INJ | - | 2 ANTIDIABETICS |
| FIASP PENFILL INJ | - | 2 ANTIDIABETICS |
| FIBRIK CAP | - | NC MULTIVITAMINS |

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| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|----------------------------------|---------------------|-------------|---|
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| FINACEA GEL | - | 3 | DERMATOLOGICALS |
| FINACEA PLUS KIT | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EX C | DERMATOLOGICALS |
| FINTEPLA SOLN | - | NC | ANTICONVULSANTS |
| FIORICET CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORICET/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIORINAL CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORINAL/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIRAZYR INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| FIRDAPSE TAB | - | NC | ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| FIRST ATENOLOL SOLN | - | 3 | BETA BLOCKERS |
| FIRST BACLOFEN SUSP KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| FIRST DUKES MOUTHWASH | - | 3 | MOUTH / THROAT / DENTAL AGENTS |

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| Drug Name | Special Code | Tier | Category |
|---------------------------------|---------------------|-------------|--------------------------------|
| FIRST MARYS MOUTHWASH | - | 3 | MOUTH / THROAT / DENTAL AGENTS |
| FIRST METOPROLOL ORAL SOLN | - | 3 | BETA BLOCKERS |
| FIRST METRONIDAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS MISC. |
| FIRST MOUTHWASH BLM | - | 3 | MOUTH / THROAT / DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | 3 | ULCER DRUGS |
| FIRST-VANCOMYCIN 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 |
| FLEXERIL TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| FLOLIPID SUSP | - | NC | ANTIHYPERTENSIVES |

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|--------------------------------------|---------------------|-------------|---|
| 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 |
| FLOVENT HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ | VAC | \$0 | VACCINES |
| FLUAD QUAD INJ | VAC | \$0 | VACCINES |
| FLUBLOK INJ | VAC | \$0 | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | \$0 | VACCINES |
| FLUCELVAX INJ | VAC | \$0 | VACCINES |
| FLUCELVAX QUAD INJ | VAC | \$0 | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 | ANTIFUNGALS |
| fludarabine inj | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 | VACCINES |

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|--|---------------------|-------------|--|
| 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) | - | 2 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | NC | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| FLUOR-A-DAY CHEW TAB | - | 1 | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |

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|---|---------------------|-------------|---|
| FLUOROPLEX CREAM | - | 2 | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 2 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| FLUOVIX PAK | - | NC | DERMATOLOGICALS |
| fluoxetine (pmdd) tab (SARAFEM equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| 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 |
| flurandrenolide oint (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |

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| 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 |
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| FLURBIPROFEN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| 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 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 2 | ANTIHYPERTENSIVES |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 | ANTIHYPERTENSIVES |
| FLUVIRIN INJ | VAC | \$0 | VACCINES |
| FLUVIRIN PF INJ | VAC | \$0 | VACCINES |

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| 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 HD PF INJ | VAC | \$0 | VACCINES |
| 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 |
| 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 |

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|--|--------------|---|
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC MULTIVITAMINS |
| FOLITE TAB | - | NC HEMATOPOIETIC AGENTS |
| FOLLISTIM AQ INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| folvite-d tab (GENICIN equiv) | - | NC HEMATOPOIETIC AGENTS |
| FOLVITE-FE TAB | - | NC HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 ANTICOAGULANTS |
| 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. |
| FOSAMAX TAB | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX+D TAB | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| fosamprenavir tab (LEXIVA equiv) | - | SP | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 | ANTI-INFECTIVE AGENTS MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | 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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| FULPHILA INJ | LMSP | SP HEMATOPOIETIC AGENTS |
| FURADANTIN SUSP | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| FUROSEMIDE SOLN | - | 1 DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 DIURETICS |
| FUZEON INJ | LMSP | SP ANTIVIRALS |
| FYCOMPA TAB | - | NC ANTICONVULSANTS |
| FYCOMPA SUSP | - | NC ANTICONVULSANTS |
| gabapentin cap (NEURONTIN equiv) | - | 1 ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) | - | 2 ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | 1 ANTICONVULSANTS |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC DERMATOLOGICALS |
| GABITRIL TAB | - | 3 ANTICONVULSANTS |
| GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP 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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|---|---------------------|---|
| galantamine tab (RAZADYNE equiv) | - | 1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 MINERALS & ELECTROLYTES |
| GANCICLOVIR CAP | - | 2 ANTIVIRALS |
| GASTROCROM CONC | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| gatifloxacin ophth soln (Zymaxid equiv) | - | 3 OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC GASTROINTESTINAL AGENTS - MISC. |
| GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 LAXATIVES |
| gavilyte-h kit | - | NC LAXATIVES |
| GAVRETO CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GAZYVA INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GELCLAIR GEL | - | NC MOUTH / THROAT / DENTAL AGENTS |
| GELNIQUE | - | NC URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | 1 ANTIHYPERLIPIDEMICS |

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|---|---------------------|--|
| GEN7T LOTION | - | NC DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC DERMATOLOGICALS |
| GEN7T PLUS PAD | - | NC DERMATOLOGICALS |
| GENOTROPIN INJ | LMSP-PA | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPTH OINT | - | 1 OPHTHALMIC AGENTS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 DERMATOLOGICALS |
| GENVOYA TAB | - | 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 800-803-2523) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GILTUSS LIQUID | - | 3 COUGH / COLD / ALLERGY |
| GILTUSS TR TAB | - | 3 COUGH / COLD / ALLERGY |

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| GIMOTI NASAL SPRAY | - | NC GASTROINTESTINAL AGENTS - MISC. |
| 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 |
| GLOPERBA SOLN | - | NC GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GLUCAGEN INJ | - | 2 DIAGNOSTIC PRODUCTS |
| GLUCAGON DIAGNOSTIC INJ | - | NC DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ | - | NC ANTIDIABETICS |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GLUCOPHAGE TAB | - | 3 ANTIDIABETICS |
| GLUCOPHAGE XR TAB | - | 3 ANTIDIABETICS |
| GLUCOTROL TAB | - | 3 ANTIDIABETICS |
| GLUCOTROL XL TAB | - | 3 ANTIDIABETICS |
| GLUCOVANCE TAB | - | 3 ANTIDIABETICS |

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|--|---------------------|--|
| 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 |
| GOCOVRI CAP | - | NC ANTIPARKINSON AGENTS |
| GOLYTELY SOLN | - | NC LAXATIVES |
| GONAL-F RFF INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GONITRO POWDER | - | NC ANTIANGINAL AGENTS |
| GOPRELTO SOLN | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| GORDON'S UREA OINT 40% | - | NC DERMATOLOGICALS |

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| GRALISE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 ANTIEMETICS |
| GRANIX INJ | - | NC HEMATOPOIETIC AGENTS |
| GRASTEK SL TAB | - | NC BIOLOGICALS MISC |
| 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 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 ANTIHYPERTENSIVES |

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| GUANIDINE TAB | - | 3 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 ANTIDIABETICS |
| GYNAZOLE CREAM | - | NC VAGINAL PRODUCTS |
| HAEGARDA INJ | MSP-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| halcinonide cream (HALOG equiv) | - | NC DERMATOLOGICALS |
| 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 |
| HALOG SOLN | - | 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 |
| HARVONI PELLET PAK | - | NC ANTIVIRALS |
| HARVONI TAB | - | NC ANTIVIRALS |

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|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|-----------------------|---------------------|--|
| HC BUTYRATE SOLN | - | NC DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC DERMATOLOGICALS |
| HECTOROL CAP | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HELIDAC PACK | - | NC ULCER DRUGS |
| HEMADY TAB | - | NC CORTICOSTEROIDS |
| HEMANGEOL SOLN | - | NC BETA BLOCKERS |
| HEMLIBRA INJ | LMSP-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| heparin porcine inj | M | M ANTICOAGULANTS |
| HEPSERA TAB | - | 3 ANTIVIRALS |
| HERCEPTIN HYLECTA INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HETLIOZ CAP | - | NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| HEXALEN CAP | - | 2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIPREX TAB | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| HIZENTRA INJ | MSP | SP PASSIVE IMMUNIZING ANI TREATMENT AGENTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 OPTHALMIC AGENTS |
| HOMATROPINE OPHTH SOLN | - | 2 OPTHALMIC AGENTS |
| HOMATROPINE OPHTH SOLN 5% | - | 1 OPTHALMIC AGENTS |
| HORIZANT TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HUMALOG INJ | - | NC ANTIDIABETICS |
| HUMALOG KWIKPEN INJ | - | NC ANTIDIABETICS |
| HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 ANTIDIABETICS |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 ANTIDIABETICS |
| HUMALOG PEN INJ | - | NC 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 |

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| Drug Name | Special Code | Tier Category |
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| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | SP ANALGESICS - ANTI-INFLAMMATORY |
| 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 |

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| HYCLODEX SOLN | - | NC DERMATOLOGICALS |
| HYCODAN SYRUP | - | 3 COUGH / COLD / ALLERGY |
| 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 bitartrate ER cap (ZOHYDRO equiv) | - | NC ANALGESICS - OPIOID |
| 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 |

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|--|---------------------|-------------|------------------------|
| HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month) | QL | 3 | COUGH / COLD / ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/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 |

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| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| hydromorphone tab (DILAUDID equiv) | - | 1 ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | EX C DERMATOLOGICALS |
| 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 ANTIANXIETY AGENTS |
| HYDROXYZINE PAMOATE CAP 100MG | - | 1 ANTIANXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 ANTIANXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 ANTIANXIETY AGENTS |
| HYLAMEND GEL FIRST AID | - | NC ANTISEPTICS & DISINFECTANTS |
| HYLINATE LOTION | - | NC DERMATOLOGICALS |
| HYOPHEN TAB | - | NC ANTI-INFECTIVE AGENTS MISC. |
| hyoscyamine inj (LEVSIN equiv) | - | 3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| 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 |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 ULCER DRUGS |
| HYPER-SAL NEB SOLN | - | 3 COUGH / COLD / ALLERGY |
| HYQVIA INJ | MSP-PA | SP PASSIVE IMMUNIZING AGENTS |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | 2 ANALGESICS - OPIOID |
| HYTRIN CAP | - | 3 ANTIHYPERTENSIVES |
| 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 |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBU 600-EZS KIT | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| 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 |

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|---|---------------------|---|
| icatibant inj (FIRAZYR equiv) | LMSP-PA | SP HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap 1gm (VASCEPA equiv) | - | NC ANTIHYPERLIPIDEMICS |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILEVRO OPTH SUSP | - | 2 OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | LMSP | 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 |
| 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 |

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|--|---------------------|--|
| IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days) | QL | 3 MIGRAINE PRODUCTS |
| IMPAVIDO CAP | - | NC ANTI-INFECTIVE AGENTS MISC. |
| IMPEKLO LOTION | - | NC DERMATOLOGICALS |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | \$0 CONTRACEPTIVES |
| IMPOYZ CREAM | - | NC DERMATOLOGICALS |
| IMURAN TAB | - | 3 ASSORTED CLASSES |
| IMVEXXY SUPP | - | NC VAGINAL PRODUCTS |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCIVEK TAB | LMSP-PA-SF | SP ANTIVIRALS |
| INCRELEX INJ | MSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 DIURETICS |
| INDERAL LA CAP | - | 3 BETA BLOCKERS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | 3 BETA BLOCKERS |
| INDOCIN SUPP | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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| INDOCIN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| INFLAMMA-K KIT | - | NC DERMATOLOGICALS |
| INFLATHERM PAK | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INQOVI TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| 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 |
| INSPRA TAB | - | 3 | ANTIHYPERTENSIVES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 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 |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| INVEGA INJ | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| INVEGA TAB | PA | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| INVELTYS OPTH 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 |
| 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 OPTH SOLN | - | 3 OPHTHALMIC AGENTS |
| IOPIDINE OPTH SOLN 1% | - | 2 OPHTHALMIC AGENTS |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 NASAL AGENTS - SYSTEMIC AND TOPICAL |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| 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 |
| ISENTRESS POWDER PACK | - | 3 | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| 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 |

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| OTC | Over-the-Counter | PA | Prior Authorization |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO CARPINE OPHTH SOLN | - | 3 | 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 40mg (ISORDIL equiv) | - | 3 | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isoxsuprine tab | - | 2 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISTURISA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | PA | 2 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 3 | ANTIFUNGALS |
| IVERMECTIN CREAM | - | NC | DERMATOLOGICALS |
| ivermectin cream (SOOLANTRA equiv) | - | NC | DERMATOLOGICALS |
| ivermectin tab (STROMECTOL equiv) | - | 2 | ANTHELMINTICS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
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| Drug Name | Special Code | Tier Category |
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| JADENU SPRINKLE | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB 180MG | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB 90MG, 360MG | LMSP | SP ANTIDOTES AND SPECIFIC ANTAGONISTS |
| 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 |
| JATENZO CAP | - | NC ANDROGENS-ANABOLIC |
| 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 |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) | - | \$0 CONTRACEPTIVES |
| JUBLIA SOLN | - | NC DERMATOLOGICALS |
| JULUCA TAB | - | SP ANTIVIRALS |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | \$0 CONTRACEPTIVES |

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| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
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| 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. |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KADIAN CAP | - | NC ANALGESICS - OPIOID |
| KALETRA SOLN | - | SP ANTIVIRALS |
| KALETRA TAB | - | SP ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | NC BETA BLOCKERS |
| KAPVAY TAB | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| KARBINAL ER SUSP | - | NC ANTIHISTAMINES |
| KATERZIA SUSP | - | NC CALCIUM CHANNEL BLOCKERS |

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| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| KAYEXALATE POWDER | - | 3 ASSORTED CLASSES |
| KEFLEX CAP | - | 3 CEPHALOSPORINS |
| KEFLEX CAP 750MG | - | 3 CEPHALOSPORINS |
| kelnor tab (DEMULEN equiv) | - | \$0 CONTRACEPTIVES |
| KENALOG SPRAY | - | NC 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 |
| KESIMPTA INJ | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES | - | NC GENERAL ANESTHETICS |
| KETEK TAB | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 ANTIFUNGALS |
| KETOPROFEN CAP | - | 3 ANALGESICS - ANTI-INFLAMMATORY |

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| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier Category |
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| ketoprofen cap (ORUDIS equiv) | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| 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 cover 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 Biologics 800-850-4306) | 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 |

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|---|--|--------------------------------|
| EXC Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
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| KLARITY-B DROPS | - | NC OPTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC OPTHALMIC AGENTS |
| KLARON LOTION | - | 3 DERMATOLOGICALS |
| KLONOPIN TAB | - | 3 ANTICONVULSANTS |
| KLOR-CON M15 TAB | - | 2 MINERALS & ELECTROLYTES |
| KLOR-CON POWDER PACKET | - | 3 MINERALS & ELECTROLYTES |
| KLOR-CON POWDER PACKET 25MEQ | - | 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 |
| KOSELUGO CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS NEUTRAL TAB | - | 3 MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | 2 MINERALS & ELECTROLYTES |
| KRINTAFEL TAB | - | 2 ANTIMALARIALS |
| KRISTALOSE PACK | - | 3 LAXATIVES |
| KRISTALOSE PACKET | - | 3 LAXATIVES |
| K-TAB | - | 1 MINERALS & ELECTROLYTES |

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| Drug Name | Special Code | Tier Category |
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| KUVAN POWDER PACK | LMSP-PA | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB | LMSP-PA | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC DERMATOLOGICALS |
| KYNAMRO INJ | - | NC ANTIHYPERLIPIDEMICS |
| KYNMOBI FILM | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYTRIL TAB (QL= 14 tabs/fill) | QL | 3 ANTIEMETICS |
| L.E.T. GEL | - | NC DERMATOLOGICALS |
| labetalol tab (NORMODYNE equiv) | - | 1 BETA BLOCKERS |
| LAC-HYDRIN CREAM | - | 3 DERMATOLOGICALS |
| LAC-HYDRIN LOTION | - | 3 DERMATOLOGICALS |
| LACRISERT OPHTH INSERT | - | NC OPHTHALMIC AGENTS |
| LACTULOSE PACK | - | NC LAXATIVES |
| lactulose soln | - | 1 GASTROINTESTINAL AGENTS - MISC. |
| LAMICTAL CHEW TAB | - | 3 ANTICONVULSANTS |

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|--|---------------------|-------------|---------------------------------|
| LAMICTAL CHEW TAB 2MG | - | 2 | ANTICONVULSANTS |
| LAMICTAL ODT | - | 3 | ANTICONVULSANTS |
| LAMICTAL ODT KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL STARTER KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL TAB | - | 3 | ANTICONVULSANTS |
| LAMICTAL XR TAB | - | 3 | ANTICONVULSANTS |
| 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 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| LAMPIT TAB | - | NC | ANTI-INFECTIVE AGENTS MISC. |
| LANCET DEVICE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| LANCET KIT | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 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 / ANTISPASMODICS / ANTICHOLINERGICS |
| 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 |
| lapatinib ditosylate tab (TYKERB equiv) | LMSP-PA | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LARIAM TAB | - | 3 | ANTIMALARIALS |
| LASIX TAB | - | 3 | DIURETICS |
| LASTACRAFT OPTH 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 |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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|---|---------------------|-------------|---|
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | SP | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LESCOL CAP | - | 3 | ANTIHYPERTENSIVES |
| LESCOL XL TAB | - | 3 | ANTIHYPERTENSIVES |
| LETAIRIS TAB | - | NC | 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 | ASTHMA AND BRONCHODILATOR AGENTS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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| levalbuterol neb soln (XOPENEX equiv) | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVAQUIN SOLN | - | 3 | FLUOROQUINOLONES |
| 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 | - | EX C | CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | 3 | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | 3 | ANTIHISTAMINES |

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| levofloxacin ophth soln (QUIXIN equiv) | - | 1 OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | \$0 CONTRACEPTIVES |
| LEVORPHANOL TAB | - | 2 ANALGESICS - OPIOID |
| 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 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 | - | NC GASTROINTESTINAL AGENTS - MISC. |
| LIBRAX CAP | - | NC ULCER DRUGS |
| LIBRIUM CAP | - | 3 ANTIANXIETY AGENTS |
| LICART PATCH | - | NC DERMATOLOGICALS |
| LIDAMANTLE LOTION | - | NC DERMATOLOGICALS |
| LIDOCAINE CREAM | - | NC DERMATOLOGICALS |

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| M | Medical Benefit | | MSP | | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | | PA | | Prior Authorization |
| QL | Quantity Limit | | RS | | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|-----------------------------------|
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL equiv) | - | NC | DERMATOLOGICALS |
| LIDOCAINE GEL | - | 1 | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine lotion (LIDAMANTLE equiv) | - | NC | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 2 | DERMATOLOGICALS |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | - | NC | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | 2 | MOUTH / THROAT / DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine viscous soln | - | 1 | MOUTH / THROAT / DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCAINE/TETRACAINE CREAM | - | NC | DERMATOLOGICALS |
| LIDOCIN GEL | - | NC | DERMATOLOGICALS |
| LIDODERM PATCH (QL= 3 patches/day) | QL | 3 | DERMATOLOGICALS |

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| 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 |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| LIDOLOG KIT | - | NC CORTICOSTEROIDS |
| LIDOSTREAM KIT | - | NC DERMATOLOGICALS |
| LIDOTIN PAK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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. |
| 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 ANTIHYPERLIPIDEMICS |
| LIPTRUZET TAB | - | 3 ANTIHYPERLIPIDEMICS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 ANTIHYPERTENSIVES |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| LITHIUM CARBONATE CAP | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| 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 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 | ANTIHYPERTENSIVES |
| L-METHYLFOLATE TAB | - | NC | DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS |
| LMR PLUS KIT | - | NC | DERMATOLOGICALS |
| LO LOESTRIN TAB | - | 3 | CONTRACEPTIVES |
| LOCOID CREAM | - | NC | DERMATOLOGICALS |
| LOCOID LIPOCREAM | - | NC | DERMATOLOGICALS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
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| 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 |
| lohist liquid (DECON-A equiv) | OTC | NC COUGH / COLD / ALLERGY |
| LOKELMA PAK | PA | 2 MISCELLANEOUS THERAPEUTIC CLASSES |
| LOMAIRA TAB | - | EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| 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 |
| LOPERAMIDE SOLN | - | NC ANTIDIARRHEAL / PROBIOTIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
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| 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 | EX | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | SP | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | SP | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORTAB | - | 3 | ANALGESICS - OPIOID |
| LORTAB ELIXIR | - | 3 | ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| LOTEMAX SM GEL 0.38% | - | NC OPTHALMIC AGENTS |
| LOTENSIN HCT TAB | - | 3 ANTIHYPERTENSIVES |
| LOTENSIN TAB | - | 3 ANTIHYPERTENSIVES |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 OPTHALMIC AGENTS |
| 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 (QL= 84 tabs/7 days) | PA-QL | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| LUFYLLIN TAB | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC DERMATOLOGICALS |
| LUMIFY OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| LUMIGAN OPTH 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 | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 MINERALS & ELECTROLYTES |
| LUVIRA CAP | - | NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS |
| 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 | - | 3 ANTICONVULSANTS |
| LYRICA CR TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYRICA SOLN | - | 3 ANTICONVULSANTS |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB | - | 3 HEMOSTATICS |
| LYUMJEV INJ | - | NC ANTIDIABETICS |
| LYUMJEV KWIKPEN INJ | - | NC ANTIDIABETICS |

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|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| MACRILEN PACK | - | NC DIAGNOSTIC PRODUCTS |
| MACROBID CAP | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| MACRODANTIN CAP | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| MACRODANTIN CAP 25MG | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| magnesium sulfate inj | M | M MINERALS & ELECTROLYTES |
| MALARONE TAB | - | 3 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 |
| MAVENCLAD PAK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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 |

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|---|---------------------|-------------|---|
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAXITROL OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| MAXITROL OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| MAXZIDE TAB | - | 3 | DIURETICS |
| MAYZENT TAB | LMSP | SP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | LMSP | SP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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 |
| 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) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |

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|--|---------------------|-------------|---|
| 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 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MELOXICAM COMFORT KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM SUSP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| melphalan inj (ALKERAN equiv) | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|-------------------------------------|---------------------|-------------|---|
| melphalan tab (ALKERAN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine sol (NAMENDA equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENEST TAB | - | 3 | ESTROGENS |
| MENOPUR INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MENOSTAR PATCH | - | 3 | ESTROGENS |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| MEPERIDINE TAB | - | 1 | ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) | - | 1 | ANALGESICS - OPIOID |
| MEPHYTON TAB | - | 3 | VITAMINS |
| meprobamate tab (MILTOWN equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| MEPRON SUSP | - | 3 | ANTI-INFECTIVE AGENTS MISC. |

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| Drug Name | Special Code | Tier | Category |
|---------------------------------------|---------------------|-------------|--|
| mercaptopurine tab (PURINETHOL equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mesalamine DR cap (DELZICOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | LMSP | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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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| 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 soln (RIOMET equiv) | - | 3 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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| 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 | ANTI-INFECTIVE AGENTS MISC. |
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| 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 tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 3 | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | 1 | DIURETICS |
| methyldopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |

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| Drug Name | Special Code | Tier Category |
|--|--------------|---|
| 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 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv) | - | NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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|---|---------------------|-------------|--|
| 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 |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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|--|---------------------|-------------|---------------------------------|
| 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 tab 37.5mg, 75mg (LOPRESSOR equiv) | - | NC | BETA BLOCKERS |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB | - | 2 | ANTIHYPERTENSIVES |
| 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 |
| metronidazole cap (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| metronidazole cream (METROCREAM equiv) | - | 2 | DERMATOLOGICALS |

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|--|---------------------|-------------|--|
| 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 |
| metyrosine cap (DEMSEER equiv) | - | NC | ANTIHYPERTENSIVES |
| MEVACOR TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| mexiletine hcl cap | - | 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 |
| micafungin inj (MYCAMINE equiv) | M | M | ANTIFUNGALS |
| MICARDIS HCT TAB | - | NC | ANTIHYPERTENSIVES |
| MICARDIS TAB | - | 3 | ANTIHYPERTENSIVES |
| MICLARA LIQUID | - | NC | ANTI-HISTAMINES |
| MICONAZOLE 3 SUPP 200MG | - | 3 | VAGINAL PRODUCTS |
| MICORT-HC CREAM | - | NC | DERMATOLOGICALS |
| MICRO-K CAP | - | 3 | MINERALS & ELECTROLYTES |

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

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| Drug Name | Special Code | Tier Category |
|---|---------------------|-------------------------|
| MICROVIX LP PAK | - | NC DERMATOLOGICALS |
| 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 800-803-2523) | LD-PA | SP HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY | - | NC MIGRAINE PRODUCTS |
| MILLIPRED DP PAK | - | NC 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 CAP | - | NC 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 |

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|---|---------------------|-------------|--|
| MIRCETTE TAB | - | 3 | CONTRACEPTIVES |
| MIRENA IUD | - | \$0 | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| 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 | 1 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| MODERIBA TAB | - | NC | ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | NC | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| 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 |

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|--|---------------------|-------------|---|
| MONODOX CAP | - | 3 | TETRACYCLINES |
| MONOPRIL HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| 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 | ANTI-INFECTIVE AGENTS MISC. |
| 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 |
| MOTEGRITY TAB | PA | 3 | GASTROINTESTINAL AGENTS - MISC. |

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|---|---------------------|-------------|------------------------------------|
| MOTOFEN TAB | - | 3 | ANTIDIARRHEALS |
| MOTRIN SUSP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| MOVANTIK TAB | PA | 2 | 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 |
| MOXEZA OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv) | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | 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 (QL= 7 tabs/fill) | LMSP-PA-QL | SP | HEMATOPOIETIC AGENTS |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |

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|--|---------------------|-------------|--|
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| multivitamin tab | - | 3 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| 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 |
| MYALEPT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYAMBUTOL TAB | - | 3 | ANTIMYCOBACTERIAL AGENTS |
| MYCAMINE INJ | M | M | ANTIFUNGALS |
| MYCAPSSA CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 |

