

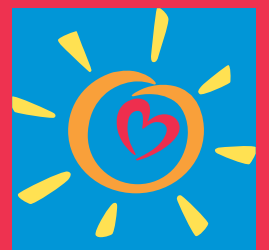


L.A. Care **Medi-Cal** Formulary

www.lacare.org

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Last Updated: 5/2/2016



L.A. Care
HEALTH PLAN®

L.A. Care Medi-Cal Formulary

INTRODUCTION

Foreword

The L.A. Care Medi-Cal formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly, updated documents are available online at: <http://www.lacare.org>.

How to Use the Formulary

The formulary drug listing begins on Page 4. Drugs available in generic formulations are listed by their generic names and its most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the "Ctrl + F" function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

Generic and Brand Name Medications

L.A. Care's Medi-Cal Plan covers generic and brand name drugs. However, when available, FDA approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care Health Plan shall be considered a non-formulary drug.

A prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY: 711).

Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

Symbol	Restriction	Description
INF	Infertility	Infertility drugs
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
SP	Specialty Pharmacy Availability	Drug is considered a specialty drug and is available through the specialty pharmacy vendor, however they are not restricted to a specific pharmacy
VAC	Vaccine Program	Coverage is available through a vaccine program
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug

Please refer to the formulary listing beginning on Page 4 for details regarding specific agents.

Medication Request Process

Formulary Agents

- A. Prior Authorization (PA): These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.
- B. Quantity Limits (QL): These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.
- C. Step Therapy (ST): These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists.

Non-Formulary Agents

- A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.
- B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions refer to the 'General Exclusions' section below.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents
- D. Experimental drug products, or any drug product used in an experimental manner
- E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- F. Foreign drugs or drugs not approved by the United States Food & Drug Administration

Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via e-mail to PharmacyandFormulary@lacare.org.

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of 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.

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Drug Name	Special Code	Tier	Category
8-MOP CAP	-	F	DERMATOLOGICALS
a - d oint	OTC	F	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	F	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	F	BETA BLOCKERS
acetaminophen chew tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen drops ()	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen elixir ()	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen er tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen liquid ()	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen supp	OTC	F	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN SYRUP ()	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen/codeine soln (QL= 166ml/day)	QL	F	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	F	ANALGESICS - OPIOID
acetaminophen/pamabrom/pyrilamine tab (Only covered for members age 2 years or older)	OTC	F	ANALGESICS - NONNARCOTIC
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F	DIURETICS
acetazolamide tab	-	F	DIURETICS
ACETAZOLAMIDE TAB 125MG	-	F	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	F	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	F	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	F	VAGINAL PRODUCTS
acitretin cap (SORIATANE equiv)	-	F	DERMATOLOGICALS
ACTIMMUNE INJ	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
acyclovir cap (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	F	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	F	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	F	TOXOIDS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADCIRCA TAB ()	MSP-PA	F	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
adefovir dipivoxil tab (HEPSERA equiv)	SP	F	ANTIVIRALS
AEROCHAMBER	OTC	F	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety 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
AFLURIA INJ	VAC	F	VACCINES
AFLURIA/FLUZONE INJ	VAC	F	VACCINES
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	F	HEMATOLOGICAL AGENTS - MISC.
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
ALAMAST OPHTH SOLN	-	F	OPHTHALMIC AGENTS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	F	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	F	DERMATOLOGICALS
ALCOHOL SWABS	OTC	F	MEDICAL DEVICES AND SUPPLIES
ALCOHOL WIPES	OTC	F	DERMATOLOGICALS
alendronate tab (FOSAMAX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	F	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	F	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	F	GOUT AGENTS
ALOMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
alprazolam tab (XANAX equiv)	-	F	ANTI-ANXIETY AGENTS
aluminum chloride soln (DRYSOL equiv)	-	F	DERMATOLOGICALS
ALUMINUM HYDROXIDE GEL SUSP	OTC	F	ANTACIDS
amethyst tab (LYBREL equiv)	-	F	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	F	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	F	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	F	HEMOSTATICS
AMINOCAPROIC ACID/AMICAR TAB 1000MG	-	F	HEMOSTATICS
aminophylline tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	F	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	F	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
amlodipine/ valsartan tab (EXFORGE equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/atorvastatin tab (CADUET equiv)	-	F	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F	ANTIHYPERTENSIVES
ammonium lactate cream	OTC	F	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
ammonium lactate lotion	OTC	F	DERMATOLOGICALS
AMOXAPINE TAB	-	F	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	F	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	F	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	F	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F	PENICILLINS
AMPHADASE INJ	PA	F	ASSORTED CLASSES
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	F	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	F	PENICILLINS
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
anagrelide cap (AGRYLIN equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROXY TAB	-	F	ANDROGENS-ANABOLIC
ANORO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
antacid chew tab	OTC	F	ANTACIDS
anti-nausea soln	OTC	F	ANTIEMETICS
APHTHASOL PASTE	-	F	MOUTH/THROAT/DENTAL AGENTS
APOKYN INJ	-	F	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	F	OPHTHALMIC AGENTS
apri tab (DESOGEN equiv)	-	F	CONTRACEPTIVES
APRISO CAP	-	F	GASTROINTESTINAL AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	-	F	CONTRACEPTIVES
ARNUITY ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears oint	OTC	F	OPHTHALMIC AGENTS
artificial tears soln	OTC	F	OPHTHALMIC AGENTS
ascorbic acid cap	OTC	F	VITAMINS
ascorbic acid chew tab	OTC	F	VITAMINS
ascorbic acid er tab	OTC	F	VITAMINS
ascorbic acid lozenge	OTC	F	VITAMINS
ascorbic acid syrup	OTC	F	VITAMINS
ascorbic acid tab	OTC	F	VITAMINS
ASCORBIC ACID WAFER	OTC	F	VITAMINS
ASPIRIN CHEW TAB 75MG	OTC	F	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg	OTC	F	ANALGESICS - NONNARCOTIC
aspirin ec tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab 81mg	OTC	F	ANALGESICS - NONNARCOTIC
aspirin supp	OTC	F	ANALGESICS - NONNARCOTIC