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|--|---------------------|---|
| 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 |
| MYNATAL-Z TAB | - | 1 MULTIVITAMINS |
| MYRBETRIQ TAB | - | 2 URINARY ANTISPASMODICS |
| MYSOLINE TAB | - | 3 ANTICONSULSANTS |
| MYTELASE TAB | - | 3 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| MYTESI TAB | - | NC ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORCARD equiv) | - | 2 BETA BLOCKERS |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 3 ANTIHYPERTENSIVES |
| NAFTIFINE CREAM | - | 3 DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|--------------------------------|---------------------|-------------|---|
| naftifine cream (NAFTIN equiv) | - | 3 | DERMATOLOGICALS |
| naftifine gel (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 | - | 1 | ANTIDOTES |
| naloxone prefilled inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA SOL | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR CAP | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|--|---------------------|--|
| NAMZARIC CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naphazoline ophth soln | - | 3 OPTHALMIC AGENTS |
| NAPRELAN CR TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN TAB | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 2 ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | NC ANALGESICS - ANTI-INFLAMMATORY |

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|---|---------------------|---|
| naproxen susp (NAPROSYN equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | - | 2 ANTIDOTES |
| NARDIL TAB | - | 3 ANTIDEPRESSANTS |
| 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 |
| nateglinide tab (STARLIX equiv) | - | 3 ANTIDIABETICS |
| NATESTO NASAL GEL | - | NC ANDROGENS-ANABOLIC |
| 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 |

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|--|---------------------|-------------|--------------------------------------|
| NAVANE CAP | - | 3 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 | ANTICONVULSANTS |
| NEBUPENT NEB SOLN | - | 3 | ANTI-INFECTIVE AGENTS MISC. |
| NEBUSAL NEB SOLN | - | 2 | COUGH / COLD / ALLERGY |
| NECON TAB | - | \$0 | CONTRACEPTIVES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | 3 | MULTIVITAMINS |

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|---|---------------------|---|
| NEONATAL FE TAB | - | 3 MULTIVITAMINS |
| NEORAL CAP | - | SP ASSORTED CLASSES |
| NEORAL SOLN | - | SP ASSORTED CLASSES |
| NEOSALUS FOAM | - | NC DERMATOLOGICALS |
| NEOSPORIN OPTH 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 |
| NEURONTIN TAB | - | 3 ANTICONVULSANTS |
| NEVANAC OPTH SUSP | - | 2 OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 ANTIVIRALS |

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| 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 |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 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 / ANTISPASMODICS / ANTICHOLINERGICS |
| NEXLETOL TAB | - | NC | ANTHYPERLIPIDEMICS |
| NEXLIZET TAB | - | NC | ANTHYPERLIPIDEMICS |
| 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 | - | 3 | ANTHYPERLIPIDEMICS |

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|---|---------------------|-------------|---|
| nicardipine cap (CARDENE equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| 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. |

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| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | LMSP | 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 | ANTI-ANXIETY AGENTS |
| nisoldipine ER tab (SULAR equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 | CALCIUM CHANNEL BLOCKERS |

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|---|---------------------|-------------|--|
| NISOLDIPINE ER TAB 25.5MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nitisinone cap (ORFADIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH | - | 3 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS MISC. |
| nitrofurantoin susp (FURADANTIN equiv) | - | 2 | ANTI-INFECTIVE AGENTS MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NITROLINGUAL PUMP SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITROSTAT SL TAB | - | 3 | ANTIANGINAL AGENTS |

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|---|---------------------|---|
| NITYR TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ | LMSP | SP HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| nizatidine cap (AXID equiv) | - | 1 ULCER DRUGS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | NC DERMATOLOGICALS |
| NIZORAL SHAMPOO | - | 3 DERMATOLOGICALS |
| NOCDURNA SL TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | NC CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 PROGESTINS |

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|--|---------------------|-------------|--------------------------------|
| norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv) | - | 3 | CONTRACEPTIVES |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | 3 | CONTRACEPTIVES |
| norethindrone/ethinyl estradiol tab (LOESTRIN equiv) | - | 3 | CONTRACEPTIVES |
| NORGESIC FORTE TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| NORGESIC TAB FORTE | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| 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 |

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| Drug Name | Special Code | Tier | Category |
|---------------------------|---------------------|-------------|--|
| NORVIR CAP | - | 3 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 3 | ANTIVIRALS |
| NORVIR SOLN | - | 3 | ANTIVIRALS |
| NORVIR TAB | - | 3 | ANTIVIRALS |
| NOURIANZ TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| NOVACORT GEL | - | NC | DERMATOLOGICALS |
| NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN 70/30 INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |

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| Drug Name | Special Code | Tier Category |
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| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL SUSP | - | 2 ANTIFUNGALS |
| NOXAFIL TAB | - | NC ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | LMSP-PA-QL | SP ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARACLINPA KIT | - | NC DERMATOLOGICALS |
| NUCARARXPAK KIT | - | NC DERMATOLOGICALS |
| NUCORT LOTION | - | 3 DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 ANALGESICS - OPIOID |
| NUCYNTA TAB | - | 3 ANALGESICS - OPIOID |
| NUDERMRXPAK PAK | - | NC DERMATOLOGICALS |
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NULYTELY SOLN | - | NC LAXATIVES |
| NUPLAZID CAP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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|---|---------------------|--|
| NUPLAZID TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 MIGRAINE PRODUCTS |
| NUVAKAAN II KIT | - | NC DERMATOLOGICALS |
| NUVARING | - | \$0 CONTRACEPTIVES |
| NUVIGIL TAB (QL= 1 tab/day) | PA-QL | 3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| NUZYRA TAB (QL= 2 tabs/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP TETRACYCLINES |
| NYATA KIT | - | NC DERMATOLOGICALS |
| NYMALIZE SOLN | - | NC CALCIUM CHANNEL BLOCKERS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 DERMATOLOGICALS |
| nystatin oint | - | 1 DERMATOLOGICALS |
| nystatin powder | - | 1 ANTIFUNGALS |
| nystatin susp | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| nystatin tab | - | 1 ANTIFUNGALS |
| nystatin topical powder | - | 1 DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | 1 VAGINAL PRODUCTS |

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|---|---------------------|-------------|--|
| nystatin/triamcinolone cream | - | 3 | DERMATOLOGICALS |
| 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 |

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| 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 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 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 |

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|--|---------------------|--|
| olopatadine nasal spray (PATANASE equiv) | - | 2 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 OPHTHALMIC AGENTS |
| OLUMIANT TAB (QL= 1 tab/day) | LMSP-PA-QL | SP ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC DERMATOLOGICALS |
| OLUX FOAM | - | 3 DERMATOLOGICALS |
| OLYSIO CAP | - | NC ANTIVIRALS |
| omedia otic soln (AMERICAINE equiv) | - | 1 OTIC AGENTS |
| OMEGA-3 RX PAK COMPLETE | - | NC ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 ULCER DRUGS |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| omeprazole tab | OTC | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC ULCER DRUGS |

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|-----|--|-------------------------------|--|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| OMNARIS NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNICEF SUSP | - | 3 CEPHALOSPORINS |
| OMNIPAQUE SOLN | - | NC DIAGNOSTIC PRODUCTS |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 ANTIEMETICS |
| ONDANSETRON TAB | - | 1 ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 ANTIEMETICS |
| ONEXTON GEL | - | NC DERMATOLOGICALS |
| ONFI SUSP | - | NC ANTICONVULSANTS |
| ONFI TAB | - | NC ANTICONVULSANTS |
| ONGENTYS CAP | - | NC ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB | - | NC ANTIDIABETICS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|--------------|---|
| ONUREG TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT | - | NC DERMATOLOGICALS |
| 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 CVS Specialty 800-237-2767) | 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 |
| ORAVIG TAB | - | 3 MOUTH / THROAT / DENTAL AGENTS |
| ORAXYL CAP | - | 3 TETRACYCLINES |

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| 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 | |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| 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. |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 ESTROGENS |
| ORILISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORILISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| 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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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmac 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/cafeine 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 |
| ORTIKOS ER CAP | - | NC | CORTICOSTEROIDS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 | ANTIVIRALS |
| OSMOLEX ER TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB (Step Therapy requires trial of CLENPIQ) | ST | 3 | LAXATIVES |

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| 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 |
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|---|---------------------|---|
| OSPHENA TAB | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | SP ANALGESICS - ANTI-INFLAMMATORY |
| 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, CIPROFLOXACIN/FLUOCINOLONE 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 |
| OVEEZA CAP | - | NC HEMATOPOIETIC AGENTS |
| OVIDE LOTION (QL= 2 bottles/fill) | QL | 3 DERMATOLOGICALS |
| OVIDREL INJ | INF | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OXANDRIN TAB | - | 3 ANDROGENS-ANABOLIC |

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| 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 |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|-----------------------------------|
| oxandrolone tab (OXANDRIN equiv) | - | 1 | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTI-ANXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP | HEMATOPOIETIC AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| OXERVATE OPTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL | SP | OPHTHALMIC AGENTS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 3 | DERMATOLOGICALS |
| OXISTAT CREAM | - | 3 | DERMATOLOGICALS |
| OXISTAT LOTION | - | 3 | DERMATOLOGICALS |
| OXSORALEN ULTRA CAP | - | 3 | DERMATOLOGICALS |
| OXTELLAR XR TAB | - | NC | ANTICONVULSANTS |
| 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 |

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| 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 |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| 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/ACETAMINOPHEN TAB 2.5-300MG | - | NC ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | 1 ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 3 ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC ANALGESICS - OPIOID |
| OXYIR CAP | - | 2 ANALGESICS - OPIOID |
| oxymorphone ER tab (OPANA ER equiv) | - | 3 ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | 3 ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | 1 URINARY ANTISPASMODICS |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 ANTIDIABETICS |
| OZOBAX SOLN | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | SP ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | SP ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| PALGIC SOLN | - | 3 ANTIHISTAMINES |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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|--|---------------------|-------------|---|
| 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 |
| pantoprazole sodium packet (PROTONIX PAK equiv) | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| PARAFON FORTE TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| PARAGARD IUD | - | \$0 | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | NC | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier Category |
|------------------------------------|---------------------|--|
| PARCOPA ODT | - | 3 ANTIPARKINSON AGENTS |
| 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 | - | 3 AMINOGLYCOSIDES |
| 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 OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| PATANASE NASAL SPRAY | - | 3 NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PATANOL OPTH SOLN | - | 3 OPHTHALMIC AGENTS |
| PAXIL CR TAB | - | 3 ANTIDEPRESSANTS |
| PAXIL SUSP | - | 3 ANTIDEPRESSANTS |
| PAXIL TAB | - | 3 ANTIDEPRESSANTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| PAZEO OPTH SOLN 0.7% | - | NC OPTHALMIC AGENTS |
| pb-belladonna elixir (DONNATAL equiv) | - | NC ULCER DRUGS |
| 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 | - | 1 MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | 1 MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 MULTIVITAMINS |
| PEDIAZOLE SUSP | - | 3 ANTI-INFECTIVE AGENTS MISC. |
| PEDIZOLPAK THERAPY PACK | - | NC DERMATOLOGICALS |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (Step Therapy requires trial of CLENPIQ) | ST | 3 LAXATIVES |
| 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 |
| PEG-INTRON INJ | LMSP | SP ANTIVIRALS |
| PEMAZYRE TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| PEN NEEDLE | OTC | NC MEDICAL DEVICES AND SUPPLIES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 MISCELLANEOUS THERAPEUTIC CLASSES |
| penicilliamine cap (CUPRIMINE equiv) | - | NC MISCELLANEOUS THERAPEUTIC CLASSES |
| 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 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 ANTI-INFECTIVE AGENTS MISC. |
| PENTASA CAP | - | NC GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 ANALGESICS - OPIOID |
| PENTOSAN CAP | - | NC GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 HEMATOLOGICAL AGENTS - MISC. |
| PEPCID SUSP | - | 3 ULCER DRUGS |
| PEPCID TAB | - | 3 ULCER DRUGS |
| PERCOCET TAB | - | 3 ANALGESICS - OPIOID |

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|---|---------------------|-------------|--|
| 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. |
| 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 ER TAB | - | EX C | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| phendimetrazine tab (BONTRIL PDM equiv) | - | EX C 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 ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 ANTICONVULSANTS |
| PHEXXI GEL | - | NC VAGINAL AND RELATED PRODUCTS |
| PHISOHEX LIQUID | - | 3 ANTISEPTICS & DISINFECTANTS |
| PHOSLO CAP | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| PHOSLYRA SOLN | - | 2 GASTROINTESTINAL AGENTS - MISC. |

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|--|---------------------|---|
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPTH SOLN | - | 2 OPHTHALMIC AGENTS |
| PHOTREXA OP KIT | - | NC OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 2 VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 DERMATOLOGICALS |
| PIFELTRO TAB | - | SP ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 MOUTH / THROAT / DENTAL AGENTS |
| PILOPINE HS OPTH GEL | - | 3 OPHTHALMIC AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 DERMATOLOGICALS |
| PIMOZIDE TAB | - | 2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 BETA BLOCKERS |
| pioglitazone tab (ACTOS TAB equiv) | - | 1 ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC ANTIDIABETICS |
| PIQRAY TAB | LMSP-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|-------------------------------|---------------------|--|
| 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 | - | NC DERMATOLOGICALS |
| PLEXION SCT CREAM | - | 3 DERMATOLOGICALS |
| PLIAGLIS CREAM | - | NC DERMATOLOGICALS |
| PLIAGLIS KIT | - | NC DERMATOLOGICALS |
| PNEUMOVAX INJ | VAC | \$0 VACCINES |

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|---|---------------------|---|
| 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 (QL= 21 caps/28 days) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PONSTEL CAP | - | 3 ANALGESICS - ANTI-INFLAMMATORY |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 MINERALS & ELECTROLYTES |

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|---|---------------------|-------------|--------------------------------------|
| POTABA CAP | - | 3 | VITAMINS |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| POTABA TAB | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-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 |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|------------------------------|
| POTIGA TAB 50MG (QL= 9 tabs/day) | QL | 2 | ANTICONVULSANTS |
| PRADAXA CAP | - | 2 | ANTICOAGULANTS |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| PRAMASONE OINT | - | 2 | DERMATOLOGICALS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | 2 | DERMATOLOGICALS |
| PRAMOSONE CREAM 2.5-1% | - | NC | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | NC | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | 3 | 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 | ANTIHYPERLIPIDEMICS |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | 2 | ANTHELMINTICS |

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|---|---------------------|------------------------|
| prazosin cap (MINIPRESS equiv) | - | 1 ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC DIAGNOSTIC PRODUCTS |
| PRECOSE TAB | - | 3 ANTIDIABETICS |
| PRED FORTE OPTH SUSP | - | 3 OPHTHALMIC AGENTS |
| PRED MILD OPTH SOLN | - | 2 OPHTHALMIC AGENTS |
| PRED-G OPTH SOLN | - | 2 OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 DERMATOLOGICALS |
| prednicarbate cream (DERMATOP equiv) | - | 2 DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | 2 CORTICOSTEROIDS |
| PREDNISOLONE OPTH SUSP | - | 1 OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN | - | 1 OPHTHALMIC AGENTS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 CORTICOSTEROIDS |
| PREDNISOLONE SYRUP | - | 1 CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | 1 CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN OPTH SUSP | - | NC OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SUSP | - | NC OPHTHALMIC AGENTS |

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| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN | - | NC OPTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPTH SUSP | - | NC OPTHALMIC AGENTS |
| PREDNISOLONE/NEPAFENAC OPTH SUSP | - | NC OPTHALMIC AGENTS |
| prednisone pack | - | NC CORTICOSTEROIDS |
| PREDNISON SOLN | - | 1 CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | 1 CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC CORTICOSTEROIDS |
| PREFEST TAB | - | 3 ESTROGENS |
| pregabalin cap (LYRICA equiv) | - | 1 ANTICONVULSANTS |
| pregabalin soln (LYRICA equiv) | - | 2 ANTICONVULSANTS |
| PREGENNA TAB | - | NC MULTIVITAMINS |
| 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 |
| PRENARA CAP | - | NC MULTIVITAMINS |
| PRENATABS RX TAB | - | 1 MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | 1 MULTIVITAMINS |
| PRENATAL 19 TAB | - | 1 MULTIVITAMINS |

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| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 | MULTIVITAMINS |
| PRENATRIX TAB | - | NC | MULTIVITAMINS |
| PREPOPIK PAK | - | NC | LAXATIVES |
| PRESTALIA TAB | - | NC | ANTIHYPERTENSIVES |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTIMYCOBACTERIAL AGENTS |
| PREVACID CAP | - | NC | ULCER DRUGS |
| PREVACID OTC CAP | OTC | 1 | ULCER DRUGS |
| PREVACID SOLUTAB | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| 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 |
| PREVIDENT RINSE | - | 2 | MOUTH / THROAT / DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | \$0 | VACCINES |
| PREVPAC KIT | - | 3 | ULCER DRUGS |

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| 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 | OTC | NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 ANTIMALARIALS |
| PRIMAQUINE TAB | - | 2 ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 ANTICONVULSANTS |
| PRIMLEV TAB | - | NC ANALGESICS - OPIOID |
| PRIMLEV TAB 10-300MG | - | NC ANALGESICS - OPIOID |
| PRIMLEV TAB 5-300MG | - | 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/30 days) | QL | 1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROAMATINE TAB | - | 3 VASOPRESSORS |

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| EXC | Plan Exclusion | INF | Infertility |
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| 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 |
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| Drug Name | Special Code | Tier | Category |
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| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| procainamide inj | M | M | ANTIARRHYTHMICS |
| PROCARDIA CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE 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 |
| PROCYSBI GRANULES PACKET | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB | - | NC | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | 2 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| PROGLYCEM SUSP | - | 3 | ANTIDIABETICS |
| PROGRAF CAP | - | SP | ASSORTED CLASSES |
| PROGRAF PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLENSA OPTH SOLN | - | 2 | OPHTHALMIC AGENTS |

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| PROLEUKIN INJ | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PROLIA INJ | M | M ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PROMACTA POWDER | LMSP-PA | SP HEMATOPOIETIC AGENTS |
| PROMACTA TAB | LMSP-PA | SP HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 COUGH / COLD / ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 ANTIHISTAMINES |
| promethazine syrup | - | 1 ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | 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 |
| PROMETHEGAN SUPP | - | 2 ANTIHISTAMINES |
| 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 |

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|--|---------------------|-------------|---|
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| 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 |
| PROTOPIC OINT | - | 3 | DERMATOLOGICALS |
| protriptyline tab (VIVACTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| PROVENTIL HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROVERA TAB | - | 3 | PROGESTINS |

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| PROVIGIL TAB (QL= 2 tabs/day) | PA-QL | 3 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| 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 |

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|--|---------------------|---|
| PYRIDIDIUM TAB | - | 3 GENITOURINARY AGENTS - MISCELLANEOUS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | NC ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| pyridstigmine soln (MESTINON equiv) | - | 3 ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP ANTIMALARIALS |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC ANTIMALARIALS |
| QBRELIS SOLN | PA | 3 ANTIHYPERTENSIVES |
| QBREXZA PAD | - | NC DERMATOLOGICALS |
| QDOLO SOLN | - | NC ANALGESICS - OPIOID |
| QINLOCK TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QMIIZ ODT TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | NC ANTIDIABETICS |

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|---|--------------|---|
| 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) | - | 1 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 |
| 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 |
| QUINIXIL PAK | - | NC DERMATOLOGICALS |
| QUINOSONE KIT | - | NC DERMATOLOGICALS |

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| 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 |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 ANTIHYPERTENSIVES |
| RANEXA TAB | - | 3 ANGIANGINAL AGENTS |
| ranitidine cap (ZANTAC equiv) | - | NC ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | NC ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC ULCER DRUGS |
| ranolazine tab (RANEXA equiv) | - | 2 ANGIANGINAL AGENTS |
| RAPAFLO CAP | - | 2 GENITOURINARY AGENTS - MISCELLANEOUS |
| RAPAMUNE SOLN | - | SP MISCELLANEOUS THERAPEUTIC CLASSES |

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| Drug Name | Special Code | Tier Category |
|--------------------------------|---------------------|--|
| 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 SOLN | LMSP | SP ANTIVIRALS |
| REBIF INJ | LMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBLOZYL INJ | - | NC HEMATOPOIETIC AGENTS |
| RECTIV OINT | - | 3 ANORECTAL AGENTS |

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|---|---------------------|---------------------------------------|
| REDITREX INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| REGLAN TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 DERMATOLOGICALS |
| RELAFEN DS TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| 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 |
| REMEDIENT CAP | - | NC MULTIVITAMINS |
| REMERON SOLUTAB | - | 3 ANTIDEPRESSANTS |
| REMERON TAB | - | 3 ANTIDEPRESSANTS |
| REMODULIN INJ 10MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 1MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 2.5MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |

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|---|---------------------|-----------------------------------|
| REMODULIN INJ 5MG/ML | - | NC CARDIOVASCULAR AGENTS - MISC. |
| RENAGEL TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| RENAGEL TAB 800MG | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | 1 MULTIVITAMINS |
| RENOVA CREAM | - | EX C DERMATOLOGICALS |
| RENVELA TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | 1 ANTIDIABETICS |
| REPAGLINIDE TAB | - | NC ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 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 |

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| 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 |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 | OPHTHALMIC 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 |

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| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| RESTORIL CAP 7.5MG | - | 3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| RETACRIT INJ | - | 2 HEMATOPOIETIC AGENTS |
| RETEVMO CAP | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| REVATIO SUSP | - | NC CARDIOVASCULAR AGENTS - MISC. |
| REVATIO TAB | PA | 3 CARDIOVASCULAR AGENTS - MISC. |
| REVIA TAB | - | 3 ANTIDOTES |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | SP ASSORTED CLASSES |
| REXAPHENAC CREAM | - | NC DERMATOLOGICALS |
| REXULTI TAB | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| REYATAZ CAP | - | SP ANTIVIRALS |

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|-----|--|-------------------------------|--|
| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| REYATAZ POWDER PACK | - | SP ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 MIGRAINE PRODUCTS |
| 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 OPTH 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 |
| RIBAVIRIN TAB 400MG | - | NC ANTIVIRALS |
| RIDAURA CAP | - | 2 ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 ANTIMYCOBACTERIAL AGENTS |
| RIFADIN CAP | - | 3 ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 ANTIMYCOBACTERIAL AGENTS |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
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| SF | Limited to two 15 day fills per month fo first 3 months | SMKG | Smoking Cessation |
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|---|---------------------|-------------|--|
| 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 | - | 1 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | LMSP-PA-QL | SP | ANALGESICS - ANTI-INFLAMMATORY |
| RIOMET ER SUSP | - | 3 | ANTIDIABETICS |
| RIOMET 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. |
| RISPERDAL M ODT | - | 3 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| RISPERDAL SOLN | - | 3 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |

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Last Updated 12/1/2020

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|-------------------------------------|---------------------|-------------|--|
| 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 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. |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 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. |
| ROCALtrol SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCKLATAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 3 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC | LOCAL ANESTHETICS-PARENTERAL |
| ROSADAN KIT | - | NC | DERMATOLOGICALS |
| ROSULA EMULSION | - | 3 | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ROSULA GEL | - | 3 | DERMATOLOGICALS |
| ROSULA PAD | - | 3 | DERMATOLOGICALS |
| ROSULA WASH | - | NC | DERMATOLOGICALS |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERTENSIVES |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 | ANTIHYPERTENSIVES |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERTENSIVES |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERTENSIVES |
| ROWASA KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ROXICET SOLN | - | 3 | ANALGESICS - OPIOID |
| ROXICODONE TAB | - | 3 | ANALGESICS - OPIOID |
| ROZEREM TAB (QL= 1 tab/day) | QL | 3 | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | SP | HEMATOLOGICAL AGENTS - MISC. |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| rufinamide susp (BANZEL equiv) | PA | 2 ANTICONSULSANTS |
| RUKOBIA ER TAB | - | NC ANTIVIRALS |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | SP ANTIMYASTHENIC / CHOLINERGIC AGENTS |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 ANTIDIABETICS |
| 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 |
| RYVENT TAB | - | NC ANTIHISTAMINES |
| SABRIL POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | SP ANTICONSULSANTS |
| SABRIL TAB | - | NC ANTICONSULSANTS |
| SAFYRAL TAB | - | NC CONTRACEPTIVES |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALAGEN TAB | - | 3 MOUTH / THROAT / DENTAL AGENTS |
| SALEX LOTION KIT | - | NC DERMATOLOGICALS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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| Drug Name | Special Code | Tier Category |
|--------------------------------------|---------------------|---|
| SALEX SHAMPOO | - | 3 DERMATOLOGICALS |
| salicyclic acid soln | - | NC DERMATOLOGICALS |
| 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. |
| SAMSCA TAB, TOLVAPTAN TAB | MSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANCTURA TAB | - | 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 |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| SAPHRIS SL TAB (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | LMSP-PA | SP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | LMSP-PA | SP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 |

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| Drug Name | Special Code | Tier Category |
|---|--------------|---|
| SECONAL CAP | - | 2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| SECTRAL CAP | - | 3 BETA BLOCKERS |
| SECUADO PATCH | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| SEEBRI NEOHALER CAP | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SEGLUROMET TAB | - | NC ANTIDIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | 1 ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | 1 DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 DERMATOLOGICALS |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC DERMATOLOGICALS |
| SELRX SHAMPOO 2.3% | - | NC DERMATOLOGICALS |
| SELZENTRY SOLN | - | SP ANTIVIRALS |
| SELZENTRY TAB | - | SP ANTIVIRALS |
| SEMGLEE INJ | - | NC ANTIDIABETICS |
| SEMGLEE SOLN | - | NC ANTIDIABETICS |
| SEMPREX-D CAP | - | 3 COUGH / COLD / ALLERGY |
| SENSIPAR TAB | - | 3 ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|--------------|--|
| SEREVENT DISKUS INHALER | - | 2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC DERMATOLOGICALS |
| SEROQUEL TAB | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| SEROQUEL XR TAB | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| sertraline conc (ZOLOFT equiv) | - | 1 ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 ANTIDEPRESSANTS |
| SEVELAMER CARBONATE TAB | - | 2 GASTROINTESTINAL AGENTS - MISC. |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| 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. |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|--|
| SIKLOS TAB | - | NC HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | NC DERMATOLOGICALS |
| sildenafil susp (REVATIO equiv) | - | NC CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) | - | EX C CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 CARDIOVASCULAR AGENTS - MISC. |
| SILIPAC KIT | - | NC DERMATOLOGICALS |
| SILIQ INJ | - | NC DERMATOLOGICALS |
| sildenafil cap (RAPAFLO equiv) | - | 2 GENITOURINARY AGENTS - MISCELLANEOUS |
| SILVADENE CREAM | - | 3 DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 DERMATOLOGICALS |
| SILVERA PAD | - | NC DERMATOLOGICALS |
| SIMBRINZA OPTH SUSP | - | 2 OPTHALMIC AGENTS |
| SIMCOR TAB | - | NC ANTIHYPERLIPIDEMICS |
| SIMPONI ARIA INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI SC INJ | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| SIMVASTATIN SUSP | - | NC ANTIHYPERLIPIDEMICS |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| 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 |
| SINGULAIR TAB | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINUVA NASAL IMPLANT | - | NC NASAL AGENTS - SYSTEMIC AND TOPICAL |
| sirolimus soln (RAPAMUNE equiv) | - | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | SP ASSORTED CLASSES |
| SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist) | MSP-QL-RS | SP ANTIMYCOBACTERIAL AGENTS |
| SITAVIG TAB | - | NC ANTIVIRALS |
| SITZMARKS CAP | - | NC DIAGNOSTIC PRODUCTS |

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|---|---------------------|-------------|--|
| 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 |
| SKYRIZI INJ (QL= 2 inj/84 days) | LMSP-PA-QL | SP | DERMATOLOGICALS |
| SLO-NIACIN TAB | OTC | 3 | VITAMINS |
| SLYND TAB | - | 3 | CONTRACEPTIVES |
| 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 |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 | COUGH / COLD / ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--------------------------------|
| 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 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 | MOUTH / THROAT / DENTAL AGENTS |

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|---|---------------------|-------------|--|
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC | DERMATOLOGICALS |

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|---|---------------------|----------------------------------|
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC DERMATOLOGICALS |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 3 DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | SP ANTIVIRALS |
| SOLAICE PATCH | - | NC DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC DERMATOLOGICALS |
| SOLARAZE GEL (QL= 300gm/30 days) | PA-QL | 3 DERMATOLOGICALS |
| SOLARCAINE EXTRA GEL | - | 3 DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) | - | 1 URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 ANTIDIABETICS |
| SOLODYN TAB | - | NC TETRACYCLINES |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 AMEBICIDES |
| SOMA TAB | - | 3 MUSCULOSKELETAL THERAPY AGENTS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| SOMA TAB 250MG | - | NC MUSCULOSKELETAL THERAPY AGENTS |
| 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 |
| SOOLANTRA CREAM | - | NC DERMATOLOGICALS |
| SORIATANE CAP | - | 3 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 PELLET PAK | - | NC ANTIVIRALS |
| SOVALDI TAB | - | NC ANTIVIRALS |
| SPECTRACEF TAB | - | 3 CEPHALOSPORINS |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| SPIRIVA HANDIHALER (For use with Handihaler device) | PA | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | 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 |
| SPRAVATO NASAL SOLN | - | NC | ANTIDEPRESSANTS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| 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 |

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|---|---------------------|-------------|---|
| STARLIX TAB | - | 3 | ANTIDIABETICS |
| stavudine cap (ZERIT equiv) | - | 1 | ANTIVIRALS |
| stavudine soln (ZERIT equiv) | - | 1 | ANTIVIRALS |
| STAVZOR CAP | - | NC | ANTICONSULTANTS |
| STEGLATRO TAB | - | NC | ANTIDIABETICS |
| STEGLUJAN TAB | - | NC | ANTIDIABETICS |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | SP | DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRATTERA CAP | - | 3 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | SP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIANT FILM | - | NC | ANDROGENS-ANABOLIC |
| STRIBILD TAB | - | 3 | ANTIVIRALS |

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| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STROMEKTOL TAB | - | 3 ANTHELMINTICS |
| STROVITE TAB | - | 3 MULTIVITAMINS |
| SUBLOCADE INJ | - | NC ANALGESICS - OPIOID |
| SUBOXONE SL FILM | - | 2 ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC ANALGESICS - OPIOID |
| SUCLEAR KIT | - | NC LAXATIVES |
| SUCRAID SOLN | - | NC DIGESTIVE AIDS |
| sucralfate susp (CARAFATE equiv) | - | 2 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| 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 |

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|---|---------------------|-------------|---------------------------------|
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| SUMADAN KIT | - | NC | DERMATOLOGICALS |
| SUMADEN XLT KIT | - | NC | DERMATOLOGICALS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 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 | - | NC | DERMATOLOGICALS |
| SUMAXIN TS SUSP | - | 3 | DERMATOLOGICALS |
| SUMAXIN WASH | - | 3 | DERMATOLOGICALS |

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| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| 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 |
| SUSTIVA TAB | - | SP | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |
| SUTAB TAB | - | NC | LAXATIVES |
| SUTENT CAP | MSP-PA-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SUTTAR SF SYRUP | - | 3 | COUGH / COLD / ALLERGY |
| SYLATRON INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | 3 | ULCER DRUGS |

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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| SYMBYAX CAP | - | 3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 3 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 |
| SYNAGIS INJ (Only available through Lumicera an Avella Specialty Pharmacies) | LD-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 |

| NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|---|--|--------------------------------|
| EXC Plan Exclusion | 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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|---|---------------------|--|
| 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 |
| TABRECTA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TACLONEX OINT | - | 3 DERMATOLOGICALS |
| tacrolimus cap (PROGRAF equiv) | - | 1 ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) | - | EX CARDIOVASCULAR C 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 | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGAMET TAB | - | 3 ULCER DRUGS |

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| EXC | Plan Exclusion | 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 |
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|---|---------------------|-------------|---|
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP | HEMATOLOGICAL AGENTS - MISC. |
| TALICIA CAP | - | NC | ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS |
| TALTZ INJ | - | NC | DERMATOLOGICALS |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | SP | 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 |
| TANZEUM INJ | - | NC | ANTIDIABETICS |
| TAPAZOLE TAB | - | 3 | THYROID AGENTS |
| TARCEVA TAB | LMSP-PA-SF | SP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|---|---------------------|--|
| TARGADOX TAB | - | NC TETRACYCLINES |
| TARGRETIN CAP | LMSP-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | LMSP-PA | 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 |
| TASOPROL CREAM KIT | - | NC DERMATOLOGICALS |
| tavaborole soln (KERYDIN equiv) | - | NC DERMATOLOGICALS |
| 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 0.1% (TAZORAC equiv) | - | 2 DERMATOLOGICALS |
| TAZORAC CREAM | - | 3 DERMATOLOGICALS |
| TAZORAC CREAM 0.05% | - | 3 DERMATOLOGICALS |
| TAZORAC GEL | - | 3 DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP | LMSP | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| 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 |
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| 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 (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TEKAMLO TAB | - | 3 ANTIHYPERTENSIVES |
| TEKTURN HCT TAB | - | 3 ANTIHYPERTENSIVES |
| TEKTURN TAB | - | 3 ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 2 ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWYNSTA 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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| EXC | Plan Exclusion | 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 |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 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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|-----|---|-------------------------------|--|
| EXC | Plan Exclusion | INF | Infertility |
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| 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 |
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERIPARATIDE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 (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 | 3 | ANDROGENS-ANABOLIC |

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|-----|--|-------------------------------|---|
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| 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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| Drug Name | Special Code | Tier | Category |
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| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| 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 | 2 | 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 |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|---------------------------------------|---------------------|-------------|---|
| THEOCHRON TAB | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THIOLA EC TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| 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 |

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|---|---------------------|---|
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP 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. |
| TIGAN CAP | - | 3 ANTIEMETICS |
| TIGLUTIK SUSP | - | NC NEUROMUSCULAR AGENTS |
| TIKOSYN CAP | - | 3 ANTIARRHYTHMICS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 BETA BLOCKERS |
| TIMOLOL OPHTH GEL SOLN | - | 2 OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | 3 OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | 3 OPHTHALMIC AGENTS |
| TIMOPTIC OPHTH SOLN | - | 3 OPHTHALMIC AGENTS |
| TIMOPTIC-XE OPHTH GEL | - | 3 OPHTHALMIC AGENTS |

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|--|---------------------|-------------|-----------------------------------|
| TINDAMAX TAB | - | 3 | ANTI-INFECTIVE AGENTS MISC. |
| tinidazole tab (TINDAMAX equiv) | - | 3 | ANTI-INFECTIVE AGENTS MISC. |
| TIROSINT CAP | - | NC | THYROID AGENTS |
| TIROSINT-SOL | - | NC | THYROID AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER | MSP-PA | SP | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TOBRADEX OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | SP | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBREX OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |

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| TOBREX OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| TOFRANIL PM CAP | - | 3 | ANTIDEPRESSANTS |
| TOFRANIL TAB | - | 3 | ANTIDEPRESSANTS |
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 3 | ANTIPARKINSON AGENTS |
| TOLMETIN CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLSURA CAP | - | NC | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolvaptan tab (SAMSCA equiv) | MSP | SP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TOPAMAX SPRINKLE CAP | - | 3 | ANTICONSULSANTS |
| TOPAMAX TAB | - | 3 | ANTICONSULSANTS |
| TOPICORT CREAM | - | 3 | DERMATOLOGICALS |

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|-----|--|-------------------------------|--|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| TOPICORT CREAM 0.05% | - | 3 | DERMATOLOGICALS |
| TOPICORT GEL | - | 3 | DERMATOLOGICALS |
| TOPICORT OINT | - | 3 | DERMATOLOGICALS |
| TOPICORT OINT 0.05% | - | 3 | DERMATOLOGICALS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| TOPROL XL TAB | - | 3 | BETA BLOCKERS |
| toremifene tab (FARESTON equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| toremifene tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOSYMRA SOLN | - | NC | MIGRAINE PRODUCTS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOVET KIT | - | NC | DERMATOLOGICALS |
| TOVIAZ TAB | - | NC | URINARY ANTISPASMODICS |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP | CARDIOVASCULAR AGENTS - MISC. |
| TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |

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| 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 |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| TRAMADOL ER CAP | - | NC ANALGESICS - OPIOID |
| tramadol ER tab (ULTRAM ER equiv) | - | 3 ANALGESICS - OPIOID |
| TRAMADOL HCL ER CAP | - | NC ANALGESICS - OPIOID |
| TRAMADOL HCL TAB 100MG | - | NC 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 ANTIANXIETY AGENTS |
| tranylcypromine tab (PARNATE equiv) | - | 2 ANTIDEPRESSANTS |
| TRAVATAN Z DROPS (QL= 2.5ml/30 days) | QL | 3 OPHTHALMIC AGENTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC ANTIDEPRESSANTS |
| TREANDA INJ | M | M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRECATOR TAB | PA | 3 ANTIMYCOBACTERIAL AGENTS |

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|-----|---|-------------------------------|--|
| EXC | Plan Exclusion | INF | Infertility |
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| 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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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TRELSTAR INJ | INF | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREMFYA INJ | - | NC | DERMATOLOGICALS |
| TRENTAL TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| treprostinil inj 10mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 1mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 5mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| 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 (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| 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 | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | 3 | ANALGESICS - OPIOID |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH / THROAT / DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| 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) | - | NC | DERMATOLOGICALS |
| TRIAMINIC SYRUP | OTC | NC | COUGH / COLD / ALLERGY |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 | DIURETICS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| 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 |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC DIAGNOSTIC PRODUCTS |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC ALLERGENIC EXTRACTS / BIOLOGICALS MISC |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 HEMATOPOIETIC AGENTS |
| TRICOR TAB | - | 3 ANTIHYPERLIPIDEMICS |
| trientine cap (SYPRINE equiv) | MSP-PA | SP MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | 1 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| TRIFLURIDINE OPTH SOLN | - | 2 OPHTHALMIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | 2 OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC ANTIHYPERLIPIDEMICS |

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | SP RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 CONTRACEPTIVES |
| TRILEPTAL SUSP | - | 3 ANTICONVULSANTS |
| TRILEPTAL TAB | - | 3 ANTICONVULSANTS |
| TRILIPIX CAP | - | NC ANTIHYPERLIPIDEMICS |
| TRI-LUMA CREAM | - | EX C 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 |

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| EXC | Plan Exclusion | INF | Infertility |
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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| TRI-NORINYL TAB | - | 3 | CONTRACEPTIVES |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIDEPRESSANTS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRIUMEQ TAB | - | 3 | ANTIVIRALS |
| TRIZIVIR TAB | - | SP | ANTIVIRALS |
| TROKENDI XR CAP | - | NC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| trosium chloride SR cap (SANCTURA XR equiv) | - | 2 | URINARY ANTISPASMODICS |
| trosium tab (SANCTURA equiv) | - | 2 | URINARY ANTISPASMODICS |
| TRULANCE TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 | ANTIDIABETICS |
| TRUSOPT OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TRUVADA TAB 100-150MG, 133-200MG, 167-250MG | - | 2 | ANTIVIRALS |
| TRUVADA TAB 200-300MG | - | 2 | ANTIVIRALS |
| TUDORZA PRESSAIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|--|---------------------|---|
| TUKYSA TAB | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| TUXARIN ER TAB | - | NC COUGH / COLD / ALLERGY |
| TUZISTRA XR SUSP | - | NC COUGH / COLD / ALLERGY |
| TWIRLA PATCH | - | NC CONTRACEPTIVES |
| TWYNSTA TAB | - | NC ANTIHYPERTENSIVES |
| TYBLUME TAB | - | \$0 CONTRACEPTIVES |
| TYBOST TAB | - | NC ANTIVIRALS |
| TYKERB TAB | LMSP-PA | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYLENOL/CODEINE TAB | - | 3 ANALGESICS - OPIOID |
| TYMLOS INJ | LMSP | SP ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| 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 |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| TYSABRI INJ | M | M | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP | CARDIOVASCULAR AGENTS - MISC. |
| TYZEKA TAB | PA-SP | SP | ANTIVIRALS |
| TYZINE NASAL SOLN | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM | PA | 3 | ANORECTAL AGENTS |
| UCERIS TAB (QL= 1 tab/day) | PA-QL | 3 | CORTICOSTEROIDS |
| U-CORT CREAM | - | 2 | DERMATOLOGICALS |
| UDENYCA INJ | LMSP | SP | 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 |
| 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 | - | NC | DERMATOLOGICALS |

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| 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 |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| 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 |
| UPNEEQ SOLN | - | NC OPHTHALMIC AGENTS |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | 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 |
| urea susp 40% (UMECTA equiv) | - | NC DERMATOLOGICALS |
| URECHOLINE TAB | - | 3 URINARY ANTISPASMODICS |

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|---|---|--------------------------------|
| EXC Plan Exclusion | 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 | |
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|--|---------------------|---|
| URELIEF PLUS TAB | - | NC URINARY ANTISPASMODICS |
| UROCIT-K TAB | - | 3 GENITOURINARY AGENTS - MISCELLANEOUS |
| UROQID #2 TAB | - | 3 URINARY ANTI-INFECTIVES |
| UROXATRAL TAB | - | 3 GENITOURINARY AGENTS - MISCELLANEOUS |
| 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 ANTI-INFECTIVE AGENTS MISC. |
| UTIBRON NEOHALER CAP | - | NC ANTI-ASTHMATIC 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 |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | SP DERMATOLOGICALS |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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 | | |

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

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|-----------------------------|
| 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 (DEPAKON equiv) | - | NC | ANTICONVULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTI-HYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTI-HYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 | ANTICONVULSANTS |
| VALTREX TAB | - | 3 | ANTIVIRALS |
| VALTURN TAB | - | 3 | ANTI-HYPERTENSIVES |
| VANCOCIN CAP (QL= 56 caps/fill) | QL | 3 | ANTI-INFECTIVE AGENTS MISC. |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS MISC. |
| VANCOMYCIN INJ | - | NC | ANTI-INFECTIVE AGENTS MISC. |
| VANCOMYCIN SOLN | - | 1 | ANTI-INFECTIVE AGENTS MISC. |

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| 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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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| VANIQA CREAM | - | EX DERMATOLOGICALS C |
| VANOS CREAM | - | NC DERMATOLOGICALS |
| VANTIN TAB | - | 3 CEPHALOSPORINS |
| varденаfil ODT (STAXYN equiv) | - | EX CARDIOVASCULAR C AGENTS - MISC. |
| varденаfil tab (LEVITRA equiv) | - | EX CARDIOVASCULAR C AGENTS - MISC. |
| VAROPHEN KIT | - | NC DERMATOLOGICALS |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 ANTIEMETICS |
| VASCEPA CAP 0.5GM (QL= 4 caps/day) | QL | 2 ANTIHYPERLIPIDEMICS |
| VASCEPA CAP 1GM (QL= 4 caps/day) | QL | 2 ANTIHYPERLIPIDEMICS |
| VASERETIC TAB | - | 3 ANTIHYPERTENSIVES |
| vasolex oint (XENADERM equiv) | - | NC DERMATOLOGICALS |
| VASOTEC TAB | - | 3 ANTIHYPERTENSIVES |
| V-C FORTE CAP | - | 3 MULTIVITAMINS |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | \$0 VAGINAL PRODUCTS |
| VECAMEYL TAB | - | NC ANTIHYPERTENSIVES |
| VECTICAL OINT | - | NC DERMATOLOGICALS |
| VELPHORO CHEW TAB | - | 3 GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER | PA | 2 MISCELLANEOUS THERAPEUTIC CLASSES |

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| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| 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 |
| 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 800-803-2523) | LD-PA-QL | SP | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VERAMYST NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| VERAPAMIL CAP 100MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |

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| 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| 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 | - | NC DERMATOLOGICALS |
| VERDROCET TAB 2.5MG-325MG | - | NC ANALGESICS - OPIOID |
| VEREGEN OINT | - | NC DERMATOLOGICALS |
| VERELAN CAP | - | 3 CALCIUM CHANNEL BLOCKERS |
| VERELAN PM CAP | - | 3 CALCIUM CHANNEL BLOCKERS |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 CALCIUM CHANNEL BLOCKERS |
| VERELAN SR CAP 360mg | - | 3 CALCIUM CHANNEL BLOCKERS |
| VERSACLOZ SUSP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| VERZENIO TAB (QL= 2 tabs/day) | LMSP-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE TAB | - | 2 URINARY ANTISPASMODICS |
| VEXOL OPHTH SUSP | - | 2 OPHTHALMIC AGENTS |

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| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---------------------------------|
| 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 |
| 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 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 OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT | - | NC | ANTIDEPRESSANTS |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|--|---------------------|--------------------------------------|
| VIIBRYD TAB | - | 3 ANTIDEPRESSANTS |
| VIMOVO TAB | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | 2 ANTICONSULSANTS |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 ANTICONSULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 CONTRACEPTIVES |
| VIRACEPT POWDER | - | SP ANTIVIRALS |
| VIRACEPT TAB | - | SP ANTIVIRALS |
| VIRAMUNE SUSP | - | SP ANTIVIRALS |
| 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 |
| VITAFOL STRIPS | - | 3 MULTIVITAMINS |
| vitamin D cap (Rx covered Only) | - | 1 VITAMINS |
| vitamin D cap 1000unit | OTC | \$0 VITAMINS |
| vitamin D cap 400unit | OTC | \$0 VITAMINS |
| VITAMIN D TAB 400UNIT (Covered for members 65 years or older) | OTC | \$0 VITAMINS |
| VITEKTA TAB | - | SP ANTIVIRALS |

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|------------------------|--|-------------------------------|--|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB | - | NC MULTIVITAMINS |
| VITRECYL TAB | - | NC MULTIVITAMINS |
| VIVACTIL TAB | - | 3 ANTIDEPRESSANTS |
| VIVELLE-DOT PATCH | - | 3 ESTROGENS |
| VIVITROL INJ | LMSP | SP ANTIDOTES |
| 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 (QL= 4 bottles/30 days) | PA-QL | 3 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 |

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| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| 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 |
| VOSPIRE ER TAB | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VOTRIENT TAB | LMSP-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VP-PNV-DHA CAP | - | 1 MULTIVITAMINS |
| VRAYLAR CAP | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| VRAYLAR PACK | - | NC ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| VSL #3 CAP | - | NC ANTIDIARRHEALS |
| VUMERITY CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | INF | Infertility |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program |
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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| Drug Name | Special Code | Tier Category |
|--|---------------------|---|
| VYLEESI INJ | - | EX PSYCHOTHERAPEUTIC C AND NEUROLOGICAL AGENTS - MISC. |
| VYNDAMAX CAP (QL= 1 cap/day) | MSP-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day) | MSP-PA-QL | SP CARDIOVASCULAR AGENTS - MISC. |
| VYTONE CREAM 1.9-1% | - | NC DERMATOLOGICALS |
| VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered)) | QL | 3 ANTIHYPERLIPIDEMICS |
| VYTORIN TAB 10-80MG | - | NC ANTIHYPERLIPIDEMICS |
| VYVANSE CAP | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| VYVANSE CHEW TAB | - | 2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| VYZULTA SOLN | - | NC OPHTHALMIC AGENTS |
| WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | SP ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |

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| Drug Name | Special Code | Tier Category |
|--|--------------|---|
| warfarin tab (COUMADIN equiv) | - | 1 ANTICOAGULANTS |
| WELCHOL PACK | - | 2 ANTIHYPERLIPIDEMICS |
| WELCHOL TAB | - | 2 ANTIHYPERLIPIDEMICS |
| 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 ANTIANXIETY AGENTS |
| XANAX XR TAB | - | 3 ANTIANXIETY 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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| QL | Quantity Limit | RS | Restricted to Specialist |
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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 ANTICONVULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 ANTICONVULSANTS |
| XELJANZ 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 OPTH EMULSION | - | NC OPHTHALMIC AGENTS |
| XEMBIFY INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | SP PASSIVE IMMUNIZING ANI TREATMENT AGENTS |
| XENADERM OINT | - | NC DERMATOLOGICALS |
| XENAZINE TAB | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|-----|--|-------------------------------|--|
| EXC | Plan Exclusion | 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 | | |

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.

Alphabetical Index

Last Updated 12/1/2020

| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| XENICAL CAP | - | EX C ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 ANTI-INFECTIVE AGENTS MISC. |
| XEPI CREAM | - | NC DERMATOLOGICALS |
| XERESE CREAM | - | NC 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) | PA-QL | 3 ANTI-INFECTIVE AGENTS MISC. |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 ANTIDIABETICS |
| XIIDRA OPTH SOLN | - | NC OPHTHALMIC AGENTS |
| XODOL TAB 10MG-300MG | - | NC ANALGESICS - OPIOID |
| XODOL TAB 5MG-300MG | - | NC ANALGESICS - OPIOID |
| XODOL TAB 7.5MG-300MG | - | NC ANALGESICS - OPIOID |

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|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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.

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| Drug Name | Special Code | Tier Category |
|--|---------------------|--|
| XOFLUZA TAB (QL= 2 tabs/fill) | QL | 3 ANTIVIRALS |
| XOLEGEL | - | NC DERMATOLOGICALS |
| XOPENEX NEB SOLN | - | 3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 ANALGESICS - OPIOID |
| XTANDI CAP | - | NC 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 |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA-QL | SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|---|--|--------------------------------|
| EXC Plan Exclusion | 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 12/1/2020

| Drug Name | Special Code | Tier Category |
|----------------------------------|---------------------|--|
| XYWAV SOLN | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN | - | NC ANTIHISTAMINES |
| XYZAL TAB | - | NC ANTIHISTAMINES |
| XYZBAC TAB | - | NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS |
| 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 OPTH SOLN | OTC | NC OPHTHALMIC AGENTS |
| zafirlukast tab (ACCOLATE equiv) | - | 2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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 12/1/2020

| 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 | - | NC ULCER DRUGS |
| ZANTAC EFFER TAB | - | NC ULCER DRUGS |
| ZANTAC GRANULE PACKET | - | 3 ULCER DRUGS |
| ZANTAC SYRUP | - | NC ULCER DRUGS |
| ZANTAC TAB | - | NC ULCER DRUGS |
| ZARONTIN CAP | - | 3 ANTICONSULSANTS |
| ZARONTIN SOLN | - | 3 ANTICONSULSANTS |
| ZAROXOLYN TAB | - | 3 DIURETICS |
| ZARXIO INJ | LMSP | SP HEMATOPOIETIC AGENTS |
| ZAVESCA CAP (Only available through Accredo 800-803-2523) | 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 |

| NC =Not Covered | | generic =small letters | | BRANDS =CAPITAL LETTERS | |
|-----------------|--|------------------------|--|-------------------------|--|
| EXC | Plan Exclusion | 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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| 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 | - | NC ANTIPARKINSON AGENTS |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELNORM TAB | - | NC GASTROINTESTINAL AGENTS - MISC. |
| 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 |
| ZEPOSIA CAP | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| ZEPOSIA STARTER PACK | - | NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT CAP | - | SP ANTIVIRALS |
| ZERIT SOLN | - | SP ANTIVIRALS |
| ZERVIAE OPHTH SOLN | - | NC OPHTHALMIC AGENTS |
| ZESTORETIC TAB | - | 3 ANTIHYPERTENSIVES |
| ZETIA TAB | - | NC ANTIHYPERLIPIDEMICS |
| 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 |
| ZIEXTENZO INJ | MSP | SP HEMATOPOIETIC AGENTS |
| ZILACAIN PAK | - | NC DERMATOLOGICALS |
| zileuton ER tab (ZYFLO CR equiv) | - | NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZILXI FOAM | - | NC DERMATOLOGICALS |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---------------------------------------|---------------------|--|
| 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 |
| ZIPSOR CAP | - | NC ANALGESICS - ANTI-INFLAMMATORY |
| ZIRGAN OPHTH GEL | - | 2 OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 MACROLIDES |
| ZITHROMAX SUSP | - | 3 MACROLIDES |
| ZITHROMAX TAB | - | 3 MACROLIDES |
| ZMAX SUSP | - | 3 MACROLIDES |
| ZOCOR TAB (80mg is Not Covered) | - | 3 ANTIHYPERLIPIDEMICS |
| ZOCOR TAB 80MG | - | NC ANTIHYPERLIPIDEMICS |
| ZOFRAN ODT | - | 3 ANTIEMETICS |
| ZOFRAN SOLN | - | 3 ANTIEMETICS |
| ZOFRAN TAB | - | 3 ANTIEMETICS |
| ZOXYDRO ER CAP | - | NC ANALGESICS - OPIOID |
| ZOLINZA CAP | LMSP-PA-SF | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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Last Updated 12/1/2020

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLOFT CONC | - | 3 | ANTIDEPRESSANTS |
| ZOLOFT TAB | - | 3 | ANTIDEPRESSANTS |
| ZOLPAK KIT | - | NC | DERMATOLOGICALS |
| zolpidem ER tab (AMBIEN CR equiv) | - | NC | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| ZOLPIMIST SPRAY | - | NC | HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS |
| 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 |

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|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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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| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| 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 MISCELLANEOUS THERAPEUTIC CLASSES |
| ZORTRESS TAB 1MG | 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 |
| 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. |

| | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
|-----|--|-------------------------------|---|
| EXC | Plan Exclusion | 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.