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

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Drug Name	Special Code	Tier	Category
aspirin tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	F	ANALGESICS - NONNARCOTIC
ASPIRIN TAB 81MG	OTC	F	ANALGESICS - NONNARCOTIC
ASPIRIN/ACETAMINOPHEN/CALCIUM CARBONATE TAB (Only covered for members age 2 years or older)	OTC	F	ANALGESICS - NONNARCOTIC
ASSURE PLATINUM TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
ASSURE PRISM MULTI TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
atenolol tab (TENORMIN equiv)	-	F	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F	ANTIHYPERTENSIVES
atorvastatin tab (LIPITOR equiv)	-	F	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	F	ANTIMALARIALS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AVANDAMET TAB	-	F	ANTIDIABETICS
AVANDARYL TAB	-	F	ANTIDIABETICS
AVANDIA TAB	-	F	ANTIDIABETICS
AVAR GEL	-	F	DERMATOLOGICALS
AVC VAGINAL CREAM	-	F	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	F	CONTRACEPTIVES
AVONEX INJ ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASITE SOLN	-	F	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	F	ASSORTED CLASSES
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	F	OPHTHALMIC AGENTS
AZILECT TAB	-	F	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	F	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	F	MACROLIDES
bacitracin oint	OTC	F	DERMATOLOGICALS
BACITRACIN OPHTH OINT	-	F	OPHTHALMIC AGENTS
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
bacitracin/zinc oint	OTC	F	DERMATOLOGICALS
baclofen tab	-	F	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	F	ANTICONVULSANTS
BANZEL TAB	-	F	ANTICONVULSANTS
B-D INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
BELLADONNA ALKALOID/OPIUM SUPP	-	F	ULCER DRUGS
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	F	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F	ANTIHYPERTENSIVES

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SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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Drug Name	Special Code	Tier	Category
benzonatate cap (TESSALON equiv)	-	F	COUGH/COLD/ALLERGY
benzoyl peroxide cream (QL= 1 tube/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide gel (QL= 1 tube/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide liquid (QL= 1 bottle/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide lotion (QL= 1 bottle/30 days)	OTC-QL	F	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone augmented gel (DIPROLENE GEL equiv)	-	F	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	F	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate lotion	-	F	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone valerate cream	-	F	DERMATOLOGICALS
betamethasone valerate lotion	-	F	DERMATOLOGICALS
betamethasone valerate oint	-	F	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	F	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	F	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	F	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	F	OPHTHALMIC AGENTS
bexarotene cap (TARGRETIN CAP equiv) ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	F	VACCINES
BEYAZ TAB	-	F	CONTRACEPTIVES
bicalutamide tab (CASODEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BILTRICIDE TAB	-	F	ANTHELMINTICS
BISACODYL ENEMA	OTC	F	LAXATIVES
bisacodyl supp	OTC	F	LAXATIVES
bisacodyl tab	OTC	F	LAXATIVES
bismuth subsalicylate chew tab	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate susp	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	F	ANTIDIARRHEALS
bisoprolol tab (ZEBETA equiv)	-	F	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BOSULIF TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln (ALPHAGAN P equiv)	-	F	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	F	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	F	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
brompheniram/phenylephrine/dm soln (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
budesonide inh susp (PULMICORT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	F	DIURETICS
BUPHENYL TAB	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
bupropion ER tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS

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

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Drug Name	Special Code	Tier	Category
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	F	ANTIDEPRESSANTS
bupropion tab (BUSPAR equiv)	-	F	ANTIANXIETY AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F	ANALGESICS - OPIOID
BYDUREON INJ (QL= 4 inj/28 days)	QL	F	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	F	ANTIDIABETICS
BYSTOLIC TAB	-	F	BETA BLOCKERS
cabergoline tab (DOSTINEX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
caffeine citrate soln (CAFCIT equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
CALAMINE LOTION	OTC	F	DERMATOLOGICALS
calcipotriene cream (DOVONEX CREAM equiv)	-	F	DERMATOLOGICALS
calcipotriene oint	-	F	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	F	DERMATOLOGICALS
calcitriol cap (ROCALTROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL SOLN. equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
CALCIUM ACETATE TAB (QL= 9 tabs/day)	QL	F	MINERALS & ELECTROLYTES
calcium and phosphorus w/vitamin D tab (RISACAL-D equiv)	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE CAP	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate chew tab	OTC	F	ANTACIDS
calcium carbonate susp	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate tab	OTC	F	ANTACIDS
calcium carbonate w/ vitamin d cap	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin D chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamind D tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE/GLUCONATE W/ VITAMIN D TAB	OTC	F	MINERALS & ELECTROLYTES
calcium citrate tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE TAB	OTC	F	MINERALS & ELECTROLYTES
calcium lactate tab	OTC	F	MINERALS & ELECTROLYTES
calcium pycarbophil tab (FIBERCON equiv)	OTC	F	LAXATIVES
CALIBRATION LIQUID	OTC	F	MEDICAL DEVICES AND SUPPLIES
CANASA SUPP	-	F	GASTROINTESTINAL AGENTS - MISC.
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	F	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv) ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream	OTC	F	DERMATOLOGICALS
capsaicin pad	OTC	F	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	F	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F	ANTIHYPERTENSIVES
CARAFATE SUSP	-	F	ULCER DRUGS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
carbamazepine chew tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	F	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamide peroxide otic drop	OTC	F	OTIC AGENTS
carbidopa tab (LODOSYN equiv)	-	F	ANTIPARKINSON AGENTS
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	F	ANTIPARKINSON AGENTS
carisoprodol tab 350mg (SOMA equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	F	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	F	BETA BLOCKERS
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	F	ANTI-INFECTIVE AGENTS - MISC.
CEENU CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefadroxil cap (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	F	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	F	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	F	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	F	ANTICONVULSANTS
CENHIST CHEW TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
cephalexin cap (KEFLEX equiv)	-	F	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	F	CEPHALOSPORINS
CEPHALEXIN TAB	-	F	CEPHALOSPORINS
CERVARIX INJ	VAC	F	VACCINES
CERVICAL CAP	-	F	MEDICAL DEVICES
cesia tab (CYCLESSA equiv)	-	F	CONTRACEPTIVES
cetirizine chew tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
cevimeline cap (EVOXAC equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	F	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	F	ANTI-ANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlorhexidine gluconate liquid (HIBICLENS equiv)	OTC	F	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	F	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	F	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	F	DIURETICS