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Last Updated 12/1/2020

| Drug Name | Special Code | Tier Category |
|---|---------------------|---|
| ZYCLARA CREAM | - | NC DERMATOLOGICALS |
| ZYCLARA CREAM, IMIQUIMOD CREAM | - | NC DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO CR TAB | - | NC 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 |
| ZYKADIA TAB (QL= 3 tabs/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 |
| ZYPREXA TAB | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ZYPREXA ZYDIS TAB | - | 3 ANTIPSYCHOTICS / ANTIMANIC AGENTS |
| ZYRTEC CHEW TAB | OTC | NC ANTIHISTAMINES |

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|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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.

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Last Updated 12/1/2020

| Drug Name | Special Code | Tier Category |
|---|---------------------|--|
| ZYTIGA TAB 250MG | - | NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYTIGA TAB 500MG | - | NC 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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|-----|--|-------------------------------|--|
| EXC | Plan Exclusion | 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* 12/1/2020

| 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 |
| ADZENYS ER SUSP, AMPHETAMINE ER SUSP | - | NC |
| ADZENYS XR TAB | - | NC |
| amphetamine tab (EVEKEO equiv) | - | NC |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | NC |
| EVEKEO ODT | - | NC |
| EVEKEO TAB | - | NC |
| MYDAYIS CAP | - | NC |
| ZENZEDI TAB | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALEPTICS | | |

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|--|--------------|------|
| 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 | | |
| benzphetamine tab | - | EXC |
| DIETHYLPROPION ER TAB | - | EXC |
| diethylpropion tab | - | EXC |
| LOMAIRA TAB | - | EXC |
| PHENDIMETRAZINE ER TAB | - | EXC |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC |
| ANTI-OBESITY AGENTS | | |
| XENICAL CAP | - | EXC |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| atomoxetine cap (STRATTERA equiv) | - | 2 |
| INTUNIV TAB | - | 3 |
| STRATTERA CAP | - | 3 |
| clonidine ER tab (KAPVAY equiv) | - | NC |
| KAPVAY TAB | - | NC |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | SP |

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| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | 1 |
| METHYLIN SOLN | - | 2 |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 |
| methylphenidate ER tab | - | 2 |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 |
| methylphenidate soln (METHYLIN equiv) | - | 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 |

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| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| RITALIN LA CAP | - | 3 |
| RITALIN TAB | - | 3 |
| APTENSIO XR CAP | - | NC |
| COTEMPLA XR ODT | - | NC |
| methylphenidate ER cap (APTENSIO XR equiv) | - | NC |
| METHYLPHENIDATE ER TAB 72MG | - | NC |
| QUILLIVANT XR SUSP | - | NC |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| ODACTRA SL TAB | PA | 3 |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| 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 |

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| AMINOGLYCOSIDES Cont. | | |
| PAROMOMYCIN CAP | - | 3 |
| paromomycin cap (HUMATIN equiv) | - | 3 |
| BETHKIS NEB SOLN/ TOBI NEB SOLN | - | NC |
| KITABIS PAK NEB SOLN | - | NC |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | SP |
| TOBI PODHALER | MSP-PA | 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 |
| RINVOQ ER TAB (QL= 1 tab/day) | LMSP-PA-QL | SP |
| XELJANZ TAB (QL= 2 tabs/day) | LMSP-PA-QL | SP |
| XELJANZ XR TAB (QL= 1 tab/day) | LMSP-PA-QL | SP |
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| RHEUMATREX TAB | - | 3 |
| REDITREX INJ | - | NC |
| 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 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| 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/UEVITIS 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 Biologics 800-850-4306) | 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 |
| 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 | - | 1 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| 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 |
| 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 tab (NAPROSYN equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| naproxen sodium tab (ANAPROX equiv) | - | 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 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| etodolac ER tab (LODINE XL equiv) | - | 3 |
| FELDENE CAP | - | 3 |
| fenoprofen calcium tab | - | 3 |
| FENOPROFEN TAB | - | 3 |
| KETOPROFEN CAP | - | 3 |
| ketoprofen cap (ORUDIS equiv) | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| MECLOFENAMATE CAP | - | 3 |
| MELOXICAM SUSP | - | 3 |
| MOBIC TAB | - | 3 |
| MOTRIN SUSP | - | 3 |
| NAPROSYN EC TAB | - | 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 |
| FENOPROFEN CAP | - | NC |
| IBU 600-EZS KIT | - | NC |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| INFLATHERM PAK | - | NC |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| mefenamic acid cap (PONSTEL equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPROSYN SUSP | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| NAPROXEN SUSP | - | NC |
| naproxen susp (NAPROSYN equiv) | - | NC |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC |
| QMIIZ ODT TAB | - | NC |
| RELAFEN DS TAB | - | NC |
| SPRIX NASAL SPRAY | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| 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 inj/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 | | |
| ALLZITAL TAB | - | NC |
| butalbital/acetaminophen cap | - | NC |
| butalbital/acetaminophen/caffeine soln | - | NC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |

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| ANALGESICS - NONNARCOTIC Cont. | | |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |
| SALICYLATES | | |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 2 |
| ZORPRIN TAB | - | 3 |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| codeine sulfate tab | - | 1 |
| HYDROMORPHONE SUPP | - | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |

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|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| MEPERIDINE TAB | - | 1 |
| meperidine tab (DEMEROL equiv) | - | 1 |
| METHADONE SOLN | - | 1 |
| methadone tab (DOLOPHINE equiv) | - | 1 |
| methadose tab | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 |
| morphine sulfate soln | - | 1 |
| MORPHINE SULFATE TAB | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 2 |
| fentanyl patch (DURAGESIC equiv) | - | 2 |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | 2 |
| LEVORPHANOL TAB | - | 2 |
| 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 |

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| ANALGESICS - OPIOID Cont. | | |
| 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 |
| CODEINE SULFATE SOLN | - | 3 |
| DAZIDOX TAB | - | 3 |
| DEMEROL TAB | - | 3 |
| DILAUDID TAB | - | 3 |
| DOLOPHINE TAB | - | 3 |
| DURAGESIC PATCH | - | 3 |
| EMBEDA CAP | - | 3 |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |
| 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 |

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| ANALGESICS - OPIOID Cont. | | |
| ARYMO ER TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| EXALGO TAB | - | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) | - | NC |
| 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 |
| QDOLO SOLN | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TRAMADOL ER CAP | - | NC |
| TRAMADOL HCL ER CAP | - | NC |
| TRAMADOL HCL TAB 100MG | - | NC |
| ZOHYDRO ER CAP | - | NC |
| OPIOID COMBINATIONS | | |

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| ANALGESICS - OPIOID Cont. | | |
| acetaminophen/codeine soln | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| aspirin/codeine tab | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| OXYCODONE/ASPIRIN TAB | - | 1 |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| acetaminophen/cafeine/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 |

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|---|--------------|------|
| ANALGESICS - OPIOID Cont. | | |
| 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 |
| APADAZ TAB | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC |
| PRIMLEV TAB | - | NC |
| PRIMLEV TAB 10-300MG | - | NC |
| PRIMLEV TAB 5-300MG | - | NC |
| VERDROCET TAB 2.5MG-325MG | - | NC |
| XARTEMIS XR TAB | - | NC |
| XODOL TAB 10MG-300MG | - | NC |
| XODOL TAB 5MG-300MG | - | NC |

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| ANALGESICS - OPIOID Cont. | | |
| XODOL TAB 7.5MG-300MG | - | NC |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 |
| SUBOXONE SL FILM | - | 2 |
| ZUBSOLV SL TAB | - | 2 |
| buprenorphine patch (BUTRANS equiv) (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 |
| BUNAVAIL FILM | - | NC |
| buprenorphine SL tab (SUBUTEX equiv) | - | NC |
| SUBLOCADE INJ | - | NC |
| ANDROGENS-ANABOLIC | | |
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANADROL TAB | - | 3 |
| OXANDRIN TAB | - | 3 |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |

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|--|---------------------|-------------|
| ANDROGENS-ANABOLIC Cont. | | |
| 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 (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% 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 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| 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 |

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| ANDROGENS-ANABOLIC Cont. | | |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 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 |
| VOGELXO PUMP (QL= 4 bottles/30 days) | PA-QL | 3 |
| JATENZO CAP | - | NC |
| NATESTO NASAL GEL | - | NC |
| STRIANT FILM | - | NC |
| XYOSTED INJ | - | NC |
| ANORECTAL AGENTS | | |
| INTRARECTAL STEROIDS | | |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTENEMA | - | 3 |
| CORTIFOAM | - | 3 |
| UCERIS RECTAL FOAM | PA | 3 |
| 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 |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC |
| pramoxine/hydrocortisone cream (ANALPRAM-HC equiv) | - | NC |

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| ANORECTAL AGENTS Cont. | | |
| 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 (STROMECTOL equiv) | - | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| albendazole tab (ALBENZA equiv) | - | 3 |
| ALBENZA TAB | - | 3 |
| BILTRICIDE TAB | - | 3 |
| STROMECTOL TAB | - | 3 |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

| | | |
|-------------------------------|---|---|
| ranolazine tab (RANEXA equiv) | - | 2 |
|-------------------------------|---|---|

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| ANTIANGINAL AGENTS Cont. | | |
| RANEXA TAB | - | 3 |
| 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 ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| DILATRATE SR CAP | - | 3 |
| IMDUR TAB | - | 3 |
| ISORDIL TITRADOSE TAB | - | 3 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 |
| NITRO-DUR PATCH | - | 3 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 |
| NITROLINGUAL PUMP SPRAY | - | 3 |
| NITROMIST SPRAY | - | 3 |
| NITROSTAT SL TAB | - | 3 |

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| ANTIANGINAL AGENTS Cont. | | |
| GONITRO POWDER | - | NC |
| ANTIANXIETY AGENTS | | |
| ANTIANXIETY AGENTS - MISC. | | |
| buspirone 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 |
| BENZODIAZEPINES | | |
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| DIAZEPAM SOLN | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| clorazepate tab (TRANXENE-T equiv) | - | 2 |
| oxazepam cap (SERAX equiv) | - | 2 |

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|--|--------------|------|
| ANTIANXIETY AGENTS Cont. | | |
| 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 |
| NORPACE CAP | - | 3 |
| QUINIDINE SULFATE ER TAB | - | 3 |
| procainamide inj | M | M |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine hcl cap | - | 2 |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |

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| ANTIARRHYTHMICS Cont. | | |
| 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 | | |
| FASENRA PEN INJ (QL= 1 inj/56 days) | MSP-PA-QL | SP |
| NUCALA INJ (QL= 1 inj/28 days) | LMSP-PA-QL | SP |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | 1 |
| 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 |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| 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 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| ACCOLATE TAB | - | 3 |
| SINGULAIR CHEW TAB | - | 3 |
| SINGULAIR GRANULE PACK | - | 3 |
| SINGULAIR TAB | - | 3 |
| ZYFLO TAB | - | 3 |
| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO CR TAB | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP TAB | - | 3 |
| STEROID INHALANTS | | |

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| 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 |
| ALVESCO INHALER | - | NC |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC |
| ARMONAIR RESPICLICK | - | NC |
| PULMICORT FLEXHALER | - | NC |
| QVAR INHALER | - | NC |
| QVAR REDIHALER | - | NC |
| SYMPATHOMIMETICS | | |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol neb soln | - | 1 |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 |
| albuterol sulfate syrup | - | 1 |

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| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| PROAIR HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| PROVENTIL HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| COMBIVENT INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| ACCUNEb NEB SOLN | - | 3 |
| ARCAPTA NEOHALER | - | 3 |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| BROVANA NEB SOLN | - | 3 |
| DUONEB NEB SOLN | - | 3 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/3 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 |
| METAPROTERENOL TAB | - | 3 |
| PERFOROMIST NEB SOLN | - | 3 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 |
| VOSPIRE ER TAB | - | 3 |
| XOPENEX NEB SOLN | - | 3 |
| AIRDUO POWDER INHALER W/SENSOR | - | NC |
| AIRDUO RESPICLICK | - | NC |
| BEVESPI AEROSPHERE INHALER | - | NC |
| BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER | - | NC |
| DUAKLIR INHALER | - | NC |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC |
| UTIBRON NEOHALER CAP | - | NC |
| XANTHINES | | |
| aminophylline tab | - | 1 |
| THEOCHRON TAB | - | 1 |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| 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, ELIQUIS STARTER PACK | - | 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) | - | 2 |
| ARIXTRA INJ | - | 3 |
| FRAGMIN INJ | - | 3 |
| LOVENOX INJ (QL= 17 days supply) | QL | 3 |
| heparin porcine inj | M | M |

THROMBIN INHIBITORS

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| 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 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 2 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |
| KLONOPIN TAB | - | 3 |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 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 |

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| ANTICONVULSANTS Cont. | | |
| gabapentin tab (NEURONTIN equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA 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 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| POTIGA TAB 50MG (QL= 9 tabs/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) | - | 2 |

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| ANTICONVULSANTS Cont. | | |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| VIMPAT SOLN | - | 2 |
| 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 | - | 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 |
| LYRICA CAP | - | 3 |
| LYRICA SOLN | - | 3 |
| MYSOLINE TAB | - | 3 |
| NEURONTIN CAP | - | 3 |
| NEURONTIN SOLN | - | 3 |

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| ANTICONVULSANTS Cont. | | |
| NEURONTIN TAB | - | 3 |
| TEGRETOL CHEW TAB | - | 3 |
| TEGRETOL SUSP | - | 3 |
| TEGRETOL TAB | - | 3 |
| TEGRETOL XR TAB | - | 3 |
| TOPAMAX SPRINKLE CAP | - | 3 |
| TOPAMAX TAB | - | 3 |
| TRILEPTAL SUSP | - | 3 |
| TRILEPTAL TAB | - | 3 |
| ZONEGRAN CAP | - | 3 |
| APTOM TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| FINTEPLA SOLN | - | NC |
| OXTELLAR XR TAB | - | NC |
| QUDEXY XR CAP, TOPIRAMATE ER CAP | - | NC |
| SPRITAM TAB | - | NC |
| TROKENDI XR CAP | - | NC |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | SP |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | SP |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416) | LD-PA | SP |

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| ANTICONVULSANTS Cont. | | |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 |
| FELBATOL SUSP | - | 3 |
| FELBATOL TAB | - | 3 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| GABITRIL TAB | - | 3 |
| SABRIL TAB | - | NC |
| SABRIL POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| 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 |

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| ANTICONVULSANTS Cont. | | |
| 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 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPAKENE CAP | - | 3 |
| DEPAKENE SYRUP | - | 3 |
| DEPAKOTE ER TAB | - | 3 |

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| ANTICONVULSANTS Cont. | | |
| 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 |
| WELLBUTRIN TAB | - | 3 |
| WELLBUTRIN XL TAB | - | 3 |
| APLENZIN TAB | - | NC |
| FORFIVO XL TAB | - | NC |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |

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| ANTIDEPRESSANTS Cont. | | |
| phenelzine tab (NARDIL equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB | - | 3 |
| PARNATE TAB | - | 3 |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN | - | NC |
| 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 |
| 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 |

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| ANTIDEPRESSANTS Cont. | | |
| 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 |
| PROZAC WEEKLY CAP | - | NC |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |

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| ANTIDEPRESSANTS Cont. | | |
| 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 |
| DRIZALMA DR CAP | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| KHEDEZLA ER TAB | - | NC |

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| ANTIDEPRESSANTS Cont. | | |
| venlafaxine ER tab | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB | - | 1 |
| DOXEPIN CAP | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| 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 |
| trimipramine cap (SURMONTIL equiv) | - | 3 |

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| ANTIDEPRESSANTS Cont. | | |
| 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 |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-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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| ANTIDIABETICS Cont. | | |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (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 |

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| ANTIDIABETICS Cont. | | |
| STEGLUJAN TAB | - | NC |
| 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 |
| metformin soln (RIOMET equiv) | - | 3 |
| RIOMET ER SUSP | - | 3 |
| RIOMET SOLN | - | 3 |
| FORTAMET TAB | - | NC |
| GLUMETZA TAB 1000MG | - | NC |
| GLUMETZA TAB 500MG | - | NC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |
| diazoxide susp (PROGLYCEM equiv) | - | 3 |
| PROGLYCEM SUSP | - | 3 |
| GLUCAGON EMR INJ | - | NC |

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| ANTIDIABETICS Cont. | | |
| 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 |
| 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 |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 |
| BYETTA INJ (QL= 1 pen/30 days) | QL | 3 |
| ADLYXIN INJ | - | NC |
| TANZEUM INJ | - | NC |
| INSULIN | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |

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| FIASP PENFILL INJ | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 |
| LANTUS INJ | - | 2 |
| LANTUS SOLOSTAR INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 |
| NOVOLIN 70/30 INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN N INJ | OTC | 2 |
| NOVOLIN R FLEXPEN INJ | OTC | 2 |
| NOVOLIN R INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |

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| ANTIDIABETICS Cont. | | |
| NOVOLOG PENFILL INJ | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 |
| APIDRA INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 |
| APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 |
| HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | ST | 3 |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART) | 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 |
| HUMALOG INJ | - | NC |
| HUMALOG KWIKPEN INJ | - | NC |

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| ANTIDIABETICS Cont. | | |
| HUMALOG PEN INJ | - | NC |
| LYUMJEV INJ | - | NC |
| LYUMJEV KWIKPEN INJ | - | NC |
| SEMGLEE INJ | - | NC |
| SEMGLEE SOLN | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS TAB equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| ACTOS TAB | - | 3 |
| 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 |

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| ANTIDIABETICS Cont. | | |
| 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 | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |
| AMARYL TAB | - | 3 |
| DIABETA TAB | - | 3 |
| GLUCOTROL TAB | - | 3 |
| GLUCOTROL XL TAB | - | 3 |
| GLYNASE TAB | - | 3 |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 1 |
| LOPERAMIDE SOLN | - | NC |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |
| ANTIDIARRHEAL COMBINATIONS | | |

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| ANTIDIARRHEALS Cont. | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| 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 |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| 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 |
| OPIOID ANTAGONISTS | | |
| naloxone inj | - | 1 |
| naltrexone tab (REVIA equiv) | - | 1 |
| NARCAN NASAL SPRAY | - | 2 |
| REVIA TAB | - | 3 |
| EVZIO INJ | - | NC |
| VIVITROL INJ | LMSP | SP |

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| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | LMSP | SP |
| deferasirox tab (EXJADE equiv) | LMSP | SP |
| deferasirox tab 180mg (JADENU equiv) | LMSP | SP |
| deferasirox tab 90mg, 360mg (JADENU equiv) | LMSP | SP |
| deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP |
| EXJADE TAB | LMSP | SP |
| FERRIPROX TAB 1000MG (TWICE DAILY) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP |
| FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | SP |
| JADENU SPRINKLE | LMSP | SP |
| JADENU TAB 180MG | LMSP | SP |
| JADENU TAB 90MG, 360MG | LMSP | SP |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| CETYLEV TAB | - | NC |
| OPIOID ANTAGONISTS | | |
| naloxone prefilled inj | - | 1 |
| NALOXONE PREFILLED INJ | - | 2 |
| EVZIO INJ | - | NC |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |

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| ANTIEMETICS Cont. | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |
| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ONDANSETRON TAB | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| KYTRIL TAB (QL= 14 tabs/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| ZOFTRAN ODT | - | 3 |
| ZOFTRAN SOLN | - | 3 |
| ZOFTRAN 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 |

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| ANTIEMETICS Cont. | | |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | PA | 2 |
| CESAMET CAP | - | 3 |
| MARINOL CAP | PA | 3 |
| DICLEGIS TAB | - | NC |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |
| SYNDROS SOLN | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND PAK (QL= 3 caps/fill) | QL | 3 |
| EMEND SUSP | - | NC |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) | | |
| micafungin inj (MYCAMINE equiv) | M | M |
| MYCAMINE INJ | M | M |
| ANTIFUNGALS | | |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |

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| ANTIFUNGALS Cont. | | |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| 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 |
| posaconazole DR tab (NOXAFIL equiv) | - | 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 |

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| ANTIFUNGALS Cont. | | |
| VFEND TAB (Restricted to Infectious Disease Specialist) | RS | 3 |
| CRESEMBA CAP | - | NC |
| NOXAFIL TAB | - | NC |
| TOLSURA CAP | - | NC |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| chlorpheniramine ER cap | - | 1 |
| CPM CAP | - | 3 |
| MICLARA LIQUID | - | NC |
| RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP | - | NC |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| diphenhydramine inj (BENADRYL equiv) | - | 2 |
| CARBINOXAMINE SOLN | - | 3 |
| carbinoxamine soln (PALGIC equiv) | - | 3 |
| CARBINOXAMINE TAB | - | 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 |

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| ANTIHISTAMINES Cont. | | |
| KARBINAL ER SUSP | - | NC |
| RYVENT TAB | - | NC |
| ANTIHISTAMINES - NON-SEDATING | | |
| CLARINEX SYRUP | PA | 3 |
| DESLORATADINE ODT | PA | 3 |
| desloratadine tab (CLARINEX equiv) | PA | 3 |
| levocetirizine soln (XYZAL equiv) | - | 3 |
| levocetirizine tab (XYZAL equiv) | - | 3 |
| loratadine cap (CLARITIN equiv) | OTC | EXC |
| ALLEGRA ODT | OTC | NC |
| cetirizine chew tab (Zyrtec equiv) | OTC | NC |
| CLARINEX REDITAB | - | NC |
| CLARINEX TAB | - | NC |
| XYZAL SOLN | - | NC |
| XYZAL TAB | - | NC |
| ZYRTEC CHEW TAB | OTC | NC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |
| PROMETHEGAN SUPP | - | 2 |
| ANTIHISTAMINES - PIPERIDINES | | |

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| ANTI-HISTAMINES Cont. | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL TAB | - | NC |
| 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 |
| NEXLIZET TAB | - | NC |
| OMEGA-3 RX PAK COMPLETE | - | NC |
| VYTORIN TAB 10-80MG | - | NC |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 |
| VASCEPA CAP 0.5GM (QL= 4 caps/day) | QL | 2 |
| VASCEPA CAP 1GM (QL= 4 caps/day) | QL | 2 |
| LOVAZA CAP | - | 3 |
| icosapent ethyl cap 1gm (VASCEPA equiv) | - | NC |
| KYNAMRO INJ | - | NC |

BILE ACID SEQUESTRANTS

| | | |
|--|---|---|
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
|--|---|---|

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| ANTIHYPERLIPIDEMICS Cont. | | |
| 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 |
| QUESTRAN POWDER PACK | - | 3 |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |

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| ANTIHYPERLIPIDEMICS Cont. | | |
| 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 |
| 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 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 |

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| ANTIHYPERLIPIDEMICS Cont. | | |
| 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 |
| EZALLOR SPRINKLE CAP | - | NC |
| FLOLIPID SUSP | - | NC |
| SIMCOR TAB | - | NC |
| SIMVASTATIN SUSP | - | NC |
| simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage) | - | NC |
| ZOCOR TAB 80MG | - | NC |
| ZYPITAMAG TAB | - | NC |

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| ANTHYPERLIPIDEMICS Cont. | | |
| 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 | - | 3 |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| ANTHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| DIBENZYLINE CAP | - | 3 |
| DEMSER CAP | - | NC |
| metyrosine cap (DEMSER equiv) | - | NC |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| irbesartan tab (AVAPRO equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| EPROSARTAN TAB | - | 3 |
| MICARDIS TAB | - | 3 |
| TEVETEN TAB | - | 3 |
| ATACAND 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 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |

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| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| 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 |
| EXFORGE HCT TAB | - | 2 |
| METOPROLOL/HYDROCHLOROTHIAZIDE 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 |
| CORZIDE TAB 80-5MG | - | 3 |
| DIOVAN HCT TAB | - | 3 |
| EDARBYCLOR TAB | - | 3 |

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| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| TEKTURN HCT TAB | - | 3 |
| TENORETIC TAB | - | 3 |
| TEVETEN HCT TAB | - | 3 |
| trandolapril/verapamil ER tab (TARKA equiv) | - | 3 |
| UNIRETIC TAB | - | 3 |
| VALTURN TAB | - | 3 |
| VASERETIC TAB | - | 3 |
| ZESTORETIC TAB | - | 3 |
| ZIAC TAB | - | 3 |
| BYVALSON TAB | - | NC |
| DUTOPROL TAB | - | NC |
| MICARDIS HCT TAB | - | NC |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | - | NC |

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| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | - | 3 |
| TEKTURNA TAB | - | 3 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPIRA equiv) | - | 3 |
| INSPIRA 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 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| FLAGYL CAP | - | 3 |
| FLAGYL ER TAB | - | 3 |
| FLAGYL TAB | - | 3 |
| NEBUPENT NEB SOLN | - | 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) | 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 |
| HYOPHEN TAB | - | NC |
| UTA cap | - | NC |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |

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| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| ALINIA TAB (QL= 6 tabs/3 days) | PA-QL | 2 |
| atovaquone susp (MEPRON equiv) | - | 2 |
| MEPRON SUSP | - | 3 |
| LAMPIT TAB | - | NC |
| GLYCOPEPTIDES | | |
| FIRST-VANCOMYCIN SOLN | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| VANCOMYCIN SOLN | - | 1 |
| VANCOCIN CAP (QL= 56 caps/fill) | QL | 3 |
| VANCOMYCIN INJ | - | NC |
| KETOLIDES | | |
| KETEK TAB | - | 3 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| CLEOCIN CAP | - | 3 |
| CLEOCIN SOLN | - | 3 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | SP |
| OXAZOLIDINONES | | |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ZYVOX SUSP (Restricted to Infectious Disease Specialist) | RS | 3 |
| ZYVOX TAB (Restricted to Infectious Disease Specialist) | RS | 3 |
| PLEUROMUTILINS | | |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| URINARY ANTI-INFECTIVES | | |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| methenamine hippurate tab (HIPREX equiv) | - | 2 |
| nitrofurantoin susp (FURADANTIN equiv) | - | 2 |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 |
| FURADANTIN SUSP | - | 3 |
| HIPREX TAB | - | 3 |
| MACROBID CAP | - | 3 |
| MACRODANTIN CAP | - | 3 |
| MACRODANTIN CAP 25MG | - | 3 |
| MONUROL GRANULE PACK | - | 3 |
| ANTIMALARIALS | | |

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| ANTIMALARIALS Cont. | | |
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| COARTEM TAB | - | 3 |
| FANSIDAR TAB | - | 3 |
| MALARONE TAB | - | 3 |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |
| ANTIMALARIALS | | |
| CHLOROQUINE TAB | - | 1 |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| primaquine tab (PRIMAQUINE equiv) | - | 1 |
| KRINTAFEL TAB | - | 2 |
| MEFLOQUINE TAB | - | 2 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| PRIMAQUINE TAB | - | 2 |
| ARAKODA TAB | - | 3 |
| ARALEN TAB | - | 3 |
| LARIAM TAB | - | 3 |
| PLAQUENIL TAB | - | 3 |
| QUALAQUIN CAP | - | 3 |
| quinine sulfate cap (QUALAQUIN equiv) | - | 3 |
| DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP |

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| ANTIMALARIALS Cont. | | |
| pyrimethamine tab (DARAPRIM equiv) (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 TAB | - | 3 |
| MESTINON TIMESPAN TAB | - | 3 |
| MYTELASE TAB | - | 3 |
| pyridostigmine soln (MESTINON equiv) | - | 3 |
| FIRDAPSE TAB | - | NC |
| PYRIDOSTIGMINE TAB 30MG | - | NC |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | SP |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | 2 |
| RIFATER TAB | PA | 3 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ISONIAZID SYRUP | - | 1 |
| ISONIAZID TAB | - | 1 |
| pyrazinamide tab | - | 1 |

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| ANTIMYCOBACTERIAL AGENTS Cont. | | |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| MYAMBUTOL TAB | - | 3 |
| MYCOBUTIN CAP | - | 3 |
| RIFADIN CAP | - | 3 |
| TRECATOR TAB | PA | 3 |
| CAPASTAT INJ | M | M |
| cycloserine cap (CYCLOSERINE equiv) | - | NC |
| PASER GRANULE | - | NC |
| SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist) | MSP-QL-RS | SP |
| ANTINEOPLASTICS | | |
| ANTINEOPLASTICS MISC. | | |
| tretinoin cap (VESANOID equiv) | LMSP | SP |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | LMSP-PA | SP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide cap | - | 2 |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| melphalan tab (ALKERAN equiv) | - | 2 |
| ALKERAN TAB | - | 3 |
| CYCLOPHOSPHAMIDE CAP | - | 3 |
| ALKERAN INJ | M | M |
| melphalan inj (ALKERAN equiv) | M | M |
| TREANDA INJ | M | M |
| ZANOSAR INJ | M | M |
| AFINITOR TAB 10MG (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 |
| TABLOID TAB | - | 2 |
| PURINETHOL TAB | - | 3 |
| fludarabine inj | M | M |
| ONUREG TAB | - | NC |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| PURIXAN SUSP | - | NC |
| TREXALL TAB | - | NC |
| 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 | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| EMCYT CAP | - | 2 |
| FARESTON TAB | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| ARIMIDEX TAB | - | 3 |
| AROMASIN TAB | - | 3 |
| CASODEX TAB | - | 3 |
| FEMARA TAB | - | 3 |
| MEGACE SUSP | - | 3 |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| TRELSTAR INJ | INF | NC |
| XTANDI CAP | - | NC |
| YONSA TAB | - | NC |
| ZYTIGA TAB 250MG | - | NC |
| ZYTIGA TAB 500MG | - | NC |
| abiraterone tab 250mg (ZYTIGA equiv) | LMSP | SP |
| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | SP |
| leuprolide inj (LUPRON equiv) | INF-LMSP | SP |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| LUPRON DEPOT INJ | LMSP | SP |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | SP |
| nilutamide tab (NILANDRON equiv) | LMSP | SP |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-S F | SP |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | SP |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-430) | LD-PA-QL-SF | SP |
| ANTINEOPLASTIC COMBINATIONS | | |
| HERCEPTIN HYLECTA INJ | - | NC |
| INQOVI TAB | - | NC |
| 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 |
| GAVRETO CAP | - | NC |
| GLEEVEC TAB | - | NC |
| INREBIC CAP | - | NC |
| KOSELUGO CAP | - | NC |
| PEMAZYRE TAB | - | NC |
| QINLOCK TAB | - | NC |
| RETEVMO CAP | - | NC |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TABRECTA TAB | - | NC |
| TUKYSA TAB | - | NC |
| VIZIMPRO TAB | - | NC |
| AFINITOR DISPERZ (QL= 1 tab/day) | LMSP-PA-QL-SF | SP |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG (QL= 1 tab/day) | LMSP-PA-QL-SF | SP |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-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 |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP |
| BOSULIF TAB | MSP-PA-SF | SP |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmac 877-977-9118) | LD-PA-QL | SP |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | SP |
| erlotinib tab (TARCEVA equiv) | LMSP-PA-SF | SP |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | LMSP-PA-QL- SF | SP |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | SP |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | SP |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | SP |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | SP |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | SP |
| imatinib tab (GLEEVEC equiv) | LMSP | 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 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | SP |
| KISQALI TAB (QL= 63 tabs/28 days) | LMSP-PA-QL | SP |
| lapatinib ditosylate tab (TYKERB equiv) | LMSP-PA | SP |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-S F | SP |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-S F | 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 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | SP |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | SP |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 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 |

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| PIQRAY TAB | LMSP-PA-SF | SP |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-S F | 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 | SP |
| TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-S F | SP |
| TALZENNA CAP 1MG (QL= 1 cap/day) | MSP-PA-QL-S F | SP |
| TARCEVA TAB | LMSP-PA-SF | SP |
| TASIGNA CAP | LMSP-PA-SF | SP |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | SP |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | SP |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TYKERB TAB | LMSP-PA | SP |
| VERZENIO TAB (QL= 2 tabs/day) | LMSP-PA-QL-SF | SP |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP |
| VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | SP |
| VOTRIENT TAB | LMSP-PA-SF | SP |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | SP |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | SP |
| ZOLINZA CAP | LMSP-PA-SF | SP |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | SP |
| ZYKADIA CAP (QL= 3 caps/day) | LMSP-PA-QL-SF | SP |
| ZYKADIA TAB (QL= 3 tabs/day) | LMSP-PA-QL-SF | SP |

ANTINEOPLASTICS MISC.

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| HYDREA CAP | - | 3 |
| PROLEUKIN INJ | - | NC |
| SYLATRON 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 |
| TARGRETIN CAP | LMSP-PA-SF | SP |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | LMSP | SP |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE CAP | LMSP | SP |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 2 |
| LODOSYN TAB | - | 3 |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |

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| ANTIPARKINSON AGENTS Cont. | | |
| 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 |
| 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 |

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| ANTIPARKINSON AGENTS Cont. | | |
| 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 |
| 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 | - | NC |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| NOURIANZ TAB | - | NC |
| ANTIPARKINSON ANTICHOLINERGICS | | |

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| ANTIPARKINSON AND RELATED THERAPY AGENTS Cont. | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP | - | NC |
| ANTIPARKINSON DOPAMINERGICS | | |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 |
| KYNMOBI FILM | - | NC |
| KYNMOBI TITRATION KIT | - | NC |
| OSMOLEX ER TAB | - | NC |
| APOKYN INJ (Only available through CVS Specialty 800-237-2767) | LD | SP |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| LITHIUM CARBONATE CAP | - | 1 |
| 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 |
| GEODON CAP | - | 3 |
| CAPLYTA CAP | - | NC |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| 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 | | |
| loxapine cap (LOXITANE equiv) | - | 1 |

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| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| CLOZAPINE ODT | - | 2 |
| CLOZAPINE ODT 12.5MG | - | 2 |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 2 |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| olanzapine ODT (ZYPREXA 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 |
| SEROQUEL XR TAB | - | 3 |
| ZYPREXA TAB | - | 3 |
| ZYPREXA ZYDIS TAB | - | 3 |
| ADASUVE INHALER | - | NC |
| SECUADO PATCH | - | NC |
| VERSACLOZ SUSP | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| 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 |
|------------------------|---|----|

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| ANTISEPTICS & DISINFECTANTS Cont. | | |
| CHLORINE ANTISEPTICS | | |
| PHISOHEX LIQUID | - | 3 |
| IODINE ANTISEPTICS | | |
| IODOFLEX PAD | - | NC |
| 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 |
| DOVATO TAB | - | 2 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |

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|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| SYMTUZA TAB | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| TRUVADA TAB 100-150MG, 133-200MG, 167-250MG | - | 2 |
| TRUVADA TAB 200-300MG | - | 2 |
| ATRIPLA TAB | - | 3 |
| COMBIVIR TAB | - | 3 |
| COMPLERA TAB | - | 3 |
| GENVOYA TAB | - | 3 |
| 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 |

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| ANTIVIRALS Cont. | | |
| SYMFI (LO) TAB | - | 3 |
| TRIUMEQ TAB | - | 3 |
| RUKOBIA ER 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 |
| CRIXIVAN CAP | - | SP |
| DELSTRIGO TAB | - | SP |
| DESCOVY TAB | PA | SP |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | SP |
| EDURANT TAB | - | SP |
| efavirenz cap (SUSTIVA equiv) | - | SP |
| efavirenz tab (SUSTIVA equiv) | - | SP |
| emtricitabine cap (EMTRIVA equiv) | - | SP |
| EMTRIVA CAP | - | SP |
| EMTRIVA SOLN | - | SP |
| EPIVIR SOLN | - | SP |
| EPIVIR TAB | - | SP |
| EPZICOM TAB | - | SP |

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| ANTIVIRALS Cont. | | |
| 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 |
| PIFELTRO TAB | - | SP |
| PREZCOBIX TAB | - | SP |
| PREZISTA SUSP | - | SP |
| PREZISTA TAB | - | SP |
| RESCRIPTOR TAB | - | SP |
| RETROVIR CAP | - | SP |
| RETROVIR SYRUP | - | SP |

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| ANTIVIRALS Cont. | | |
| 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 |
| TRIZIVIR TAB | - | SP |
| VIDEX EC CAP | - | SP |
| VIDEX SOLN | - | SP |
| VIRACEPT POWDER | - | SP |
| VIRACEPT TAB | - | SP |
| VIRAMUNE SUSP | - | SP |
| 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 |

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| ANTIVIRALS Cont. | | |
| 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 |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 |
| VELMIDY TAB | - | 2 |
| HEPSERA TAB | - | 3 |
| BARACLUDE SOLN | - | NC |
| DAKLINZA TAB | - | NC |
| EPCLUSA TAB | - | NC |
| HARVONI PELLETT PAK | - | NC |
| HARVONI TAB | - | NC |
| MODERIBA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |

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| ANTIVIRALS Cont. | | |
| RIBAVIRIN TAB 400MG | - | NC |
| SOVALDI PELLET PAK | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| VIEKIRA PAK TAB | - | NC |
| VIEKIRA XR TAB | - | NC |
| ZEPATIER TAB | - | NC |
| BARACLUDE TAB (QL= 1 tab/day) | QL | SP |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL-SP | SP |
| EPIVIR HBV SOLN | - | SP |
| EPIVIR HBV TAB | - | SP |
| INCIVEK TAB | LMSP-PA-SF | SP |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | SP |
| MAVYRET TAB (QL= 3 tabs/day) | LMSP-PA-QL | SP |
| PEGASYS INJ | LMSP | SP |
| PEG-INTRON INJ | LMSP | SP |
| REBETOL SOLN | LMSP | SP |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | SP |
| TYZEKA TAB | PA-SP | SP |
| VICTRELIS CAP | LMSP-PA-SF | SP |
| VOSEVI TAB (QL= 1 tab/day) | LMSP-PA-QL | SP |
| HERPES AGENTS | | |

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| ANTIVIRALS Cont. | | |
| 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 | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| RIMANTADINE TAB | - | 1 |
| 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 (QL= 2 tabs/fill) | QL | 3 |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |

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| ANTIVIRALS Cont. | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | SP |
| THALOMID CAP | MSP-PA | SP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| IMURAN TAB | - | 3 |
| AZASAN TAB | - | NC |
| ENVARUSUS XR TAB | - | NC |
| CELLCEPT CAP | - | SP |
| CELLCEPT SUSP | - | SP |
| 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 |

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| ASSORTED CLASSES Cont. | | |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | SP |
| MYFORTIC TAB | - | SP |
| NEORAL CAP | - | SP |
| NEORAL SOLN | - | SP |
| PROGRAF CAP | - | SP |
| RAPAMUNE TAB | - | SP |
| SANDIMMUNE CAP | - | SP |
| SANDIMMUNE SOLN 100MG/ML | - | SP |
| sirolimus tab (RAPAMUNE equiv) | - | SP |
| ZORTRESS TAB 1MG | PA | SP |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 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 |

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| BETA BLOCKERS Cont. | | |
| 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 |
| FIRST ATENOLOL SOLN | - | 3 |
| FIRST METOPROLOL ORAL SOLN | - | 3 |
| KERLONE TAB | - | 3 |
| LOPRESSOR TAB | - | 3 |
| SECTRAL CAP | - | 3 |
| TENORMIN TAB | - | 3 |
| TOPROL XL TAB | - | 3 |
| ZEBETA TAB | - | 3 |
| KAPSPARGO CAP | - | NC |
| metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv) | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |

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| BETA BLOCKERS Cont. | | |
| 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 (CORGARD equiv) | - | 2 |
| BETAPACE AF TAB | - | 3 |
| BETAPACE TAB | - | 3 |
| CORGARD TAB | - | 3 |
| INDERAL LA CAP | - | 3 |
| INDERAL XL CAP, INNOPRAN XL CAP | - | 3 |
| LEVATOL TAB | - | 3 |
| HEMANGEOL SOLN | - | NC |
| SOTYLIZE SOLN | - | NC |
| BIOLOGICALS MISC | | |
| 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 BLOCKER COMBINATIONS | | |
| CONSENSI TAB | - | NC |

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| CALCIUM CHANNEL BLOCKERS Cont. | | |
| 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 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| VERAPAMIL CAP 100MG | - | 1 |
| VERAPAMIL ER CAP 200MG | - | 1 |
| VERAPAMIL ER CAP 300MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| ADALAT CC TAB | - | 3 |
| CALAN SR TAB | - | 3 |
| CALAN TAB | - | 3 |

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| CALCIUM CHANNEL BLOCKERS Cont. | | |
| 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 |
| nicardipine cap (CARDENE equiv) | - | 3 |
| nimodipine cap (NIMOTOP equiv) | - | 3 |
| NIMOTOP CAP | - | 3 |
| nisoldipine ER tab (SULAR equiv) | - | 3 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 |
| NISOLDIPINE ER TAB 25.5MG | - | 3 |
| NORVASC TAB | - | 3 |
| PLENDIL TAB | - | 3 |
| PROCARDIA CAP | - | 3 |
| SULAR TAB | - | 3 |
| TIAZAC CAP | - | 3 |
| VERELAN CAP | - | 3 |
| VERELAN PM CAP | - | 3 |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |

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| CALCIUM CHANNEL BLOCKERS Cont. | | |
| CONJUPRI TAB | - | NC |
| KATERZIA SUSP | - | NC |
| NYMALIZE SOLN | - | NC |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| DIGOXIN SOLN | - | 1 |
| 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) | 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 | - | EXC |
| LEVITRA TAB | - | EXC |
| sildenafil tab (VIAGRA equiv) | - | EXC |
| tadalafil tab (CIALIS equiv) | - | EXC |
| vardeafil ODT (STAXYN equiv) | - | EXC |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| vardenafil tab (LEVITRA equiv) | - | EXC |
| PERIPHERAL VASODILATORS | | |
| isoxsuprine tab | - | 2 |
| PROSTAGLANDIN VASODILATORS | | |
| ORENITRAM TAB | - | NC |
| REMODULIN INJ 10MG/ML | - | NC |
| REMODULIN INJ 1MG/ML | - | NC |
| REMODULIN INJ 2.5MG/ML | - | NC |
| REMODULIN INJ 5MG/ML | - | NC |
| treprostinil inj 10mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 1mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 5mg/ml (REMODULIN equiv) | - | NC |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| LETAIRIS TAB | - | NC |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgree 888-347-3416) | LD-QL-RS | SP |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-276 | 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; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| REVATIO TAB | PA | 3 |
| REVATIO SUSP | - | NC |
| sildenafil susp (REVATIO equiv) | - | 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 800-803-2523) | LD-PA-QL | SP |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| SINUS NODE INHIBITORS | | |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | PA | 3 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day) | MSP-PA-QL | SP |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| VYNDAQEL CAP (QL= 4 caps/day) | MSP-PA-QL | SP |
| 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 cap 750mg (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| KEFLEX CAP | - | 3 |
| KEFLEX CAP 750MG | - | 3 |
| CEPHALEXIN TAB | - | NC |
| DAXBIA CAP | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime susp (CEFTIN equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| cefaclor cap (CECLOR equiv) | - | 3 |
| CEFACLOR ER TAB | - | 3 |
| CEFACLOR SUSP | - | 3 |
| CEFTIN SUSP | - | 3 |

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| CEPHALOSPORINS Cont. | | |
| CEFTIN TAB | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| CEDAX CAP | - | 3 |
| CEDAX SUSP | - | 3 |
| CEFDITOREN TAB | - | 3 |
| cefixime cap (SUPRAX equiv) | - | 3 |
| cefixime susp (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 |

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| 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 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 |
| junel tab (LOESTRIN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| NECON TAB | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |
| wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| YAZ TAB | - | \$0 |
| CYCLESSA TAB | - | 3 |
| DESOGEN TAB | - | 3 |

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| CONTRACEPTIVES Cont. | | |
| ESTROSTEP FE TAB | - | 3 |
| FEMCON FE CHEW TAB | - | 3 |
| LO LOESTRIN 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 |
| norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv) | - | 3 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | 3 |
| norethindrone/ethinyl estradiol tab (LOESTRIN equiv) | - | 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 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | NC |

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| CONTRACEPTIVES Cont. | | |
| drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv) | - | NC |
| FALESSA KIT | - | NC |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | NC |
| SAFYRAL TAB | - | NC |
| TAYTULLA CAP | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| XULANE PATCH | - | \$0 |
| ORTHO-EVRA PATCH | - | 3 |
| TWIRLA PATCH | - | NC |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | \$0 |
| ANNOVERA RING | - | NC |
| eluryng vaginal ring (NUVARING equiv) | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| LEVONORGESTREL TAB 0.75MG | - | \$0 |
| PLAN B TAB | OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |

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| CONTRACEPTIVES Cont. | | |
| 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 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| NOR-QD TAB | - | 3 |
| SLYND 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 |

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| CORTICOSTEROIDS Cont. | | |
| PREDNISON SOLN | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| MEDROL TAB | - | 2 |
| ORAPRED ODT | - | 2 |
| prednisolone ODT (ORAPRED equiv) | - | 2 |
| budesonide ER tab (QL=1 tab/day) | PA-QL | 3 |
| CORTEF TAB | - | 3 |
| MEDROL DOSE PACK | - | 3 |
| MEDROL TAB | - | 3 |
| MILLIPRED TAB | - | 3 |
| ORAPRED ODT | - | 3 |
| ORAPRED SOLN | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| PRELONE SYRUP | - | 3 |
| UCERIS TAB (QL= 1 tab/day) | PA-QL | 3 |
| ALKINDI SPRINKLE CAP | - | NC |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |

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|---|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| EMFLAZA TAB | - | NC |
| FLO-PRED SUSP | - | NC |
| HEMADY TAB | - | NC |
| LIDOLOG KIT | - | NC |
| MILLIPRED DP PAK | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisone pack | - | NC |
| 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 |

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| COUGH/COLD/ALLERGY Cont. | | |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| promethazine DM syrup | - | 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 |
| ALBATUSIN LIQUID | - | 3 |
| BRONCOPECTOL SYRUP | - | 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 |
| RESCON TAB | - | 3 |
| REZIRA SOLN | - | 3 |
| SEMPREX-D CAP | - | 3 |

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| COUGH/COLD/ALLERGY Cont. | | |
| 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 |
| BROVEX PEB LIQUID | OTC | NC |
| CLARINEX-D TAB | - | NC |
| DECON-A LIQUID | OTC | NC |
| DOMETUSS-DMX LIQ | - | NC |
| HYCOFENIX SOLN | - | NC |
| Iohist liquid (DECON-A equiv) | OTC | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| TRIAMINIC SYRUP | OTC | NC |
| TUSSICAPS | - | NC |
| TUSSI-PRES LIQUID | - | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| EXPECTORANTS | | |
| SSKI SOLN | - | 2 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |

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| COUGH/COLD/ALLERGY Cont. | | |
| 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 |
| 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 |
| ERY PAD | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 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 |

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| DERMATOLOGICALS Cont. | | |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 |
| EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN 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 lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |

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| DERMATOLOGICALS Cont. | | |
| 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 |
| BENZACLIN GEL | - | 3 |
| BENZAMYCIN GEL | - | 3 |
| CLARIFOAM EF FOAM | - | 3 |
| CLEOCIN-T GEL | - | 3 |
| CLEOCIN-T LOTION | - | 3 |
| CLEOCIN-T PAD | - | 3 |
| CLEOCIN-T SOLN | - | 3 |
| clindamycin/tretinoin gel (ZIANA equiv) | - | 3 |
| DIFFERIN CREAM | PA | 3 |
| DIFFERIN GEL | PA | 3 |
| DUAC CS KIT | - | 3 |
| DUAC GEL | - | 3 |
| EPIDUO GEL 0.1-2.5% | PA | 3 |
| KLARON LOTION | - | 3 |
| PLEXION SCT CREAM | - | 3 |
| RETIN-A CREAM | PA | 3 |
| ROSULA EMULSION | - | 3 |
| ROSULA GEL | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 |
| SUMAXIN TS SUSP | - | 3 |
| SUMAXIN WASH | - | 3 |
| TRETIN-X CREAM | PA | 3 |
| VELTIN GEL | - | 3 |
| ZIANA GEL | - | 3 |
| ABSORICA CAP | - | NC |
| ABSORICA LD CAP | - | NC |
| ACZONE GEL 5% | - | NC |
| ACZONE GEL, DAPSONE GEL 7.5% | - | NC |
| ADAPALENE LOTION | - | NC |
| AKLIEF CREAM | - | NC |
| ALTRENO LOTION | - | NC |
| AMZEEQ FOAM | - | NC |
| ARAZLO LOTION | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR PAD | - | NC |
| AZELEX CREAM | - | NC |
| BENZAC WASH | - | NC |
| BENZAMYCIN GEL PACK | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |

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| DERMATOLOGICALS Cont. | | |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLINDACIN KIT | - | NC |
| CLINDAGEL | - | NC |
| clindamycin foam (EVOCLIN equiv) | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| DIFFERIN LOTION | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |
| ONEXTON GEL | - | NC |
| PLEXION LOTION | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| ROSULA WASH | - | NC |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | NC |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| SUMADAN KIT | - | NC |
| SUMADEN XLT KIT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| SUMAXIN PAD | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | 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 |
| BACTROBAN OINT | - | 3 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| ALTABAX OINT | - | NC |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |

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| DERMATOLOGICALS Cont. | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | 3 |
| EXELDERM SOLN | - | 3 |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | 3 |
| LOPROX CREAM | - | 3 |
| LOPROX GEL | - | 3 |
| LOPROX SHAMPOO | - | 3 |
| LOTRISONE CREAM | - | 3 |
| LOTRISONE LOTION | - | 3 |
| MENTAX CREAM | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| NAFTIFINE CREAM | - | 3 |
| naftifine cream (NAFTIN equiv) | - | 3 |
| naftifine gel (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 |
| ECONASIL KIT | - | NC |
| ECOZA FOAM | - | NC |
| ERTACZO CREAM | - | 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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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| LOTRIMIN AF CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| NAFTIN GEL 2% | - | NC |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | NC |
| NYATA KIT | - | NC |
| ONYCHO-MED KIT | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| tavaborole soln (KERYDIN equiv) | - | NC |
| VYTONNE CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 2 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 |
| VOLTAREN GEL (QL= 5 tubes/fill) | QL | 3 |
| DICLOTREX PAK | - | NC |
| DST PLUS PAK KIT | - | NC |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC |
| INFLAMMA-K KIT | - | NC |
| LICART PATCH | - | NC |

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| DERMATOLOGICALS Cont. | | |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| REXAPHENAC CREAM | - | NC |
| VAROPHEN KIT | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| 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 |
| SOLARAVIX PAK | - | NC |
| PANRETIN GEL | LMSP-PA | SP |
| TARGRETIN GEL | LMSP-PA | SP |