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chlorpheniramine CR tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
chlorpheniramine ER cap	-	F	ANTIHISTAMINES
chlorpheniramine syrup (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
chlorpheniramine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/apap effer tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/apap susp (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/apap tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
chlorpropamide tab (DIABINESE equiv)	-	F	ANTIDIABETICS
CHLORTHALIDONE TAB	-	F	DIURETICS
chlorzoxazone tab (PARAFON FORTE equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohman LSS 844-246-5226)	LD-PA	F	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol oral soln	OTC	F	VITAMINS
cholecalciferol tab	OTC	F	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F	ANALGESICS - NONNARCOTIC
ciclopirox cream (LOPROX CREAM equiv)	-	F	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	F	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	F	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	F	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
cimetidine soln (TAGAMET equiv)	-	F	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	F	ULCER DRUGS
CIPRODEX OTIC SUSP	-	F	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	F	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	F	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	F	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	F	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	F	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	F	ANTIDEPRESSANTS
clarithromycin susp (BIAXIN equiv)	-	F	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	F	MACROLIDES
CLARITIN REDITAB (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
clemastine fumarate tab (TAVIST equiv)	OTC	F	ANTIHISTAMINES
clindamycin cap	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	F	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	F	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin topical soln (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	F	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS

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clobetasol propionate cream (TEMOVATE CREAM equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE OINT equiv)	PA	F	DERMATOLOGICALS
clonazepam tab (KLONOPIN equiv)	-	F	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	F	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	F	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	F	ANTIANKXIETY AGENTS
clotrimazole cream	OTC	F	DERMATOLOGICALS
clotrimazole soln	-	F	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	F	VAGINAL PRODUCTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTTRISONE LOTION equiv)	-	F	DERMATOLOGICALS
CLOVERINE OINT	OTC	F	DERMATOLOGICALS
codeine sulfate tab (QL= 8 tabs/day)	QL	F	ANALGESICS - OPIOID
codeine sulfate tab 60mg (QL= 6 tabs/day)	QL	F	ANALGESICS - OPIOID
COLCHICINE TAB (COLCRYS equiv)	-	F	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	F	GOUT AGENTS
colestipol tab (COLESTID equiv)	-	F	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	F	OTIC AGENTS
COMBIVENT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CONCEPTROL GEL	OTC	F	VAGINAL PRODUCTS
CONCERTA TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
CONEX TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
CONTRACEPTIVE FILM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
COPAXONE INJ 40MG/ML ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORTEF TAB	-	F	CORTICOSTEROIDS
CORTISONE ACETATE TAB	-	F	CORTICOSTEROIDS
COSENTYX INJ ()	MSP-PA	F	DERMATOLOGICALS
CREON CAP	-	F	DIGESTIVE AIDS
CRESTOR TAB	PA	F	ANTIHYPERLIPIDEMICS
CRINONE GEL	PA	F	VAGINAL PRODUCTS
cromolyn conc (GASTROCROM equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
cromolyn nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
CROMOLYN NEB SOLN	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn neb soln (INTAL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	F	OPHTHALMIC 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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cryselle tab (OGESTREL equiv)	-	F	CONTRACEPTIVES
cyanocobalamin inj	-	F	HEMATOPOIETIC AGENTS
cyanocobalamine er tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine lozenge	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine sl tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine tab	OTC	F	HEMATOPOIETIC AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	-	F	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	F	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP 50MG	-	F	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	F	ASSORTED CLASSES
cyproheptadine syrup	-	F	ANTIHISTAMINES
cyproheptadine tab	-	F	ANTIHISTAMINES
CYSTAGON CAP (Only available through Pharmicare 800-238-7828)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB (QL=1 tab/day)	MSP-PA-QL	F	ANTIVIRALS
danazol cap (DANOCRINE equiv)	-	F	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTIMALARIALS
demeclocycline tab (DECLOMYCIN equiv)	-	F	TETRACYCLINES
DENAVIR CREAM	-	F	DERMATOLOGICALS
DEPEN TITRATAB	SP	F	ASSORTED CLASSES
desipramine tab (NORPRAMIN equiv)	-	F	ANTIDEPRESSANTS
DESITIN PASTE	OTC	F	DERMATOLOGICALS
desmopressin acetate inj (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	F	DERMATOLOGICALS
DEXAMETHASONE CONC	-	F	CORTICOSTEROIDS
dexamethasone elixir	-	F	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
dexamethasone soln	-	F	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	F	CORTICOSTEROIDS
dexmethylphenidate tab (FOCALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXTROMETHOR/ACETAMIN/DIPHEN LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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