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| DERMATOLOGICALS Cont. | | |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | 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 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | 3 |
| CALCITRIOL OINT | - | 3 |
| DOVONEX CREAM | - | 3 |
| DOVONEX SOLN | - | 3 |
| DRITHO-SCALP CREAM | - | 3 |
| OXSORALEN ULTRA CAP | - | 3 |
| SORIATANE CAP | - | 3 |
| SORILUX FOAM | - | 3 |
| TAZORAC CREAM | - | 3 |
| TAZORAC CREAM 0.05% | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| TAZORAC GEL | - | 3 |
| NUDERMRXPAK PAK | - | NC |
| SILIQ 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 |
| SKYRIZI INJ (QL= 2 inj/84 days) | LMSP-PA-QL | SP |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | SP |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide lotion | - | 1 |
| 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 |

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| DERMATOLOGICALS Cont. | | |
| 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 |
| acyclovir cream (ZOVIRAX equiv) | - | 3 |
| ZOVIRAX CREAM | - | 3 |
| XERESE CREAM | - | NC |
| ZOVIRAX OINT | - | NC |
| 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 |

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| DERMATOLOGICALS Cont. | | |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone dipropionate oint | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |

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| DERMATOLOGICALS Cont. | | |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| clobetasol foam (OLUX equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 |
| clobetasol shampoo (CLOBEX equiv) | - | 2 |
| clobetasol spray (CLOBEX equiv) | - | 2 |
| DERMA-SMOOTH/FS OIL | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint | - | 2 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | 2 |
| desoximetasone gel (TOPICORT equiv) | - | 2 |

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| DERMATOLOGICALS Cont. | | |
| desoximetasone oint (TOPICORT equiv) | - | 2 |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| PRAMASONE OINT | - | 2 |
| PRAMOSONE CREAM 1-1% | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| prednicarbate cream (DERMATOP equiv) | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| U-CORT CREAM | - | 2 |
| ACLOVATE CREAM | - | 3 |
| ACLOVATE OINT | - | 3 |
| calcipotriene/betamethasone dipropionate susp | - | 3 |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 3 |
| CAPEX SHAMPOO | - | 3 |
| CARMOL-HC CREAM | - | 3 |
| CLOBEX LOTION | - | 3 |
| CLOBEX SHAMPOO | - | 3 |
| CLOBEX SPRAY | - | 3 |
| CLOCORTOLONE CREAM | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| CLODERM CREAM | - | 3 |
| CORDRAN CREAM | - | 3 |
| CORDRAN CREAM 0.025% | - | 3 |
| CORDRAN LOTION | - | 3 |
| CORDRAN TAPE | - | 3 |
| CUTIVATE CREAM | - | 3 |
| CUTIVATE OINT | - | 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 |
| flurandrenolide cream (CORDRAN equiv) | - | 3 |
| flurandrenolide lotion (CORDRAN equiv) | - | 3 |
| NUCORT LOTION | - | 3 |
| OLUX FOAM | - | 3 |
| PANDEL CREAM | - | 3 |
| PRAMOSONE LOTION | - | 3 |
| PROCTOCORT CREAM | - | 3 |

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| DERMATOLOGICALS Cont. | | |
| TACLONEX OINT | - | 3 |
| TEMOVATE CREAM | - | 3 |
| TEMOVATE GEL | - | 3 |
| TEMOVATE OINT | - | 3 |
| TEMOVATE SOLN | - | 3 |
| TEMOVATE-E CREAM | - | 3 |
| TEXACORT SOLN | - | 3 |
| TOPICORT CREAM | - | 3 |
| TOPICORT CREAM 0.05% | - | 3 |
| TOPICORT GEL | - | 3 |
| TOPICORT OINT | - | 3 |
| TOPICORT OINT 0.05% | - | 3 |
| ULTRAVATE CREAM | - | 3 |
| ULTRAVATE OINT | - | 3 |
| ALA SCALP LOTION | - | NC |
| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE LOTION | - | NC |
| AMCINONIDE OINT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| BESER KIT 0.05% | - | NC |
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | NC |
| BRYHALI LOTION | - | NC |

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| clobetasol E foam (OLUX E equiv) | - | NC |
| CLOBETAVIX KIT | - | NC |
| CORDRAN OINT | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DESONATE GEL | - | NC |
| desonide 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 |
| DUOBRII LOTION | - | NC |
| ENSTILAR FOAM | - | NC |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| flurandrenolide oint (CORDRAN equiv) | - | NC |

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| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| halcinonide cream (HALOG equiv) | - | NC |
| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| HALOG SOLN | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC BUTYRATE SOLN | - | 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 |
| IMPEKLO LOTION | - | NC |
| IMPOYZ CREAM | - | NC |
| KENALOG SPRAY | - | NC |
| LEXETTE FOAM | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| LOCOID LOTION | - | NC |
| LOCOID OINT | - | NC |
| LOCOID SOLN | - | NC |
| LUXIQ FOAM | - | NC |
| MEXPAROX HC CREAM | - | NC |
| MICORT-HC CREAM | - | NC |
| NOVACORT GEL | - | NC |
| OLUX E FOAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 2.5-1% | - | NC |
| PRAMOSONE E CREAM | - | NC |
| QUINIXIL PAK | - | NC |
| QUINOSONE KIT | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC |
| triamcinolone spray (KENALOG equiv) | - | NC |
| TRIANEX OINT | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE PAC KIT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |
| ECZEMA AGENTS | | |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | LMSP-PA-QL | SP |
| DUPIXENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | SP |
| DUPIXENT PEN 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 |
| urea cream | - | NC |
| UREA EMULSION | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| UREA LOTION | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |

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| DERMATOLOGICALS Cont. | | |
| 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 |
| HYLINATE LOTION | - | NC |
| 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) | - | EXC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 2 |
| ALDARA CREAM | - | 3 |
| ZYCLARA CREAM | - | NC |
| ZYCLARA CREAM, IMIQUIMOD CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 |

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| DERMATOLOGICALS Cont. | | |
| 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 |
| SALEX LOTION KIT | - | NC |
| salicyclic acid soln | - | NC |
| SALIMEZ FORTE CREAM | - | NC |
| XALIX SOL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| LIDOCAINE GEL | - | 1 |
| lidocaine gel (GLYDO 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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| 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 |
| APRIZIO PAK KIT | - | NC |
| BENZOCAINE/LIDOCAINE/TETRACAINE OINT | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| GEN7T LOTION | - | NC |
| GEN7T PLUS LOTION | - | NC |
| GEN7T PLUS PAD | - | NC |
| L.E.T. GEL | - | NC |
| LIDAMANTLE LOTION | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL equiv) | - | NC |
| lidocaine lotion (LIDAMANTLE equiv) | - | NC |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | - | NC |
| LIDOCAINE/TETRACAINE CREAM | - | NC |
| LIDOCIN GEL | - | NC |
| LIDOSTREAM KIT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| LIDOTRAL CREAM | - | NC |
| LIDOTREX GEL | - | NC |
| LMR PLUS KIT | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| MICROVIX LP PAK | - | NC |
| NUVAKAAN II KIT | - | NC |
| PLIAGLIS CREAM | - | NC |
| PLIAGLIS KIT | - | NC |
| SILVERA PAD | - | NC |
| SOLAICE PATCH | - | NC |
| SYNVEXIA TC CREAM | - | NC |
| WPR PLUS | - | NC |
| ZILACAINE PAK | - | NC |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| EPICERAM EMULSION | - | NC |
| NEOSALUS FOAM | - | NC |
| 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 |

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| DERMATOLOGICALS Cont. | | |
| 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 |
| 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 |

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| DERMATOLOGICALS Cont. | | |
| 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 |
| DERMACINRX CREAM | - | NC |
| HYCLODEX SOLN | - | NC |
| QBREXZA PAD | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA OINT | - | NC |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |
| metronidazole lotion (METROLOTION equiv) | - | 1 |
| azelaic acid gel (FINACEA equiv) | - | 2 |
| FINACEA FOAM | - | 2 |
| FINACEA PLUS KIT | - | 2 |
| metronidazole cream (METROCREAM equiv) | - | 2 |
| metronidazole gel (METROGEL equiv) | - | 2 |

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| DERMATOLOGICALS Cont. | | |
| FINACEA GEL | - | 3 |
| METROCREAM | - | 3 |
| METROGEL 1% | - | 3 |
| METROLOTION | - | 3 |
| NORITATE CREAM (Step Therapy requires trial of FINACEA) | ST | 3 |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| MIRVASO GEL | - | NC |
| RHOFADE CREAM | - | NC |
| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| EURAX CREAM | - | 2 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| CROTAN LOTION | - | 3 |
| ELIMITE CREAM | - | 3 |
| EURAX LOTION | - | 3 |
| lindane lotion | - | 3 |
| lindane shampoo | - | 3 |

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| 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 |
| ALEVICYN SOLN DERMAL | - | NC |
| BIAFINE EMULSION | - | NC |
| cicatrace kit (REXASIL equiv) | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC BIOLOGICALS | | |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | 2 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC TESTS | | |

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| DIAGNOSTIC PRODUCTS Cont. | | |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 |
| ACCU-CHEK TEST STRIP | OTC | 2 |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC |
| TEST STRIP (all other test strips) | OTC | NC |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| OMNIPAQUE SOLN | - | NC |
| SITZMARKS CAP | - | NC |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| ASTAMED MYO CAP | - | NC |
| DEPLIN CAP | - | NC |
| ELIGEN B12 TAB | - | NC |
| FALESSA TAB | - | NC |
| GLYGEST PAK | - | NC |
| L-METHYLFOLATE TAB | - | NC |
| LUVIRA CAP | - | NC |
| METANX CAP | - | NC |
| OLLIZAC POWDER | - | NC |
| PODIAPN CAP | - | NC |
| XAQUIL XR TAB | - | NC |

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| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont. | | |
| 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 |
| 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 |

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| DIURETICS Cont. | | |
| 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 |
| torsemide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECRIN equiv) | - | 2 |
| DEMADEX TAB | - | 3 |
| EDECRIN TAB | - | 3 |
| LASIX TAB | - | 3 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| ALDACTONE TAB | - | 3 |
| DYRENIUM CAP | - | 3 |
| MIDAMOR TAB | - | 3 |
| CAROSPIR SUSP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| CHLOROTHIAZIDE TAB | - | 1 |

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| DIURETICS Cont. | | |
| chlorothiazide tab (DIURIL equiv) | - | 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 |
| MICROZIDE CAP | - | 3 |
| ZAROXOLYN TAB | - | 3 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB | - | NC |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| FORTICAL NASAL SPRAY | - | 2 |
| risedronate tab (ACTONEL equiv) | - | 2 |
| ACTONEL TAB | - | 3 |
| ALENDRONATE SOLN | - | 3 |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| 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 TAB | - | 3 |
| FOSAMAX+D TAB | - | 3 |
| MIACALCIN NASAL SPRAY | - | 3 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 |
| SKELID TAB | - | 3 |
| pamidronate inj | M | M |
| PROLIA INJ | M | M |
| ZOMETA INJ | M | M |
| BINOSTO TAB | - | NC |
| TERIPARATIDE INJ | - | NC |
| FORTEO INJ | LMSP | SP |
| MIACALCIN INJ | LMSP | SP |
| NATPARA INJ (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| TYMLOS INJ | LMSP | SP |
| FERTILITY REGULATORS | | |
| PREGNYL INJ | INF-M | M |
| BRAVELLE INJ | INF | NC |
| CLOMIPHENE CITRATE POWDER | INF | NC |
| CLOMIPHENE CITRATE TAB | INF | NC |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| clomiphene citrate tab (CLOMID equiv) | INF | NC |
| FOLLISTIM AQ INJ | INF | NC |
| GONAL-F RFF INJ | INF | NC |
| MENOPUR INJ | INF | NC |
| OVIDREL INJ | INF | NC |
| GNRH/LHRH ANTAGONISTS | | |
| ORILISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORILISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| CETROTIDE INJ | INF | NC |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC |
| 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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| 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 |
| FENSOLVI INJ | - | NC |
| 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 |
| 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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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| CARNITOR TAB | - | 3 |
| HECTOROL CAP | - | 3 |
| ROCALTROL CAP | - | 3 |
| ROCALTROL SOLN | - | 3 |
| SENSIPAR TAB | - | 3 |
| ZEMPLAR CAP | - | 3 |
| ALDURAZYME INJ | M | M |
| FABRAZYME INJ | M | M |
| MYALEPT INJ | - | NC |
| nitisinone cap (ORFADIN equiv) | - | NC |
| NITYR TAB | - | NC |
| ORFADIN CAP | - | NC |
| ORFADIN SUSP | - | NC |
| RAVICTI LIQUID | - | NC |
| RAYALDEE CAP | - | NC |
| XURIDEN POWDER | - | NC |
| CALCITRIOL INJ | LMSP | SP |
| CARBAGLU TAB (Only available through Accredo 888-773-7376) | LD-PA | SP |
| GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | SP |
| KUVAN POWDER PACK | LMSP-PA | SP |
| KUVAN TAB | LMSP-PA | SP |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | SP |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | LMSP-PA | SP |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | LMSP-PA | SP |
| 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 | | |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| 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 800-803-2523) | LD-PA-QL | SP |
| SOMATULINE INJ | LMSP | SP |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3411) | LD-PA-QL | SP |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3411) | LD-PA-QL | SP |
| SAMSCA TAB | MSP | SP |
| SAMSCA TAB, TOLVAPTAN TAB | MSP | SP |
| tolvaptan tab (SAMSCA equiv) | MSP | SP |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 |
| jinteli tab (FEMHRT equiv) | - | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| ACTIVEVELLA TAB | - | 3 |
| ANGELIQ TAB | - | 3 |
| CLIMARA PRO PATCH | - | 3 |
| COMBIPATCH | - | 3 |
| FEMHRT TAB | - | 3 |

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| ESTROGENS Cont. | | |
| PREFEST TAB | - | 3 |
| BIJUVA CAP | - | NC |
| DUAVEE TAB | - | NC |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | NC |
| ESTRATEST TAB | - | NC |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |
| estropipate tab (OGEN equiv) | - | 1 |
| 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 |

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| ESTROGENS Cont. | | |
| VIVELLE-DOT PATCH | - | 3 |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ciprofloxacin susp (CIPRO equiv) | - | 2 |
| moxifloxacin tab (AVELOX equiv) | - | 2 |
| AVELOX TAB | - | 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. | | |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| 5-HT4 RECEPTOR AGONISTS | | |
| MOTEGRITY TAB | PA | 3 |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB | PA | 2 |
| BILE ACID SYNTHESIS DISORDER AGENTS | | |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 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 |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROCROM CONC | - | 3 |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| AMITIZA CAP | PA | 3 |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| REGLAN TAB | - | 3 |
| GIMOTI NASAL SPRAY | - | NC |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| METOZOLV ODT | - | NC |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| APRISO CAP | - | 2 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| AZULFIDINE EN TAB | - | 3 |
| AZULFIDINE TAB | - | 3 |
| COLAZAL CAP | - | 3 |
| DIPENTUM CAP | - | 3 |
| mesalamine tab (ASACOL equiv) | - | 3 |
| SFROWASA ENEMA | - | 3 |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| DELZICOL CAP | - | NC |
| LIALDA TAB | - | NC |
| PENTASA CAP | - | NC |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| 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 (LOTROXON equiv) | - | 3 |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 |
| LOTROXON TAB | - | 3 |
| VIBERZI TAB | - | NC |
| ZELNORM TAB | - | NC |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| RELISTOR INJ | - | NC |
| RELISTOR INJ KIT | - | NC |
| RELISTOR TAB | - | NC |
| 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 |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| 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 |
| RENAGEL TAB 800MG | - | 3 |
| RENVELA TAB | - | 3 |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | 3 |
| VELPHORO CHEW TAB | - | 3 |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT | - | NC |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO TAB | - | NC |
| GENERAL ANESTHETICS | | |
| ANESTHETICS - MISC. | | |
| KETAMINE HCL TROCHES | - | NC |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA-3 SYRUP | - | 1 |

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

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| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 |
| RAPAFLO CAP | - | 2 |
| silodosin cap (RAPAFLO equiv) | - | 2 |
| CARDURA XL TAB | - | 3 |
| FLOMAX CAP | - | 3 |
| JALYN CAP | - | 3 |
| PROSCAR TAB | - | 3 |
| UROXATRAL TAB | - | 3 |
| AVODART CAP | - | SP |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| PYRIDIUM TAB | - | 3 |
| URINARY STONE AGENTS | | |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |
| 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 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 2 |

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| GOUT AGENTS Cont. | | |
| MITIGARE CAP | - | 2 |
| ULORIC TAB (Step Therapy requires trial of allopurinol) | ST | 2 |
| ZYLOPRIM TAB | - | 3 |
| COLCHICINE CAP | - | NC |
| colchicine tab (COLCRYS equiv) | - | NC |
| COLCRYS TAB | - | NC |
| GLOPERBA SOLN | - | NC |
| ZURAMPIC TAB | - | NC |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| AFSTYLA KIT | - | NC |
| HEMLIBRA INJ | LMSP-PA | SP |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| FIRAZYR INJ | - | NC |
| icatibant inj (FIRAZYR equiv) | LMSP-PA | SP |
| COMPLEMENT INHIBITORS | | |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP |
| HAEGARDA INJ | MSP-PA | SP |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | SP |

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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| 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 (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| TICLOPIDINE TAB | - | 1 |
| ticlopidine tab (TICLID equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | 2 |
| AGGRENOX CAP | - | 3 |
| AGRYLIN CAP | - | 3 |
| BRILINTA TAB | - | 3 |
| EFFIENT TAB | - | 3 |
| PERSANTINE TAB | - | 3 |
| PLAVIX TAB 75MG | - | 3 |

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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| PLETAL TAB | - | 3 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 |
| ASPIRIN/OMEPRazole ER TAB | - | NC |
| CLOPIDOGREL THERAPY PACK | - | NC |
| PLAVIX TAB 300MG | - | NC |
| YOSPRALA TAB | - | NC |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA CAP | - | NC |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | SP |
| ZAVESCA CAP (Only available through Accredo 800-803-2523) | LD-PA | SP |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| SIKLOS TAB | - | NC |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | SP |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI POWDER PACK (QL= 6 packets/day) | LMSP-PA-QL | SP |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| NASCOBAL NASAL SPRAY | - | 3 |
| CALOMIST NASAL SPRAY | - | NC |

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| HEMATOPOIETIC AGENTS Cont. | | |
| 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 |
| GRANIX INJ | - | NC |
| MIRCERA INJ | - | NC |
| NEULASTA INJ | - | NC |
| NEUPOGEN INJ | - | NC |
| REBLOZYL INJ | - | NC |
| DOPTelet TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | SP |
| FULPHILA INJ | LMSP | SP |
| LEUKINE INJ | LMSP | SP |
| MULPLETA TAB (QL= 7 tabs/fill) | LMSP-PA-QL | SP |
| NEUMEGA INJ | LMSP | SP |
| NIVESTYM INJ | LMSP | SP |
| PROMACTA POWDER | LMSP-PA | SP |

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| HEMATOPOIETIC AGENTS Cont. | | |
| PROMACTA TAB | LMSP-PA | SP |
| UDENYCA INJ | LMSP | SP |
| ZARXIO INJ | LMSP | SP |
| ZIEXTENZO INJ | MSP | 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 | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| CHROMAGEN FA TAB | - | 3 |
| FERREX 28 TAB | - | 3 |
| multivitamin tab | - | 3 |
| BIFERARX TAB | - | NC |
| B-SERENE PAD | - | NC |
| CYFOLEX CAP | - | NC |
| FOLITE TAB | - | NC |
| folvite-d tab (GENICIN equiv) | - | NC |

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| HEMATOPOIETIC AGENTS Cont. | | |
| FOLVITE-FE TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |
| IRON | | |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | 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 |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| aminocaproic acid tab (AMICAR equiv) | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| AMICAR SOLN | - | 3 |
| AMICAR SYRUP | - | 3 |
| AMICAR TAB | - | 3 |
| LYSTEDA TAB | - | 3 |
| CYKLOKAPRON INJ | M | M |

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Sendero Exchange Formulary

Category/Class

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| DrugName | Special Code | Tier |
|---|--------------|------|
| HEMOSTATICS Cont. | | |
| tranexamic acid inj (CYKLOKAPRON equiv) | M | M |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | 3 |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTI-HISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| PHENOBARBITAL TAB | - | 1 |
| SECONAL CAP | - | 2 |
| BUTISOL ELIXIR | - | 3 |
| BUTISOL TAB | - | 3 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| doxepin tab (SILENOR equiv) | - | 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 |

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| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) | - | 1 |
| AMBIEN TAB (QL= 1 tab/day) | QL | 3 |
| HALCION TAB | - | 3 |
| 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 |
| OREXIN RECEPTOR ANTAGONISTS | | |

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| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| DAYVIGO TAB | - | NC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 |
| ROZEREM TAB (QL= 1 tab/day) | QL | 3 |
| HETLIOZ CAP | - | NC |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| 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 |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (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 |

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| LAXATIVES Cont. | | |
| PREPOPIK PAK | - | NC |
| SUCLEAR KIT | - | NC |
| SUTAB TAB | - | NC |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| KRISTALOSE PACK | - | 3 |
| KRISTALOSE PACKET | - | 3 |
| GIALAX KIT | - | NC |
| LACTULOSE PACK | - | NC |
| MIRALAX PACKET | - | NC |
| MIRALAX POWDER | - | NC |
| polyethylene glycol 3350 powder (MIRALAX equiv) | - | NC |
| SALINE LAXATIVES | | |
| OSMOPREP TAB (Step Therapy requires trial of CLENPIQ) | ST | 3 |
| VISICOL TAB | - | 3 |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |

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| MACROLIDES Cont. | | |
| 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 EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| erythromycin stearate tab | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| ERYPED SUSP | - | 3 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 |
| erythromycin tab (ERY-TAB equiv) | - | 3 |
| PCE TAB | - | 3 |
| FIDAXOMICIN | | |

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| MACROLIDES Cont. | | |
| 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-CHEK GUIDE CARE METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| LANCET DEVICE | OTC | 1 |
| LANCET KIT | OTC | 1 |
| LANCETS | OTC | 1 |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 |
| 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 2 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 |

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| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| 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 |
| ACCU-CHEK AVIVA PLUS METER | OTC | NC |
| ACCU-CHEK NANO METER | OTC | NC |
| DIABETIC METER | 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 | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| AEROCHAMBER SUPPLIES | - | 2 |

MIGRAINE PRODUCTS

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| MIGRAINE PRODUCTS Cont. | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AJOVY INJ | - | NC |
| 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 | | |
| ERGOMAR SL TAB | - | 3 |
| D.H.E. INJ | - | NC |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| MIGRANAL SPRAY | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 |

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| MIGRAINE PRODUCTS Cont. | | |
| NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| AJOVY INJ | - | NC |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER PACKET | - | 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 |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-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 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/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 |

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| MIGRAINE PRODUCTS Cont. | | |
| 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 |
| 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 |
| 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 |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |
| MINERALS & ELECTROLYTES | | |
| CHLORIDE | | |
| AMMONIUM CHLORIDE INJ | M | M |
| FLUORIDE | | |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |

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| MINERALS & ELECTROLYTES Cont. | | |
| 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 |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| 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 | | |
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |

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| MINERALS & ELECTROLYTES Cont. | | |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| KLOR-CON M15 TAB | - | 2 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| KLOR-CON POWDER PACKET | - | 3 |
| KLOR-CON POWDER PACKET 25MEQ | - | 3 |
| MICRO-K CAP | - | 3 |
| SODIUM | | |
| sodium chloride inj | M | M |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| DEPEN TITRATAB | - | 2 |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| CUPRIMINE CAP | - | NC |
| penicilliamine cap (CUPRIMINE equiv) | - | NC |
| SYPRINE CAP | MSP-PA | SP |

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| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| trientine cap (SYPRINE equiv) | MSP-PA | SP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| ASTAGRAF XL CAP | - | NC |
| ENSPRYNG INJ | - | NC |
| PROGRAF PACKET | - | NC |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | SP |
| RAPAMUNE SOLN | - | SP |
| sirolimus soln (RAPAMUNE equiv) | - | SP |
| ZORTRESS TAB | PA | SP |
| POTASSIUM REMOVING AGENTS | | |
| LOKELMA PAK | PA | 2 |
| VELTASSA POWDER | PA | 2 |
| 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 | | |
| 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 |

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| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| 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 |
| 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 |

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| 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 |
| 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 | | |

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| MULTIVITAMINS Cont. | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| STROVITE TAB | - | 3 |
| V-C FORTE CAP | - | 3 |
| REMEDIENT CAP | - | NC |
| VITRECYL IRON TAB | - | NC |
| VITRECYL TAB | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| ESCAVITE CHEW TAB | - | 3 |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 |
| POLY-VI-FLOR SUSP | - | NC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | 1 |

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| MULTIVITAMINS Cont. | | |
| MYNATAL-Z TAB | - | 1 |
| PRENATABS RX TAB | - | 1 |
| PRENATAL 19 CHEW TAB | - | 1 |
| PRENATAL 19 TAB | - | 1 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| VP-PNV-DHA CAP | - | 1 |
| AZESCHEW TAB 13-1MG | - | 3 |
| NEONATAL 19 TAB | - | 3 |
| NEONATAL FE TAB | - | 3 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| VITAFOL STRIPS | - | 3 |
| AZESCO TAB | - | NC |
| CITRANATAL CAP MEDLEY | - | NC |
| PREGENNA TAB | - | NC |
| PRENARA CAP | - | NC |
| PRENATRIX TAB | - | NC |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |

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| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| 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 |
| SKELAXIN TAB | - | 3 |
| SOMA TAB | - | 3 |
| tizanidine cap (ZANAFLEX equiv) | - | 3 |
| ZANAFLEX CAP | - | 3 |
| ZANAFLEX TAB | - | 3 |
| AMRIX CAP | - | NC |
| BACLOFEN TAB 5MG | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOXAZONE TAB 250MG | - | NC |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC |

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| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| FIRST BACLOFEN SUSP KIT | - | NC |
| OZOBAX SOLN | - | NC |
| SOMA TAB 250MG | - | NC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 2 |
| DANTRIUM CAP | - | 3 |
| MUSCLE RELAXANT COMBINATIONS | | |
| NORGESIC FORTE TAB | - | 3 |
| NORGESIC TAB FORTE | - | 3 |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | 3 |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC |
| AZENASE PAK | - | NC |

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| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| DYMISTA SPRAY | - | 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 | | |
| budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| 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 |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 1 |

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| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| 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 |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| RHINOCORT AQUA NASAL SPRAY | - | NC |
| SINUVA NASAL IMPLANT | - | NC |
| VERAMYST NASAL SPRAY | - | NC |
| XHANCE NASAL EXHALER | - | NC |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| TYZINE NASAL SOLN | - | 3 |
| ADRENALIN SOLN | - | NC |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 2 |
| RILUTEK TAB | - | NC |
| TIGLUTIK SUSP | - | NC |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN | - | NC |
| NUTRIENTS | | |

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| NUTRIENTS Cont. | | |
| LIPIDS | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPTH INSERT | - | NC |
| BETA-BLOCKERS - OPTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPTH SOLN | - | 2 |
| BETOPTIC-S OPTH SOLN | - | 2 |
| COMBIGAN OPTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPTH SOLN | - | 2 |
| ISTALOL OPTH SOLN | - | 2 |
| METIPRANOLOL OPTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| TIMOLOL OPTH GEL SOLN | - | 2 |

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Sendero Exchange Formulary

Category/Class

Last Updated* 12/1/2020

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| BETAGAN OPTH SOLN | - | 3 |
| COSOPT (PF) OPTH SOLN | - | 3 |
| timolol maleate (pf) opth soln 0.5% (TIMOPTIC equiv) | - | 3 |
| TIMOPTIC OCUDOSE OPTH SOLN 0.25% | - | 3 |
| TIMOPTIC OCUDOSE OPTH SOLN 0.5% | - | 3 |
| TIMOPTIC OPTH SOLN | - | 3 |
| TIMOPTIC-XE OPTH GEL | - | 3 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine opth oint | - | 1 |
| atropine opth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate opth soln (CYCLOGYL equiv) | - | 1 |
| homatropine opth soln (ISOPTO HOMATROPINE equiv) | - | 1 |
| HOMATROPINE OPTH SOLN 5% | - | 1 |
| phenylephrine opth soln (MYDFRIN equiv) | - | 1 |
| tropicamide opth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPTH SOLN | - | 2 |
| HOMATROPINE OPTH SOLN | - | 2 |
| ISOPTO HYOSCINE OPTH SOLN | - | 2 |
| CYCLOGYL OPTH SOLN | - | 3 |
| ISOPTO ATROPINE OPTH SOLN | - | 3 |
| MYDRIACYL OPTH SOLN | - | 3 |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPTH SOLN | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| 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 |
| 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 |

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| OPHTHALMIC AGENTS Cont. | | |
| 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 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| TRIFLURIDINE OPHTH SOLN | - | 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 |

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| OPHTHALMIC AGENTS Cont. | | |
| 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 |
| MOXEZA OPHTH SOLN 0.5% | - | NC |
| moxifloxacin hcl opth soln 0.5% (MOXEZA equiv) | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| OPHTHALMIC DECONGESTANTS | | |
| MYDFRIN OPHTH SOLN | - | 3 |
| naphazoline opth 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 |
| ROCKLATAN OPHTH SOLN | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| ALCAINE OPTH SOLN | - | 3 |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| PHOTREXA VISCOUS OPTH 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 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN | - | 1 |
| PREDNISOLONE OPTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| SULFACETAMIDE/PREDNISOLONE OPTH SOLN | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPTH SUSP | - | 2 |
| BLEPHAMIDE OPTH SOLN | - | 2 |

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| OPHTHALMIC AGENTS Cont. | | |
| DUREZOL OPTH EMULSION | - | 2 |
| LOTEMAX OPTH GEL | - | 2 |
| LOTEMAX OPTH OINT | - | 2 |
| loteprednol opth susp (LOTEMAX equiv) | - | 2 |
| MAXIDEX OPTH SOLN | - | 2 |
| PRED MILD OPTH SOLN | - | 2 |
| PRED-G OPTH SOLN | - | 2 |
| TOBRADEX OPTH OINT | - | 2 |
| VEXOL OPTH SUSP | - | 2 |
| ZYLET OPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| BLEPHAMIDE S.O.P. OPTH OINT | - | 3 |
| CORTISPORIN OPTH SOLN | - | 3 |
| FLAREX OPTH SUSP | - | 3 |
| FML FORTE OPTH SUSP | - | 3 |
| FML LIQUIFLIM OPTH SUSP | - | 3 |
| FML S.O.P. OPTH OINT | - | 3 |
| MAXITROL OPTH OINT | - | 3 |
| MAXITROL OPTH SUSP | - | 3 |
| PRED FORTE OPTH SUSP | - | 3 |
| TOBRADEX OPTH SOLN | - | 3 |
| TOBRADEX ST OPTH SUSP | - | 3 |
| DEXTENZA OPTH INSERT | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| INVELTYS OPTH SUSP | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| LOTEMAX OPTH SUSP | - | NC |
| LOTEMAX SM GEL 0.38% | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPTH SUSP | - | NC |
| PREDNISOLONE/NEPAFENAC OPTH SUSP | - | 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 OPTH SOLN | - | 1 |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 |

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| OPHTHALMIC AGENTS Cont. | | |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 |
| ALAMAST OPTH SOLN | - | 2 |
| ALOCRILOPTH SOLN | - | 2 |
| ALOMIDE OPTH SOLN | - | 2 |
| AZOPT OPTH SUSP | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |
| BROMFENAC OPTH SOLN 0.09% (TWICE DAILY) | - | 2 |
| ILEVRO OPTH SUSP | - | 2 |
| NEVANAC OPTH SUSP | - | 2 |
| PROLENSA OPTH SOLN | - | 2 |
| ACULAR (LS) OPTH SOLN | - | 3 |
| ACUVAIL OPTH SOLN | - | 3 |
| BEPREVE OPTH SOLN | - | 3 |
| CROLOM OPTH SOLN | - | 3 |
| ELESTAT OPTH SOLN | - | 3 |
| EMADINE OPTH SOLN | - | 3 |
| epinastine ophth soln (ELESTAT equiv) | - | 3 |
| LASTACFT OPTH SOLN (QL= 3ml/30 days) | QL | 3 |
| OCUFEN OPTH SOLN | - | 3 |
| OPTIVAR OPTH SOLN | - | 3 |
| PATANOL OPTH SOLN | - | 3 |
| TRUSOPT OPTH SOLN | - | 3 |

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| OPHTHALMIC AGENTS Cont. | | |
| VOLTAREN OPTH SOLN | - | 3 |
| BROMSITE OPTH SOLN | - | NC |
| PATADAY OPTH SOLN | - | NC |
| PAZEO OPTH SOLN 0.7% | - | NC |
| UPNEEQ SOLN | - | NC |
| ZADITOR OPTH SOLN | OTC | NC |
| ZERVIAE OPTH SOLN | - | NC |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | SP |
| CYSTARAN OPTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 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 OPTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |
| TRAVATAN Z DROPS (QL= 2.5ml/30 days) | QL | 3 |
| XALATAN OPTH SOLN (QL= 2.5ml/30 days) | QL | 3 |
| ZIOPTAN OPTH SOLN (QL= 1 bottle/day) | PA-QL | 3 |
| VYZULTA SOLN | - | NC |
| XELPROS OPTH EMULSION | - | NC |

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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| OTIC AGENTS Cont. | | |
| 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 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |
| CIPRODEX 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 |

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| OTIC AGENTS Cont. | | |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE 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 |
| VOSOL HC OTIC SOLN | - | 3 |
| OXYTOCICS | | |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| CUVITRU INJ | - | NC |
| HIZENTRA INJ | MSP | SP |
| MONOCLONAL ANTIBODIES | | |
| SYNAGIS INJ (Only available through Lumicera and Avella Specialty Pharmacies) | LD-PA | \$0 |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ | MSP-PA | SP |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| CUTAQUIG INJ | - | NC |
| HIZENTRA INJ | MSP | SP |

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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program |
| M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization |
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| PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont. | | |
| XEMBIFY INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | SP |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 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 | | |
| 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 | - | 3 |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 3 |

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| PENICILLINS Cont. | | |
| 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 oil inj | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 2 |
| AYGESTIN TAB | - | 3 |
| MEGACE ES SUSP | - | 3 |
| megestrol ES susp (MEGACE ES equiv) | - | 3 |
| PROMETRIUM CAP | - | 3 |
| PROVERA TAB | - | 3 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| disulfiram tab (ANTABUSE equiv) | - | 1 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| ANTABUSE TAB | - | 3 |
| CAMPRAL TAB | - | 3 |
| LUCEMYRA TAB (QL= 84 tabs/7 days) | PA-QL | 3 |
| ANTI-CATAPLECTIC AGENTS | | |
| XYWAV SOLN | - | NC |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharma 314-587-4050) | 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 |
| 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 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| ARICEPT ODT (QL= 1 tab/day) | QL | 3 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| 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 |
| NAMENDA XR CAP | - | 3 |
| RAZADYNE ER CAP | - | 3 |
| RAZADYNE SOLN | - | 3 |
| RAZADYNE TAB | - | 3 |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | 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 | | |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| ADDYI TAB | - | EXC |
| VYLEESI INJ | - | EXC |
| MOVEMENT DISORDER DRUG THERAPY | | |
| INGREZZA PACK 40-80MG | - | NC |
| XENAZINE TAB | - | NC |
| AUSTEDO TAB (QL= 4 tabs/day) | LMSP-PA-QL | SP |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | SP |
| tetrabenazine tab (XENAZINE equiv) | LMSP-PA | SP |
| MULTIPLE SCLEROSIS AGENTS | | |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day) | LMSP-PA-QL | 3 |
| TYSABRI INJ | M | M |
| AMPYRA TAB | - | NC |
| BAFIERTAM CAP | - | NC |
| COPAXONE INJ | - | NC |
| KESIMPTA INJ | - | NC |
| MAVENCLAD PAK | - | NC |
| VUMERITY CAP | - | NC |
| ZEPOSIA CAP | - | NC |
| ZEPOSIA STARTER PACK | - | NC |
| ZINBRYTA INJ | - | NC |
| AUBAGIO TAB | LMSP | SP |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| AVONEX INJ | LMSP | SP |
| dimethyl fumarate DR cap (TECFIDERA equiv) | LMSP | SP |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | LMSP | SP |
| EXTAVIA INJ | LMSP | SP |
| GILENYA CAP | LMSP | SP |
| glatiramer inj (COPAXONE equiv) | LMSP | SP |
| MAYZENT TAB | LMSP | SP |
| MAYZENT TAB STARTER PACK | 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 |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| LIDOTIN PAK | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE CAP (PMDD) | - | 3 |
| fluoxetine (pmdd) tab (SARAFEM equiv) | - | NC |
| SARAFEM TAB | - | NC |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| 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 |
| 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 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| ARALAST/PROLASTIN/ZEMAIRA INJ | M | M |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| PULMOZYME INH SOLN | LMSP | SP |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | SP |

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| RESPIRATORY AGENTS - MISC. Cont. | | |
| 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 | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | 1 |
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA TAB (QL= 2 tabs/day, 30 tabs/180 days; Restricted to Infectious Disease Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP |
| 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 |

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| TETRACYCLINES Cont. | | |
| 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 |
| 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 |

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| TETRACYCLINES Cont. | | |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| MINOCYCLINE ER CAP | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| SEYSARA TAB | - | NC |
| SOLODYN TAB | - | NC |
| TARGADOX TAB | - | NC |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| 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 |
| levothyroxine tab (SYNTHROID equiv) | - | NC |
| TIROSINT CAP | - | NC |
| TIROSINT-SOL | - | NC |

ULCER DRUGS

ANTISPASMODICS

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| OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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Sendero Exchange Formulary

Category/Class

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|---|---------------------|-------------|
| ULCER DRUGS Cont. | | |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| 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 |

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| ULCER DRUGS Cont. | | |
| 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 |
| 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 |
| famotidine susp (PEPCID equiv) | - | 2 |
| AXID CAP | - | 3 |

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| ULCER DRUGS Cont. | | |
| PEPCID SUSP | - | 3 |
| PEPCID TAB | - | 3 |
| TAGAMET TAB | - | 3 |
| ZANTAC GRANULE PACKET | - | 3 |
| ranitidine cap (ZANTAC equiv) | - | NC |
| ranitidine syrup (ZANTAC equiv) | - | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC |
| ZANTAC CAP | - | NC |
| ZANTAC EFFER TAB | - | NC |
| ZANTAC SYRUP | - | NC |
| ZANTAC TAB | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| 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 |

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| ULCER DRUGS Cont. | | |
| lansoprazole cap (PREVACID equiv) | OTC | 3 |
| LANSOPRAZOLE SUSP | - | 3 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 3 |
| ACIPHEX SPRINKLE CAP | - | NC |
| ACIPHEX TAB | - | NC |
| DEXILANT CAP | - | NC |
| ESOMEPRAZOLE STRONTIUM CAP | - | NC |
| NEXIUM 24HR TAB | - | NC |
| NEXIUM CAP | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| PREVACID CAP | - | NC |
| PRILOSEC CAP | - | NC |
| PRILOSEC OTC DR TAB | OTC | NC |
| PROTONIX EC TAB | - | 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 |

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| ULCER DRUGS Cont. | | |
| HELIDAC PACK | - | NC |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC |
| ZEGERID CAP | - | NC |
| ZEGERID POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| hyoscyamine inj (LEVSIN equiv) | - | 3 |
| GLYCATATE TAB, GLYCOPYRROLATE TAB | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| CARAFATE SUSP | - | 3 |
| PROTON PUMP INHIBITORS | | |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC |
| omeprazole tab | OTC | NC |
| pantoprazole sodium packet (PROTONIX PAK equiv) | - | NC |
| PREVACID SOLUTAB | - | NC |

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| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| PRILOSEC OTC DR TAB | OTC | NC |
| ULCER THERAPY COMBINATIONS | | |
| TALICIA CAP | - | NC |
| URINARY ANTI-INFECTIVES | | |
| URINARY ANTI-INFECTIVE COMBINATIONS | | |
| UROQID #2 TAB | - | 3 |
| PROSED DS TAB | - | NC |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| trospium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| OXYTROL PATCH (OTC) | OTC | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| tolterodine tab (DETROL equiv) | - | 2 |
| trospium tab (SANCTURA equiv) | - | 2 |
| VESICARE TAB | - | 2 |
| DETROL LA CAP | - | 3 |
| DETROL TAB | - | 3 |

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| URINARY ANTISPASMODICS Cont. | | |
| DITROPAN XL TAB | - | 3 |
| ENABLEX TAB | - | 3 |
| SANCTURA TAB | - | 3 |
| GELNIQUE | - | NC |
| TOVIAZ TAB | - | NC |
| URINARY ANTISPASMODIC COMBINATIONS | | |
| URELIEF PLUS TAB | - | NC |
| URINARY ANTISPASMODICS | | |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| 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 | | |
| PNEUMOVAX INJ | VAC | \$0 |
| PREVNAR 13 INJ | VAC | \$0 |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | 2 |
| VIRAL VACCINES | | |
| AFLURIA INJ | VAC | \$0 |

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| VACCINES Cont. | | |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 |
| FLUAD INJ | VAC | \$0 |
| FLUAD QUAD INJ | VAC | \$0 |
| FLUBLOK INJ | VAC | \$0 |
| FLUBLOK QUAD PF INJ | VAC | \$0 |
| FLUCELVAX INJ | VAC | \$0 |
| FLUCELVAX QUAD INJ | VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | \$0 |
| FLUVIRIN INJ | VAC | \$0 |
| FLUVIRIN PF INJ | VAC | \$0 |
| FLUZONE HD PF INJ | VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 |
| FLUZONE INTRADERMAL INJ | VAC | \$0 |
| FLUZONE QUADRIVALENT INJ | VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 |
| STAMARIL INJ | - | NC |
| VAGINAL AND RELATED PRODUCTS | | |
| VAGINAL CONTRACEPTIVE - PH MODULATORS | | |
| PHEXXI GEL | - | NC |
| VAGINAL PRODUCTS | | |
| MISCELLANEOUS VAGINAL PRODUCTS | | |

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| VAGINAL PRODUCTS Cont. | | |
| 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 |
| VAGINAL ANTI-INFECTIVES | | |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| NYSTATIN VAGINAL TAB | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |
| CLEOCIN VAGINAL CREAM | - | 3 |
| CLEOCIN VAGINAL SUPP | - | 3 |
| CLINDESSE VAGINAL CREAM | - | 3 |

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| VAGINAL PRODUCTS Cont. | | |
| 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)) | QL | 2 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| 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, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 |

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| VASOPRESSORS Cont. | | |
| ADRENALIN INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ | - | NC |
| EPIPEN (JR) INJ | - | NC |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| NORTHERA CAP | - | NC |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| PROAMATINE TAB | - | 3 |
| VITAMINS | | |
| MISC. NUTRITIONAL FACTORS | | |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap 1000unit | OTC | \$0 |
| vitamin D cap 400unit | 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 |

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| QL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | | |

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Sendero Exchange Formulary

Category/Class

Last Updated* 12/1/2020

| DrugName | Special Code | Tier |
|----------------------------------|--------------|------|
| VITAMINS Cont. | | |
| 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 |

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

| NC =Not Covered | | generic =small letters | BRANDS =CAPITAL LETTERS |
|------------------------|--|-------------------------------|---|
| EXC | Plan Exclusion | 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 |
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Sendero Exchange Formulary
Prior Authorization Drug List
Last Updated* 12/1/2020

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 |
| 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/benzoyl peroxide gel 0.1-2.5% | 2 |
| ADCIRCA TAB | SP |
| ADEMPAS TAB | SP |
| AFINITOR DISPERZ | SP |
| AFINITOR TAB 10MG | SP |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG | SP |
| AIMOVIG INJ | 2 |
| ALECENSA CAP | SP |
| ALINIA SUSP | 2 |
| ALINIA TAB | 2 |
| ALUNBRIG TAB 30MG | SP |
| ALUNBRIG TAB 90MG, 180MG | SP |

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 12/1/2020**

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) |
|---------------------------------|--|
| AMITIZA CAP | 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 |
| ARIKAYCE SUSP | SP |
| aripiprazole ODT | 3 |
| aripiprazole soln | 3 |
| armodafinil tab | 1 |
| ATRALIN GEL, RETIN-A GEL | 3 |
| AUSTEDO TAB | SP |
| AXIRON SOLN | 3 |
| AYVAKIT TAB | SP |
| BALVERSA TAB 3MG | SP |
| BALVERSA TAB 4MG | SP |
| BALVERSA TAB 5MG | SP |
| BENLYSTA AUTO-INJECTOR | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| BENLYSTA INJ | SP |
| BENZNIDAZOLE TAB | 2 |
| BERINERT INJ | SP |
| bexarotene cap | SP |
| BOSULIF TAB | SP |
| BRAFTOVI CAP 75MG | SP |
| BRUKINSA CAP | SP |
| budesonide ER tab | 3 |
| CABLIVI INJ KIT | SP |
| 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 |
| CINRYZE INJ | SP |
| CLARINEX SYRUP | 3 |
| COMETRIQ KIT | SP |
| COPIKTRA CAP | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------|--|
| CORLANOR SOLN | 3 |
| CORLANOR TAB | 3 |
| COSENTYX INJ (1-PACK) | SP |
| COSENTYX INJ (2-PACK) | SP |
| COTELLIC TAB | SP |
| CRINONE GEL | 2 |
| dalfampridine ER tab | 3 |
| DARAPRIM TAB | SP |
| deferiprone tab | SP |
| DESCOVY TAB | SP |
| DESLORATADINE ODT | 3 |
| desloratadine tab | 3 |
| DEXCOM G6 RECEIVER | 3 |
| DEXCOM G6 SENSOR | 3 |
| DEXCOM G6 TRANSMITTER | 3 |
| DIACOMIT CAP | SP |
| DIACOMIT POWDER PACK | SP |
| diclofenac gel | 3 |
| DIFFERIN CREAM | 3 |
| DIFFERIN GEL | 3 |
| DIFFERIN OTC GEL 0.1% | 1 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| DOPTelet TAB | SP |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOF CREAM | 3 |
| dronabinol cap | 2 |
| DUPIXENT INJ | SP |
| DUPIXENT PEN INJ | SP |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| ENBREL INJ 25MG | SP |
| ENBREL INJ 50MG | SP |
| ENBREL MINI INJ | SP |
| ENBREL SURECLICK INJ 50MG | SP |
| ENDARI POWDER PACK | SP |
| ENDOMETRIN INSERT | 2 |
| EPANED PREMIXED SOLN | 3 |
| EPANED SOLN | 3 |
| EPIDIOLEX SOLN | SP |
| EPIDUO FORTE GEL | 2 |
| EPIDUO GEL 0.1-2.5% | 3 |
| ERIVEDGE CAP | SP |
| ERLEADA TAB | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------------------|--|
| erlotinib tab | SP |
| ESBRIET CAP | SP |
| ESBRIET TAB 267MG | SP |
| ESBRIET TAB 801MG | SP |
| everolimus tab | SP |
| everolimus tab 0.25mg, 0.5mg, 0.75mg | SP |
| FANAPT TAB | 3 |
| FANAPT TITRATION PACK | 3 |
| FARYDAK CAP | SP |
| FASENRA PEN INJ | SP |
| fentanyl citrate lollipop | 2 |
| FENTORA TAB, FENTANYL BUCCAL TAB | 3 |
| FERRIPROX SOLN | SP |
| FERRIPROX TAB | SP |
| FERRIPROX TAB 1000MG (TWICE DAILY) | SP |
| FERRIPROX TAB 500MG | SP |
| FETZIMA CAP | 3 |
| FETZIMA TITRATION PACK | 3 |
| FREESTYLE LIBRE 2 RECEIVER | 3 |
| FREESTYLE LIBRE 2 SENSOR | 3 |
| FREESTYLE LIBRE RECEIVER | 3 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| FREESTYLE LIBRE SENSOR (10-DAY) | 3 |
| FREESTYLE LIBRE SENSOR (14-DAY) | 3 |
| GALAFOLD CAP | SP |
| GENOTROPIN INJ | SP |
| GILOTRIF TAB | SP |
| HAEGARDA INJ | SP |
| HEMLIBRA INJ | SP |
| 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 |
| HYQVIA INJ | SP |
| IBRANCE CAP | SP |
| IBRANCE TAB | SP |
| icatibant inj | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------|--|
| ICLUSIG TAB | SP |
| IDHIFA TAB | SP |
| IMBRUVICA CAP 140MG | SP |
| IMBRUVICA CAP 70MG | SP |
| IMBRUVICA TAB | SP |
| INBRIJA INH POWDER | 3 |
| INCIVEK TAB | SP |
| INGREZZA CAP | SP |
| INLYTA TAB | SP |
| INVEGA TAB | 3 |
| INVOKAMET TAB | 3 |
| INVOKANA TAB | 3 |
| IRESSA TAB | SP |
| itraconazole cap | 2 |
| itraconazole soln | 3 |
| JAKAFI TAB | SP |
| JYNARQUE PAK | SP |
| JYNARQUE TAB | SP |
| KALYDECO PAK | SP |
| KALYDECO TAB | SP |
| KEVZARA INJ | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| KINERET INJ | SP |
| KISQALI PAK | SP |
| KISQALI TAB | SP |
| KORLYM TAB | SP |
| KUVAN POWDER PACK | SP |
| KUVAN TAB | SP |
| lapatinib ditosylate tab | SP |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | SP |
| LENVIMA CAP | SP |
| LINZESS CAP | 3 |
| LOKELMA PAK | 2 |
| LONSURF TAB | SP |
| LORBRENA TAB 100MG | SP |
| LORBRENA TAB 25MG | SP |
| LUCEMYRA TAB | 3 |
| LYNPARZA CAP | SP |
| LYNPARZA TAB | SP |
| MARINOL CAP | 3 |
| MAVYRET TAB | SP |
| MEKINIST TAB 0.5MG | SP |