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Drug Name	Special Code	Tier	Category
dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan ER liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan hb/doxylamine soln (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan hbr/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan hbr/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN LOZENGE (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PHENYLEPHRINE LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PHENYLEPHRINE STRIP (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PSEUDOEPHED DROPS (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PSEUDOEPHED ELIXIR (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/pseudoephed syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/ACETAMINOPH/CP LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/acetaminoph/CP susp (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/acetaminoph/CP tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DIALYVITE TAB	-	F	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	--OTC	F	MULTIVITAMINS
DIALYVITE/IRON TAB	-	F	MULTIVITAMINS
DIALYVITE/ZINC TAB	OTC	F	MULTIVITAMINS
DIAPHRAGM	-	F	MEDICAL DEVICES
diazepam conc (VALIUM equiv)	-	F	ANTI-ANXIETY AGENTS
DIAZEPAM SOLN	-	F	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	F	ANTI-ANXIETY AGENTS
DIAZEPAM/DIASTAT RECTAL GEL	-	F	ANTICONVULSANTS
diclofenac gel 1% (VOLTAREN GEL equiv)	-	F	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	F	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	F	ULCER DRUGS
dicyclomine soln	-	F	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	F	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	SP	F	ANTIVIRALS
DIETHYLTOLUAMIDE LOTION	OTC	F	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin)	QL-ST	F	MACROLIDES
diflorasone oint	-	F	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	F	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	F	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	F	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	F	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	F	ANTICONVULSANTS

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

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Drug Name	Special Code	Tier	Category
diltiazem ER cap (CARDIZEM CD equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	F	CALCIUM CHANNEL BLOCKERS
dimenhydrin tab	OTC	F	ANTIEMETICS
dimethicone gel	OTC	F	DERMATOLOGICALS
diphenhydramine cap	OTC	F	HYPNOTICS
diphenhydramine cap (BENADRYL equiv) (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine chew tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine cream	OTC	F	DERMATOLOGICALS
diphenhydramine gel	OTC	F	DERMATOLOGICALS
diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine rapid tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine spray	OTC	F	DERMATOLOGICALS
DIPHENHYDRAMINE STRIP (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine syrup (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine tab	OTC	F	HYPNOTICS
diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DIPHENHYDRAMINE/APAP LIQUID (Only covered for members age 2 years or older)	OTC	F	HYPNOTICS
diphenhydramine/apap tab (Only covered for members age 2 years or older)	OTC	F	HYPNOTICS
diphenhydramine/phenylephrine/apap liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/apap susp (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/apap tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	F	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	F	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	F	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	F	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
dm hb/pe/acetaminophen/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pe/acetaminophen/chlorpheniramine susp (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pe/acetaminophen/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp packet (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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

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dm hb/pseudoephed/acetamin/cp susp (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm/pe/acetaminophen/doxylamine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm/p-ephed/acetaminoph/doxylam cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm/p-ephed/acetaminoph/doxylam liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DM/PHENYLEPH/CHLORPHENIRAMINE LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DM/PHENYLEPH/CHLORPHENIRAMINE SOLN (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm/pseudoephed/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dm/pseudoephed/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/acetaminophen liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-epd hcl/bpm elixir (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-epd hcl/bpm syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
D-METHORPHAN HB/P-EPHED HCL/CP CHEW TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-ephed hcl/cp liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/acetamin/doxylamn cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/acetamin/doxylamn liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
docusate calcium cap	OTC	F	LAXATIVES
docusate sodium cap	OTC	F	LAXATIVES
docusate sodium enema	OTC	F	LAXATIVES
docusate sodium liquid	OTC	F	LAXATIVES
docusate sodium syrup	OTC	F	LAXATIVES
docusate sodium tab	OTC	F	LAXATIVES
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	-	F	OPHTHALMIC AGENTS
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	F	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	F	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv) ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F	TETRACYCLINES

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Drug Name	Special Code	Tier	Category
doxycycline hyclate tab (VIBRATAB equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	F	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
doxylamine succinate tab	OTC	F	HYPNOTICS
dronabinol cap (MARINOL equiv)	PA	F	ANTIEMETICS
DROXIA CAP	-	F	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	F	DERMATOLOGICALS
DULCOLAX BOWEL PREP KIT	OTC	F	LAXATIVES
DULERA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	F	ANTIDEPRESSANTS
DUREZOL OPHTH EMULSION	-	F	OPHTHALMIC AGENTS
dutasteride cap	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	F	ANTIHYPERTENSIVES
DYRENIUM CAP	-	F	DIURETICS
EDECIN TAB	-	F	DIURETICS
ELIDEL CREAM	-	F	DERMATOLOGICALS
ELIQUIS TAB	-	F	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	F	CONTRACEPTIVES
ELMIRON CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
EMCYT CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
enalapril tab (VASOTEC equiv)	-	F	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F	ANTIHYPERTENSIVES
ENBREL INJ (QL= 4 syringes/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ (QL= 4 syringes/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	F	VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	F	VACCINES
ENGERIX-B/RECOMBIVAX-HB	VAC	F	VACCINES
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	F	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	F	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	F	ANTIVIRALS
EPANED SOLN	-	F	ANTIHYPERTENSIVES
EPHEDRINE SULFATE CAP (Only covered for members age 2 years or older)	OTC	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
EPIFOAM AEROSOL	-	F	DERMATOLOGICALS
EPIPEN INJ (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPOGEN INJ ()	MSP	F	HEMATOPOIETIC AGENTS
EQUETRO CAP	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ergocalciferol soln	OTC	F	VITAMINS

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

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ERIVEDGE CAP	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYPED SUSP	-	F	MACROLIDES
ERY-TAB	-	F	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	F	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	F	MACROLIDES
erythromycin gel	-	F	DERMATOLOGICALS
erythromycin ophth oint	-	F	OPHTHALMIC AGENTS
erythromycin pad	-	F	DERMATOLOGICALS
erythromycin soln	-	F	DERMATOLOGICALS
erythromycin stearate tab	-	F	MACROLIDES
ERYTHROMYCIN TAB (all forms except PCE)	-	F	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 tabs/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	F	HYPNOTICS
estradiol patch (CLIMARA equiv)	-	F	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	F	ESTROGENS
estradiol tab (ESTRACE equiv)	-	F	ESTROGENS
ESTRING (3 copays per Rx)	-	F	VAGINAL PRODUCTS
estropipate tab (OGEN equiv)	-	F	ESTROGENS
ESTROPIPATE TAB 3MG	-	F	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS
ethambutol tab (MYAMBUTOL equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	F	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	F	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv) ()	MSP	F	ANTINEOPLASTICS
EURAX CREAM	-	F	DERMATOLOGICALS
EXELON SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	F	ANTIDOTES
eye wash soln	OTC	F	OPHTHALMIC AGENTS
famotidine susp (PEPCID equiv)	-	F	ULCER DRUGS
famotidine tab	OTC	F	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC--	F	ULCER DRUGS
FARESTON TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
felbamate susp (FELBATOL equiv)	-	F	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	F	ANTICONVULSANTS
FELBATOL TAB	-	F	ANTICONVULSANTS
FEMALE CONDOMS	OTC	F	MEDICAL DEVICES
fenofibrate cap (ANTARA equiv)	-	F	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	F	ANTIHYPERLIPIDEMICS

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fenoprofen calcium tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
fantanyl patch (DURAGESIC equiv) (QL= 1 patch/3 days)	QL	F	ANALGESICS - OPIOID
ferrex 150 forte cap	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
ferrous gluconate tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate dr tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate er tab	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate slow release tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate tab	OTC	F	HEMATOPOIETIC AGENTS
FIBER LIQUID	OTC	F	LAXATIVES
FINACEA FOAM	-	F	DERMATOLOGICALS
FINACEA GEL	-	F	DERMATOLOGICALS
FINACEA PLUS KIT	-	F	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
flecainide tab (TAMBOCOR equiv)	-	F	ANTIARRHYTHMICS
FLEET ENEMA	OTC	F	LAXATIVES
FLOVENT DISKUS INHALER (Only covered for members age 4 and 5)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER (Only covered for members age 4 and 5)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLU/SORE THROAT POWDER PACK (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
FLUBLOK INJ	VAC	F	VACCINES
FLUCELVAX INJ	VAC	F	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	F	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	F	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	F	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	F	CORTICOSTEROIDS
FLUMIST NASAL LIQUID	VAC	F	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	F	VACCINES
FLUNISOLIDE NASAL SPRAY ()	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	F	DERMATOLOGICALS
fluocinolone acetonide oint	-	F	DERMATOLOGICALS
fluocinolone acetonide soln	-	F	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	F	OTIC AGENTS
fluocinonide cream (LIDEX equiv)	-	F	DERMATOLOGICALS
fluocinonide emollient cream	-	F	DERMATOLOGICALS
fluocinonide gel	-	F	DERMATOLOGICALS
fluocinonide oint	-	F	DERMATOLOGICALS
fluocinonide soln	-	F	DERMATOLOGICALS
FLUORABON SOLN	-	F	MINERALS & ELECTROLYTES
FLUOR-A-DAY CHEW TAB	-	F	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F	OPHTHALMIC AGENTS

NC =Not Covered	LD =small letters	generic =small letters	BRANDS =CAPITAL LETTERS
INF Infertility	LD Limited Distribution	MSP Mandatory Specialty Pharmacy Program	
OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit	
RS Restricted to Specialist	SF Limited to two 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
fluorouracil cream (EFUDEX CREAM equiv)	-	F	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	F	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	F	ANTIDEPRESSANTS
FLURAZEPAM CAP	-	F	HYPNOTICS
flurbiprofen ophth soln (OCUFEN equiv)	-	F	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	F	ANTIHYPERTENSIVES
FLUVIRIN INJ	VAC	F	VACCINES
FLUVIRIN PF INJ	VAC	F	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	F	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	F	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	F	VACCINES
FLUZONE INTRADERMAL	VAC	F	VACCINES
FLUZONE QUAD INJ	VAC	F	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	F	VACCINES
FLUZONE/FLULAVAL QUAD INJ	VAC	F	VACCINES
folbee plus CZ tab (DIATX ZN equiv)	-	F	MULTIVITAMINS
folbee tab	-	F	HEMATOPOIETIC AGENTS
folic acid tab 1mg	-	F	HEMATOPOIETIC AGENTS
folic acid tab 400mcg	OTC	F	HEMATOPOIETIC AGENTS
folic acid tab 800mcg	OTC	F	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA	F	ANTICOAGULANTS
FORADIL AEROLIZER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTEO INJ ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	F	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	PA	F	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	PA	F	GASTROINTESTINAL AGENTS - MISC.
FREESTYLE FREEDOM LITE METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FUNGOID SOLN	OTC	F	DERMATOLOGICALS
FUROSEMIDE SOLN	-	F	DIURETICS
furosemide soln (LASIX equiv)	-	F	DIURETICS
furosemide tab (LASIX equiv)	-	F	DIURETICS
gabapentin cap (NEURONTIN equiv)	-	F	ANTICONVULSANTS

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

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gabapentin soln (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	F	ANTICONVULSANTS
GABITRIL TAB 12MG, 16MG	-	F	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	F	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	SP	F	ANTIVIRALS
GARDASIL 9 INJ	VAC	F	VACCINES
GARDASIL INJ	VAC	F	VACCINES
GEL DRESSING (QL= 2 boxes/30 days)	QL	F	DERMATOLOGICALS
gemfibrozil tab (LOPID equiv)	-	F	ANTIHYPERTENSIVES
gentamicin ophth oint (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	F	DERMATOLOGICALS
gentamicin sulfate oint	-	F	DERMATOLOGICALS
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	F	CONTRACEPTIVES
GILOTRIF TAB (QL= 1 tab/day)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatopa inj 20mg/ml	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	F	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	F	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	F	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	F	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	F	ANTIDIABETICS
GLUCAGEN INJ	-	F	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	F	ANTIDIABETICS
GLUCOSE CHEW TAB	OTC	F	ANTIDIABETICS
glucose gel	OTC	F	ANTIDIABETICS
GLUCOSE TAB	OTC	F	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	F	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	F	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	F	ANTIDIABETICS
glycerin gel	OTC	F	DERMATOLOGICALS
glycerin liquid	OTC	F	DERMATOLOGICALS
glycerin lotion	OTC	F	DERMATOLOGICALS
GLYCERIN SHAMPOO	OTC	F	DERMATOLOGICALS
glycerin suppository	OTC	F	LAXATIVES
glycopyrrolate tab (ROBINUL equiv)	-	F	ULCER DRUGS
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F	ANTIEMETICS
GRANIX INJ ()	MSP	F	HEMATOPOIETIC AGENTS
griseofulvin micro tab (GRIFULVIN V equiv)	-	F	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	F	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	F	ANTIFUNGALS
guaifen/phenyleph/acetaminophn tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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