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Sendero Exchange Formulary cont.**Prior Authorization Drug List****Last Updated* 12/1/2020**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| MEKINIST TAB 2MG | SP |
| MEKTOVI TAB | SP |
| METHITEST TAB | 3 |
| METHYLTESTOSTERONE CAP | 3 |
| miglustat cap | SP |
| modafinil tab | 1 |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| MULPLETA TAB | SP |
| NATPARA INJ | SP |
| NERLYNX TAB | SP |
| NEXAVAR TAB | SP |
| NINLARO CAP | SP |
| NUBEQA TAB | SP |
| NUCALA INJ | SP |
| NUDEXTA CAP | 2 |
| NURTEC ODT | 2 |
| NUVIGIL TAB | 3 |
| OCALIVA TAB | SP |
| ODACTRA SL TAB | 3 |
| ODOMZO CAP | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| OFEV CAP | SP |
| OLUMIANT TAB | SP |
| OPSUMIT TAB | SP |
| 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 |
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | SP |
| ORKAMBI TAB | SP |
| OTEZLA STARTER PACK | SP |
| OTEZLA TAB | SP |
| OXBRYTA TAB | SP |
| OXERVATE OPTH SOLN | SP |
| PALFORZIA POWDER PACK | SP |
| PALFORZIA SPRINKLE CAP | SP |
| paliperidone ER tab | 2 |
| PALYNZIQ INJ | SP |
| PANRETIN GEL | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| PIQRAY TAB | SP |
| POMALYST CAP | SP |
| PRALUENT INJ | 2 |
| PROGESTERONE SUPP | 3 |
| PROMACTA POWDER | SP |
| PROMACTA TAB | SP |
| PROVIGIL TAB | 3 |
| pyrimethamine tab | SP |
| QBRELIS SOLN | 3 |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| RETIN-A CREAM | 3 |
| RETIN-A MICRO GEL 0.04%, 0.1% | 2 |
| REVATIO TAB | 3 |
| REYVOW TAB | 2 |
| RIFATER TAB | 3 |
| RINVOQ ER TAB | SP |
| ROZLYTREK CAP | SP |
| RUBRACA TAB | SP |
| RUCONEST INJ | SP |
| rufinamide susp | 2 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| RUZURGI TAB | SP |
| RYDAPT CAP | SP |
| SABRIL POWDER PACK | SP |
| SAPHRIS SL TAB | 3 |
| sapropterin dihydrochloride powder packet | SP |
| sapropterin dihydrochloride soluble tab | SP |
| SIGNIFOR INJ | SP |
| sildenafil tab 20mg | 1 |
| SKLICE LOTION | 3 |
| SKYRIZI INJ | SP |
| SOFOSBUVIR/VELPATASVIR TAB | SP |
| SOLARAZE GEL | 3 |
| SOLQUA INJ | 2 |
| 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 |
| STELARA INJ | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| STIVARGA TAB | SP |
| STRENSIQ INJ | SP |
| SUNOSI TAB | 2 |
| SUTENT CAP | 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 |
| TAKHZYRO INJ | SP |
| TALZENNA CAP 0.25MG | SP |
| TALZENNA CAP 1MG | SP |
| TARCEVA TAB | SP |
| TARGRETIN CAP | SP |
| TARGRETIN GEL | SP |
| TASIGNA CAP | SP |
| TAVALISSE TAB | SP |
| TAZVERIK TAB | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| TEGSEDI INJ | SP |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| testosterone gel 1.62% 1.25gm | 3 |
| testosterone gel 1.62% 2.5gm | 2 |
| testosterone gel 2% | 3 |
| TESTOSTERONE GEL PUMP | 2 |
| testosterone gel pump 1.62% | 2 |
| TESTOSTERONE GEL, VOGELXO GEL | 3 |
| testosterone soln | 2 |
| tetrabenazine tab | SP |
| THALOMID CAP | SP |
| TIBSOVO TAB | SP |
| TOBI PODHALER | SP |
| TRACLEER TAB 32MG | SP |
| TRECATOR TAB | 3 |
| tretinoin cream | 2 |
| tretinoin gel | 2 |
| TRETIN-X CREAM | 3 |
| trientine cap | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| TRIKAFTA TAB | SP |
| TRINTELLIX TAB | 3 |
| TRULANCE TAB | 2 |
| TURALIO CAP | SP |
| TYKERB TAB | SP |
| TYVASO INH SOLN | SP |
| TYZEKA TAB | SP |
| UBRELVY TAB | 2 |
| 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 |
| VITRAKVI CAP 100MG | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------|--|
| VITRAKVI CAP 25MG | SP |
| VITRAKVI SOLN | SP |
| VOGELXO PUMP | 3 |
| VOSEVI TAB | SP |
| VOTRIENT TAB | SP |
| VYNDAMAX CAP | SP |
| VYNDAQEL CAP | SP |
| WAKIX TAB | SP |
| XADAGO TAB | 3 |
| XALKORI CAP | SP |
| XELJANZ TAB | SP |
| XELJANZ XR TAB | SP |
| XEMBIFY INJ | SP |
| XIFAXAN TAB 550MG | 3 |
| XOSPATA TAB | SP |
| XPOVIO PAK | SP |
| XULTOPHY INJ | 2 |
| XYREM SOLN | SP |
| ZAVESCA CAP | SP |
| ZEJULA CAP | SP |
| ZELBORAF TAB | SP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------|--|
| ZIOPTAN OPHTH SOLN | 3 |
| ZOLINZA CAP | SP |
| ZORTRESS TAB | SP |
| ZORTRESS TAB 1MG | SP |
| ZYDELIG TAB | SP |
| ZYKADIA CAP | SP |
| ZYKADIA TAB | SP |

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Sendero Exchange Formulary

Last Updated* 12/1/2020

Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------------|----------------------------|----------------------------|--------------------------------|
| ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK SMARTVIEW TEST STRIP |
| ACCU-CHEK TEST STRIP | AEROCHAMBER | ALCOHOL SWABS | 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 | budesonide nasal spray | 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 | niacinamide tab | NICODERM PATCH |
| NICORETTE GUM | NICORETTE LOZENGE | nicotine gum | NICOTINE KIT |

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

| | | | |
|---------------------------------|----------------------------------|----------------------------------|------------------------------|
| nicotine lozenge | nicotine patch | NOVOFINE PEN NEEDLE | NOVOLIN 70/30 FLEXPEN INJ |
| NOVOLIN 70/30 INJ | NOVOLIN N FLEXPEN INJ | NOVOLIN N INJ | NOVOLIN R FLEXPEN INJ |
| NOVOLIN R INJ | NOVOTWIST PEN NEEDLE | NOVOTWIST/NOVOFINE PEN NEEDLE | OXYTROL PATCH (OTC) |
| PEAK FLOW METER TODAY SPONGE | PLAN B TAB | PREVACID OTC CAP | SLO-NIACIN TAB |
| vitamin D cap 400unit | triamcinolone OTC nasal spray | vcf vaginal gel | vitamin D cap 1000unit |
| | VITAMIN D TAB 400UNIT | ZEGERID CAP OTC | |

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Sendero Exchange Formulary

Last Updated* 12/1/2020

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 | ADEMPAS TAB | AFINITOR DISPERZ | AFINITOR TAB 10MG |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG | ALECENSA CAP | ALFERON-N INJ | ALUNBRIG TAB 30MG |
| ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | APOKYN INJ | ARIKAYCE SUSP |
| AUBAGIO TAB | AUSTEDO TAB | AVONEX INJ | AYVAKIT TAB |
| BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG | BENLYSTA |
| | | | AUTO-INJECTOR |
| BENLYSTA INJ | BERINERT INJ | bexarotene cap | bosentan tab |
| BOSULIF TAB | BRAFTOVI CAP 75MG | BRUKINSA CAP | CABLIVI INJ KIT |
| CABOMETYX TAB | CALCITRIOL INJ | CALQUENCE CAP | capecitabine tab |
| CAPRELSA TAB | CARBAGLU TAB | CAYSTON INH SOLN | CHOLBAM CAP |
| CIMZIA INJ | CIMZIA STARTER INJ KIT | CINRYZE INJ | COMETRIQ KIT |
| COPIKTRA CAP | COSENTYX INJ (1-PACK) | COSENTYX INJ (2-PACK) | COTELLIC TAB |
| CYSTADROPS SOLN | CYSTAGON CAP | CYSTARAN OPHTH SOLN | dalfampridine ER tab |
| DARAPRIM TAB | | | |

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| | | | |
|--|------------------------|----------------------------------|--------------------------------|
| deferasirox granules packet | deferasirox tab | deferasirox tab 180mg | deferasirox tab 90mg, 360mg |
| deferiprone tab | DIACOMIT CAP | DIACOMIT POWDER PACK | dimethyl fumarate DR cap |
| dimethyl fumarate DR starter pack | DOPTelet TAB | DUPIXENT INJ | DUPIXENT PEN INJ |
| ENBREL INJ 25MG | ENBREL INJ 50MG | ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG |
| ENDARI POWDER PACK | EPIDIOLEX SOLN | ERIVEDGE CAP | ERLEADA TAB |
| erlotinib tab | ESBRIET CAP | ESBRIET TAB 267MG | ESBRIET TAB 801MG |
| ETOPOSIDE CAP | everolimus tab | EXJADE TAB | EXTAVIA INJ |
| FARYDAK CAP | FASENRA PEN INJ | FERRIPROX SOLN | FERRIPROX TAB |
| FERRIPROX TAB 1000MG (TWICE DAILY) | FERRIPROX TAB 500MG | FORTEO INJ | FULPHILA INJ |
| FUZEON INJ | GALAFOLD CAP | GENOTROPIN INJ | GILENYA CAP |
| GILOTRIF TAB | glatiramer inj | HAEGARDA INJ | HEMLIBRA INJ |
| HIZENTRA INJ | HUMIRA INJ 10MG | HUMIRA INJ 20MG | HUMIRA INJ 40MG |
| HUMIRA INJ | HUMIRA INJ PEDIATRIC | HUMIRA INJ | HUMIRA PEN INJ 40MG |
| CROHNS/UC/HIDRADENITIS STARTER PACK | CROHNS STARTER PACK | PSORIASIS/UEITIS STARTER PACK | |
| HYCAMTIN CAP | HYQVIA INJ | IBRANCE CAP | IBRANCE TAB |
| icatibant inj | ICLUSIG TAB | IDHIFA TAB | imatinib tab |
| IMBRUVICA CAP 140MG | IMBRUVICA CAP 70MG | IMBRUVICA TAB | INCIVEK TAB |
| INCRELEX INJ | INGREZZA CAP | INLYTA TAB | INTRON-A INJ |
| IRESSA TAB | JADENU SPRINKLE | JADENU TAB 180MG | JADENU TAB 90MG, 360MG |
| JAKAFI TAB | JYNARQUE PAK | JYNARQUE TAB | KALYDECO PAK |
| KALYDECO TAB | KEVZARA INJ | KINERET INJ | KISQALI PAK |
| KISQALI TAB | KORLYM TAB | KUVAN POWDER PACK | KUVAN TAB |

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

| | | | |
|--------------------------------|---|------------------------------|------------------------------|
| lapatinib ditosylate tab | LEDIPASVIR/SOFOSBUV LENVIMA CAP IR TAB | | LEUKINE INJ |
| leuprolide inj | LONSURF TAB | LORBRENA TAB 100MG | LORBRENA TAB 25MG |
| LUPRON DEPOT INJ | LUPRON DEPOT PED INJ | LUPRON DEPOT-PED INJ | LYNPARZA CAP |
| LYNPARZA TAB | LYSODREN TAB | MAVYRET TAB | MAYZENT TAB |
| MAYZENT TAB STARTER PACK | MEKINIST TAB 0.5MG | MEKINIST TAB 2MG | MEKTOVI TAB |
| MESNEX TAB | MIACALCIN INJ | miglustat cap | MULPLETA TAB |
| MYLERAN TAB | NATPARA INJ | NERLYNX TAB | NEUMEGA INJ |
| NEXAVAR TAB | nilutamide tab | NINLARO CAP | NIVESTYM INJ |
| NUBEQA TAB | NUCALA INJ | NUZYRA TAB | OALIVA TAB |
| octreotide inj | ODOMZO CAP | OFEV CAP | OLUMIANT TAB |
| OPSUMIT TAB | ORENCIA CLICK INJ | ORENCIA SC INJ 125MG/ML | ORENCIA SC INJ 50MG/0.4ML |
| ORENCIA SC INJ 87.5MG/0.7ML | ORKAMBI GRANULES PACKET | ORKAMBI TAB | OTEZLA STARTER PACK |
| OTEZLA TAB | OXBRYTA TAB | OXERVATE OPHTH SOLN | PALFORZIA POWDER PACK |
| PALFORZIA SPRINKLE CAP | PALYNZIQ INJ | PANRETIN GEL | PEGASYS INJ |
| PEG-INTRON INJ | PIQRAY TAB | PLEGRIDY INJ | PLEGRIDY PEN INJ |
| POMALYST CAP | PROMACTA POWDER | PROMACTA TAB | PULMOZYME INH SOLN |
| pyrimethamine tab | REBETOL SOLN | REBIF INJ | REVLIMID CAP |
| ribavirin cap | ribavirin tab | RINVOQ ER TAB | ROZLYTREK CAP |
| RUBRACA TAB | RUCONEST INJ | RUZURGI TAB | RYDAPT CAP |
| SABRIL POWDER PACK | SAMSCA TAB | SAMSCA TAB, TOLVAPTAN TAB | SANDOSTATIN INJ |

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| | | | |
|--|--|--------------------|---------------------------|
| sapropterin dihydrochloride powder packet SKYRIZI INJ | sapropterin dihydrochloride soluble tab | SIGNIFOR INJ | SIRTURO TAB |
| SPRYCEL TAB | SOFOSBUVIR/VELPATA SVIR TAB | SOMATULINE INJ | SOMAVERT INJ |
| SUTENT CAP | STELARA INJ | STIVARGA TAB | STRENSIQ INJ |
| tadalafil tab (PAH) | SYMDEKO TAB | SYNAGIS INJ | SYPRINE CAP |
| TALZENNA CAP 0.25MG | TAFINLAR CAP | TAGRISSO TAB | TAKHZYRO INJ |
| TARGRETIN GEL | TALZENNA CAP 1MG | TARCEVA TAB | TARGRETIN CAP |
| TECFIDERA CAP | TASIGNA CAP | TAVALISSE TAB | TAZVERIK TAB |
| | TECFIDERA STARTER PACK | TEGSEDI INJ | TEMODAR CAP |
| temozolomide cap | tetrabenazine tab | THALOMID CAP | TIBSOVO TAB |
| TOBI PODHALER | tobramycin neb soln | tolvaptan tab | TRACLEER TAB 32MG |
| TRACLEER TAB 62.5MG, 125MG | tretinoin cap | trientine cap | TRIKAFTA TAB |
| TURALIO CAP | TYKERB TAB | TYMLOS INJ | TYVASO INH SOLN |
| UDENYCA INJ | UPTRAVI TAB | VALCHLOR GEL | VENCLEXTA STARTER PACK |
| VENCLEXTA TAB | VENTAVIS INH SOLN | VERZENIO TAB | VICTRELIS CAP |
| vigabatrin powder pack | vigabatrin tab | VITRAKVI CAP 100MG | VITRAKVI CAP 25MG |
| VITRAKVI SOLN | VIVITROL INJ | VOSEVI TAB | VOTRIENT TAB |
| VYNDAMAX CAP | VYNDAQEL CAP | WAKIX TAB | XALKORI CAP |
| XELJANZ TAB | XELJANZ XR TAB | XELODA TAB | XEMBIFY INJ |
| XOSPATA TAB | XPOVIO PAK | XYREM SOLN | ZARXIO INJ |
| ZAVESCA CAP | ZEJULA CAP | ZELBORAF TAB | ZIEXTENZO INJ |
| ZOLINZA CAP | ZYDELIG TAB | ZYKADIA CAP | ZYKADIA TAB |

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Sendero Exchange Formulary

Last Updated* 12/1/2020

Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| ADMELOG INJ, INSULIN LISPRO INJ | Step Therapy requires trial of NOVOLOG or INSULIN ASPART |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | Step Therapy requires trial of NOVOLOG or INSULIN ASPART |
| APIDRA INJ | Step Therapy requires trial of NOVOLOG or INSULIN ASPART |
| APIDRA SOLOSTAR INJ | Step Therapy requires trial of NOVOLOG or INSULIN ASPART |
| 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 |
| 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 |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| HUMALOG MIX INJ | Step Therapy requires trial of NOVOLOG or INSULIN ASPART |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | Step Therapy requires trial of NOVOLOG or INSULIN ASPART |
| HUMULIN MIX INJ | Step Therapy requires trial of NOVOLIN |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****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 |
| NEVIRAPINE ER TAB | Step Therapy requires trial of nevirapine |
| NORITATE CREAM | Step Therapy requires trial of FINACEA |
| OSMOPREP TAB | Step Therapy requires trial of CLENPIQ |
| peg 3350 soln (100 gram Moviprep equiv) | Step Therapy requires trial of CLENPIQ |
| PEXEVA TAB | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****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 |
| 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 |

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Sendero Exchange Formulary
Smoking Cessation Agents
Last Updated* 12/1/2020

| 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 |

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Sendero Exchange Formulary**Infertility Drug List****Last Updated* 12/1/2020**

| Drug Name | Tier # for Drug Copay |
|---------------------------|------------------------------|
| BRAVELLE INJ | NC |
| CETROTIDE INJ | NC |
| CLOMIPHENE CITRATE POWDER | NC |
| CLOMIPHENE CITRATE TAB | NC |
| FOLLISTIM AQ INJ | NC |
| GONAL-F RFF INJ | NC |
| leuprolide inj | SP |
| MENOPUR INJ | NC |
| OVIDREL INJ | NC |
| PREGNYL INJ | M |
| TRELSTAR INJ | NC |

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Sendero Exchange Formulary

Last Updated* 12/1/2020

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 800-803-2523 |
| AFINITOR DISPERZ | QL= 1 tab/day |
| AFINITOR TAB 10MG | QL= 1 tab/day |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG | QL= 1 tab/day |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| ALBUTEROL HFA INHALER | QL= 2 inhalers/30 days |
| 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 |
| ambrisentan tab | QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416 |

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* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|---|
| AMERGE TAB | QL= 9 tabs/fill, 2 fills/30 days |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANDROGEL 1% 25MG | QL= 1 packet/day |
| 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 |
| aprepitant pak | QL= 3 caps/fill |
| 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 |
| ARIKAYCE SUSP | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-604 |
| aripiprazole ODT | QL= 2 tabs/day |
| armodafinil tab | QL= 1 tab/day |
| AUSTEDO TAB | QL= 4 tabs/day |
| AVINZA CAP | QL= 2 caps/day |
| AXERT 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* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------|---|
| AXIRON SOLN | QL= 2 bottles/30 days |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG | QL= 3 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 4MG | QL= 2 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 5MG | QL= 1 tab/day; Only available through US Bioservices 888-518-7246 |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| 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: flutisolidide, fluticasone, triamcinolone or mometasone |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| BONIVA TAB 150MG | QL= 1 tab/30 days |
| bosentan tab | QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| budesonide ER tab | QL=1 tab/day |
| budesonide nasal spray | QL= 2 bottles/fill |
| buprenorphine patch | QL= 4 patches/28 days |

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

Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|---|
| 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 |
| CABLIVI INJ KIT | QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| 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 |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767 |
| COLEMAN BOTANICALS INSECT SPRAY | QL= 1 can/fill, 2 fills/30 days; Covered for females age 10 to 45 and males 14 or older. |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|--|
| 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. |
| COPIKTRA CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| 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. |
| CYSTADROPS SOLN | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPTH SOLN | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |
| dalfampridine ER tab | QL= 2 tabs/day |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****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 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 2 packs/fill |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| DICLOFENAC PATCH, FLECTOR PATCH | QL= 30 patches/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| DOPTelet TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| EMEND PAK | QL= 3 caps/fill |
| EMGALITY INJ | QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| ENDARI POWDER PACK | QL= 6 packets/day |
| enoxaparin inj | QL= 17 days supply |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| ESBRIET CAP | QL= 9 caps/day |
| ESBRIET TAB 267MG | QL= 9 tabs/day |
| ESBRIET TAB 801MG | QL= 3 tabs/day |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days (18 tabs on first fill) |
| eszopiclone tab | QL= 1 tab/day |
| everolimus tab | QL= 1 tab/day |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|----------------------------------|
| 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 |
| FASENRA PEN INJ | QL= 1 inj/56 days |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days |
| FENTORA TAB, FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| FETZIMA CAP | QL= 1 cap/day |
| FETZIMA TITRATION PACK | QL= 1 cap/day |
| FLUNISOLIDE NASAL SPRAY | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days |
| FROVA TAB | QL= 9 tabs/fill, 2 fills/30 days |
| frovatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| GALAFOLD CAP | QL= 15 caps/30 days; Only available through Walgreens 888-347-3416 |
| GAVILYTE-C SOLN | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| granisetron tab | QL= 14 tabs/fill |
| GRANISOL SOLN | QL= 60ml/fill |
| GUAIFENESIN/CODEINE SYRUP | QL= 240ml/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****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 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 | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudo | QL= 120ml/fill, 2 fills/30 days |
| phedrine liquid | |
| HYSINGLA ER TAB | QL= 1 tab/day |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBRANCE CAP | QL= 21 caps/28 days |
| IBRANCE TAB | QL= 21 caps/28 days |
| 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 |
| IMITREX TAB | QL= 9 tabs/fill, 2 fills/30 days |
| IMITREX VIAL INJ | QL= 5 inj/fill, 2 fills/30 days |
| INBRIJA INH POWDER | QL= 10 caps/day |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---|
| INGREZZA CAP | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| 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 |
| JYNARQUE TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| KINERET INJ | QL= 1 inj/day; Only available through Biologics 800-850-4306 |
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| KYTRIL TAB | QL= 14 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 |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| LENVIMA CAP | QL= 3 caps/day; Only available through Accredo 800-803-2523 |
| 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 |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| LOVENOX INJ | QL= 17 days supply |
| LUCEMYRA TAB | QL= 84 tabs/7 days |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------|---|
| 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 |
| 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 |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 2 tabs/day |
| mometasone nasal spray | QL= 2 bottles/fill |
| MORPHINE SULFATE ER BEAD CAP | QL= 2 caps/day |
| MULPLETA TAB | QL= 7 tabs/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| 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 |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------|--|
| NAYZILAM SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| 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 |
| 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 |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCALA INJ | QL= 1 inj/28 days |
| NUCYNTA ER TAB | QL= 2 tabs/day |
| NUDEXTA CAP | QL= 2 caps/day |
| NURTEC ODT | QL= 8 tabs/30 days, 6 fills/year |
| NUVIGIL TAB | QL= 1 tab/day |
| NUZYRA TAB | QL= 2 tabs/day, 30 tabs/180 days; Restricted to Infectious Disease o Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| OCALIVA TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|---|
| 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 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| OPSUMIT TAB | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORIAHNN CAP | QL= 2 caps/day |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---|
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OVIDE LOTION | QL= 2 bottles/fill |
| OXBRYTA TAB | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| OXERVATE OPTH SOLN | QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523 |
| 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 |
| POMALYST CAP | QL= 21 caps/28 days |
| POTIGA TAB | QL= 3 tabs/day |
| POTIGA TAB 50MG | QL= 9 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|--|
| PROAIR HFA INHALER | QL= 2 inhalers/30 days |
| PROVENTIL HFA INHALER | QL= 2 inhalers/30 days |
| PROVIGIL TAB | QL= 2 tabs/day |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| ramelteon tab | QL= 1 tab/day |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| 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; Restricted to Oncology or Hematology Specialist |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------|---|
| RINVOQ ER TAB | QL= 1 tab/day |
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| rosuvastatin tab 10mg | QL= 1 tab/day |
| rosuvastatin tab 20mg | QL= 1.5 tabs/day |
| rosuvastatin tab 40mg | QL= 1 tab/day |
| rosuvastatin tab 5mg | QL= 1 tab/day |
| ROZEREM TAB | QL= 1 tab/day |
| ROZLYTREK CAP | QL= 3 caps/day |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| RYBELSUS TAB | QL=1 tab/day |
| SANCUSO PATCH | QL= 4 patches/fill |
| 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 800-803-2523 |
| SIRTURO TAB | QL= 4 tabs/day; Restricted to Infectious Disease Specialist |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKLICE LOTION | QL= 1 tube/fill |
| SKYRIZI INJ | QL= 2 inj/84 days |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/ day |
| SOLARAZE GEL | QL= 300gm/30 days |
| SOLQUA INJ | QL= 15ml/25 days |
| SOLOSEC GRANULES PACKET | QL= 1 packet/fill |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREC |
| 1.25MCG/ACT | DULERA, or FLUTICASONE/SALMETEROL |
| STELARA INJ | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| sumatriptan inj | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SUNOSI TAB | QL= 1 tab/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| SYNJARDY XR TAB 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 |
| TAGRISSO TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TAKHZYRO INJ | QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767 |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 1MG | QL= 1 cap/day |
| 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 |
| TAZVERIK TAB | QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TEGSEDI INJ | QL= 4 inj/28 days; Only available through Accredo 800-803-2523 |
| 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 |

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* 12/1/2020****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 pump 1.62% | QL= 2 bottles/30 days |
| TESTOSTERONE GEL, VOGELXO GEL | QL= 2 packets/day |
| testosterone soln | QL= 2 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TRACLEER TAB 32MG | QL=4 tabs/day; Only available through Walgreens 888-347-3416 |
| TRACLEER TAB 62.5MG, 125MG | QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| TRADJENTA TAB | QL= 1 tab/day |
| TRAVATAN Z DROPS | QL= 2.5ml/30 days |
| travoprost ophth soln | QL= 2.5ml/30 days |
| triamcinolone OTC nasal spray | QL= 2 bottles/fill |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| TRIKAFTA TAB | QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| trilyte soln | Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year |
| TRINTELLIX TAB | QL= 1 tab/day |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|--|
| TRULICITY INJ | QL= 4 pens/28 days |
| TURALIO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| 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 800-803-2523 |
| UBRELVY TAB | QL= 10 tabs/30 days, 6 fills/year |
| 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 800-803-2523 |
| VAGIFEM TAB | QL= 8 tabs/28 days (18 tabs on first fill) |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Avella (877) 546-5779 |
| VALTOCO NASAL SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| VANCOCIN CAP | QL= 56 caps/fill |
| vancomycin cap | QL= 56 caps/fill |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VASCEPA CAP 0.5GM | QL= 4 caps/day |
| VASCEPA CAP 1GM | QL= 4 caps/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------|---|
| 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 |
| VITRAKVI CAP 100MG | QL= 2 caps/day; Only available through US Bioservices 888-518-724 |
| VITRAKVI CAP 25MG | QL= 6 caps/day; Only available through US Bioservices 888-518-724 |
| VITRAKVI SOLN | QL= 10ml/day; Only available through US Bioservices 888-518-7246 |
| VIVOTIF CAP | QL= 4 caps/fill |
| VOGELXO PUMP | QL= 4 bottles/30 days |
| VOLTAREN GEL | QL= 5 tubes/fill |
| VOSEVI TAB | QL= 1 tab/day |
| VYNDAMAX CAP | QL= 1 cap/day |
| VYNDAQEL CAP | QL= 4 caps/day |
| VYTORIN TAB | QL= 1 tab/day (10/80mg is Not Covered) |
| WAKIX TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| XADAGO TAB | QL= 1 tab/day |
| XALATAN OPHTH SOLN | QL= 2.5ml/30 days |
| XALKORI CAP | QL= 2 caps/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|--|
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XENLETA TAB | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG | QL= 2 tabs/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG | QL= 1 tab/day |
| XOFLUZA TAB | QL= 2 tabs/fill |
| XOSPATA TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XPOVIO PAK | QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 |
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XULTOPHY INJ | QL= 15ml/30 days |
| XYREM SOLN | QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050 |

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Sendero Exchange Formulary Cont.**Last Updated* 12/1/2020****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------|--|
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB | QL= 8 tabs/day |
| 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 |
| 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 |
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

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