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GUAIFEN/PSEUDOEPHED/ACETAMINOP TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin dm/pseudoephedrine syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin DM/pseudoephedrine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin ER tab (MUCINEX equiv) (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine soln (TUSSI-ORGANIDIN-S equiv) (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan ER tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/DEXTROMETHORPHAN PACK (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dm/pseudoephedrine cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/d-methorphan hb/pe syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/ephedrine hcl tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/PHENYLEPHRINE HCL LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/phenylephrine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/PSEUDOEPHEDRINE TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	F	ANTIHYPERTENSIVES
halobetasol propionate cream (ULTRAVATE equiv)	PA	F	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	F	DERMATOLOGICALS
HARVONI TAB (QL= 1 tab/day)	MSP-PA-QL	F	ANTIVIRALS
HAVRIX/VAQTA INJ	VAC	F	VACCINES
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F	ANORECTAL AGENTS
HDC DM SYRUP (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
HEMANGEOL SOLN (Only covered for members age 3 years or younger)	-	F	BETA BLOCKERS
HEXALEN CAP ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ ()	SP	F	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS
HUMALOG INJ	-	F	ANTIDIABETICS

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
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SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
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Drug Name	Special Code	Tier	Category
HUMALOG KWIKPEN INJ	-	F	ANTIDIABETICS
HUMALOG MIX INJ	-	F	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	F	ANTIDIABETICS
HUMALOG PEN INJ	-	F	ANTIDIABETICS
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	F	ANTIDIABETICS
HUMULIN N INJ U-100	OTC	F	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	F	ANTIDIABETICS
HUMULIN PEN INJ 70/30	OTC	F	ANTIDIABETICS
HUMULIN R INJ U-100	OTC	F	ANTIDIABETICS
HUMULIN-R U-100	OTC	F	ANTIDIABETICS
HYCANTIN CAP ()	MSP-PA	F	ANTINEOPLASTICS
hydralazine tab (APRESOLINE equiv)	-	F	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	F	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F	DIURETICS
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv) (QL= 180ml/day)	QL	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv) (QL= 12 tabs/day)	QL	F	ANALGESICS - OPIOID
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F	COUGH/COLD/ALLERGY
hydrocortisone ac cream	OTC	F	DERMATOLOGICALS
HYDROCORTISONE AC OINT	OTC	F	DERMATOLOGICALS
hydrocortisone aloe cream	OTC	F	DERMATOLOGICALS
HYDROCORTISONE ALOE OINT	OTC	F	DERMATOLOGICALS
hydrocortisone cream	OTC	F	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	F	ANORECTAL AGENTS
hydrocortisone gel	OTC	F	DERMATOLOGICALS
hydrocortisone lotion	OTC	F	DERMATOLOGICALS
hydrocortisone oint	OTC	F	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	F	CORTICOSTEROIDS
hydrocortisone topical soln	OTC	F	DERMATOLOGICALS
HYDROGEN PEROXIDE SOLN	OTC	F	ANTISEPTICS & DISINFECTANTS
HYDROMORPHONE SUPP	-	F	ANALGESICS - OPIOID
hydromorphone tab 2mg (QL= 15 tabs/day)	QL	F	ANALGESICS - OPIOID
hydromorphone tab 4mg (QL= 8 tabs/day)	QL	F	ANALGESICS - OPIOID
hydromorphone tab 8mg (QL= 4 tabs/day)	QL	F	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	F	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	F	ANTIANSIETY AGENTS
HYLENEX INJ	PA	F	ASSORTED CLASSES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	F	ULCER DRUGS
HYSINGLA ER TAB (QL= 1 tab/day)	PA-QL	F	ANALGESICS - OPIOID

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IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen cap	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB 15MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ICLUSIG TAB 45MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	F	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	F	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	F	DERMATOLOGICALS
INCRELEX INJ ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	F	DIURETICS
INDOCIN SUPP	-	F	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFERGEN INJ ()	MSP	F	ANTIVIRALS
INFLUENZA A INJ	VAC	F	VACCINES
INFLUENZA A NASAL VACCINE	VAC	F	VACCINES
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTRON-A INJ ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTRON-A KIT ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IOPIDINE OPHTH SOLN 1%	-	F	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	F	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat 1-877-651-4943)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON SUSP	OTC	F	HEMATOPOIETIC AGENTS
isonarif cap (RIFAMATE equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ISONIAZID SYRUP	-	F	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	F	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ISOSORBIDE DINITRATE ER TAB	-	F	ANTIANGINAL AGENTS

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isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	F	ANTIANGINAL AGENTS
isotretinoin cap (AC CUTANE equiv)	-	F	DERMATOLOGICALS
isradipine cap (DYNACIRC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	PA	F	ANTIFUNGALS
IV PREP WIPES	OTC	F	ANTISEPTICS & DISINFECTANTS
ivermectin tab (STROMECTOL equiv)	-	F	ANTHELMINTICS
JADENU TAB	MSP	F	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB	-	F	ANTIDIABETICS
JANUMET XR TAB	-	F	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	F	ESTROGENS
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	F	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	-	F	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	F	CONTRACEPTIVES
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SP	F	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
kariva tab (MIRCETTE equiv)	-	F	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	F	CONTRACEPTIVES
ketoconazole cream (NIZORAL CREAM equiv)	-	F	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	F	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
ketoprofen cap (ORUDIS equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	F	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	F	OPHTHALMIC AGENTS
KINERET INJ (QL= 28 inj/28 days)	PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
KLOR-CON M15 TAB	-	F	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	F	ANTIDIABETICS
KONSYL POWDER	OTC	F	LAXATIVES
KONSYL POWDER PACKET	OTC	F	LAXATIVES
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F	ANTIDIABETICS
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	-	F	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	F	OPHTHALMIC AGENTS
lactulose soln	-	F	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	F	ANTICONVULSANTS
lamotrigine chew tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS

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SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
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LANCET KIT	OTC	F	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	F	MEDICAL DEVICES AND SUPPLIES
lansoprazole DR cap (PREVACID equiv)	OTC	F	ULCER DRUGS
LANTUS INJ	-	F	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	F	ANTIDIABETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
L-CARNITINE CAP	OTC	F	NUTRIENTS
leflunomide tab (ARAVA equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ ()	MSP	F	HEMATOPOIETIC AGENTS
levetiracetam soln (KEPPRA equiv)	-	F	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	F	ANTICONVULSANTS
levobunolol ophth soln (BETAGAN equiv)	-	F	OPHTHALMIC AGENTS
levocarnitine cap	OTC	F	NUTRIENTS
levocarnitine soln (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab	OTC	F	NUTRIENTS
levocarnitine tab (CARNITOR equiv)	OTC--	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	F	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	F	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	F	CONTRACEPTIVES
LEVORPHANOL TAB (QL= 8 tabs/day)	QL	F	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	F	THYROID AGENTS
LIALDA TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
LICE B GONE SHAMPOO	OTC	F	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	F	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine viscous soln	-	F	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	F	DERMATOLOGICALS
LINDANE LOTION	-	F	DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	QL	F	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	F	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F	ANTIHYPERTENSIVES
LOHIST-D LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
LONSURF TAB	MSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	OTC	F	ANTIDIARRHEALS
loperamide liquid	OTC	F	ANTIDIARRHEALS

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loperamide tab	OTC	F	ANTIDIARRHEALS
loratadine ODT (CLARITIN equiv) (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv) (QL= 240ml/30 days; Only covered for members age 2 years or older)	OTC-QL	F	ANTIHISTAMINES
loratadine tab (CLARITIN equiv) (QL= 1 tab/day; Covered for members age 2 years or older)	OTC-QL	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL= 2 tabs/day)	OTC-QL	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL= 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	F	ANTIANSIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	F	ANTIANSIETY AGENTS
losartan tab (COZAAR equiv)	-	F	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F	ANTIHYPERTENSIVES
lovastatin tab (MEVACOR equiv)	-	F	ANTIHYPERLIPIDEMICS
lubricating jelly	OTC	F	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	PA	F	ANTICONSULSANTS
LYRICA SOLN	PA	F	ANTICONSULSANTS
LYSODREN TAB ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
magnesium citrate soln	OTC	F	LAXATIVES
magnesium hydroxide chew tab	OTC	F	LAXATIVES
magnesium hydroxide susp	OTC	F	LAXATIVES
magnesium oxide tab	OTC	F	MINERALS & ELECTROLYTES
MAGNESIUM/ALUMINUM HYDROXIDE CHEW	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone susp	OTC	F	ANTACIDS
MAKENA INJ	PA	F	PROGESTINS
MALARONE TAB	-	F	ANTIMALARIALS
maldemar tab (SCOPACE equiv)	-	F	ANTIEMETICS
MALE CONDOMS	OTC	F	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	F	ANTIDEPRESSANTS
MATULANE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAXIDEX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	F	ANTIEMETICS
MECLOFENAMATE CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
MEDI-GRAINE TAB	OTC	F	COUGH/COLD/ALLERGY
medroxyprogesterone tab (PROVERA equiv)	-	F	PROGESTINS
mefloquine tab (LARIAM equiv)	-	F	ANTIMALARIALS
megestrol susp (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	PA-SP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam tab (MOBIC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
memantine soln	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	F	VACCINES
MENHIBRIX INJ	VAC	F	VACCINES

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MENOMUNE INJ	VAC	F	VACCINES
MENVEO INJ	VAC	F	VACCINES
meperidine tab 100mg (QL= 12 tabs/day)	QL	F	ANALGESICS - OPIOID
meperidine tab 50mg (QL= 24 tabs/day)	QL	F	ANALGESICS - OPIOID
MEPHYTON TAB	-	F	VITAMINS
meprobamate tab (MILTOWN equiv)	-	F	ANTIANKXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAPROTERENOL SYRUP	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	F	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	F	ANTIDIABETICS
methadone conc (QL=12ml/day)	QL	F	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL= 60ml/day)	QL	F	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 120ml/day)	QL	F	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (QL= 12 tabs/day)	QL	F	ANALGESICS - OPIOID
methadose tab (QL=3 tab/day)	QL	F	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	F	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	F	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	F	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	F	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	-	F	DERMATOLOGICALS
METHYLCLOTHIAZIDE TAB	-	F	DIURETICS
methyldopa tab (ALDOMET equiv)	-	F	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
METHYLPHENIDATE ER TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate ER tab 10mg, 20mg	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylprednisolone dose pack	-	F	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	F	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	F	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	F	BETA BLOCKERS

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metoprolol tab (LOPRESSOR equiv)	-	F	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	F	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	F	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	F	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	F	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	F	ANTIARRHYTHMICS
MIACALCIN INJ	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICONAZOLE 3 SUPP 200MG	OTC	F	VAGINAL PRODUCTS
miconazole cream	OTC	F	DERMATOLOGICALS
miconazole nitrate aerosol	OTC	F	DERMATOLOGICALS
miconazole nitrate powder	OTC	F	DERMATOLOGICALS
miconazole oint	OTC	F	DERMATOLOGICALS
miconazole vaginal cream	OTC	F	VAGINAL PRODUCTS
MICONAZOLE VAGINAL KIT	OTC	F	VAGINAL PRODUCTS
midodrine tab (PROAMATINE equiv)	-	F	VASOPRESSORS
MIGERGOT SUPP	-	F	MIGRAINE PRODUCTS
MILK OF MAGNESIA CHEW TAB	OTC	F	LAXATIVES
mineral oil	OTC-QL	F	DERMATOLOGICALS
mineral oil enema	OTC	F	LAXATIVES
MINERAL OIL LIGHT	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum cream	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum lotion	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum oint	OTC	F	DERMATOLOGICALS
minocycline cap (MINOCIN equiv)	-	F	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	F	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	F	ANTIHYPERTENSIVES
mirtazapine ODT (REMERON equiv)	-	F	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	F	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	F	ULCER DRUGS
M-M-R II INJ	VAC	F	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
moexipril tab (UNIVASC equiv)	-	F	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	F	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	F	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab (MS CONTIN equiv) (QL= 4 tabs/day)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln 10mg/5ml (QL= 60ml/day)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln 20mg/ml (QL= 30ml/day)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln 20mg/ml (QL= 6ml/day)	QL	F	ANALGESICS - OPIOID

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morphine sulfate supp	-	F	ANALGESICS - OPIOID
morphine sulfate tab (QL= 6 tabs/day)	QL	F	ANALGESICS - OPIOID
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F	LAXATIVES
MOXEZA OPHTH SOLN	-	F	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	F	FLUOROQUINOLONES
MULTAQ TAB	-	F	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
multiple vitamin liquid	OTC	F	MULTIVITAMINS
multiple vitamin tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron tab	OTC	F	MULTIVITAMINS
multivitamin w/ minerals tab (STROVITE equiv)	-	F	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	F	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	F	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	SP	F	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	F	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	SP	F	ASSORTED CLASSES
MYLERAN TAB	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nabumetone tab (RELAFEN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORCARD equiv)	-	F	BETA BLOCKERS
NAMENDA XR CAP ()	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPHAZOLINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
naphazoline/pheniramine ophth drops	OTC	F	OPHTHALMIC AGENTS
naproxen EC tab (NAPROSYN EC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
NASACORT NASAL SPRAY (OTC) (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASAL MOIST GEL	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATURE THROID/ARMOUR THYROID TAB	-	F	THYROID AGENTS
NEBUPENT NEB SOLN ()	MSP	F	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	F	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	F	CONTRACEPTIVES
necon tab 1/50 (NORYNIL equiv)	-	F	CONTRACEPTIVES
NEFAZODONE TAB	-	F	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	F	ANTIDEPRESSANTS
neomycin tab	-	F	AMINOGLYCOSIDES
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS

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OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
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neomycin/bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F	DERMATOLOGICALS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymyxin b/pramoxine cream	OTC	F	DERMATOLOGICALS
NEOTUSS PLUS LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
NEULASTA INJ ()	MSP	F	HEMATOPOIETIC AGENTS
NEUMEGA INJ ()	MSP	F	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	F	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	F	OPHTHALMIC AGENTS
NEXAVAR TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
niacin cap	OTC	F	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacin ER tab (NIASPAN equiv)	-	F	ANTIHYPERLIPIDEMICS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
NIACOR TAB	-	F	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
NILANDRON TAB	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRO-DUR equiv)	-	F	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	F	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	F	ULCER DRUGS
norethindrone tab (AYGESTIN equiv)	-	F	PROGESTINS
norethindrone tab (NORA-QD equiv)	-	F	CONTRACEPTIVES
NORPACE CR CAP	-	F	ANTIARRHYTHMICS
nortrel tab (OVCON 35 equiv)	-	F	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	F	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	F	ANTIDEPRESSANTS
NOXAFIL SUSP	-	F	ANTIFUNGALS
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	F	THYROID AGENTS

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NUCYNTA ER TAB (QL= 2 tabs/day)	PA-QL	F	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTROPIN AQ INJ	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	-	F	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	F	DERMATOLOGICALS
nystatin oint	-	F	DERMATOLOGICALS
nystatin powder	-	F	ANTIFUNGALS
nystatin susp	-	F	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	F	ANTIFUNGALS
nystatin topical powder	-	F	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	F	VAGINAL PRODUCTS
octreotide inj (SANDOSTATIN equiv) ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODOMZO CAP (QL=1 cap/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 tabs/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	F	OPHTHALMIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	F	FLUOROQUINOLONES
OFLOXACIN TAB 400MG	-	F	FLUOROQUINOLONES
olopatadine nasal spray (PATANASE equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	F	OPHTHALMIC AGENTS
omedia otic soln (AMERICAINE equiv)	-	F	OTIC AGENTS
omega-3 fatty acid cap (FISH OIL equiv)	OTC	F	NUTRIENTS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F	ANTIHYPERLIPIDEMICS
omeprazole cap	OTC	F	ULCER DRUGS
omeprazole DR cap 10mg (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole DR cap 20mg (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole DR cap 40mg (PRILOSEC equiv)	-	F	ULCER DRUGS
ondansetron ODT (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	F	ANTIEMETICS
ONFI TAB	PA	F	ANTICONVULSANTS
ONGLYZA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
OPSUMIT TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ORENCIA SC INJ (QL= 4 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORKAMBI TAB (QL=4 tab/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
oxandrolone tab (OXANDRIN equiv)	-	F	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	F	ANTI-ANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	F	URINARY ANTISPASMODICS
oxybutynin syrup	-	F	URINARY ANTISPASMODICS

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oxybutynin tab (DITROPAN equiv)	-	F	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 12 caps/day)	QL	F	ANALGESICS - OPIOID
oxycodone conc 100mg/5ml (ROXICODONE equiv) (QL= 9ml/day)	QL	F	ANALGESICS - OPIOID
oxycodone soln 5mg/5ml (ROXICODONE equiv) (QL= 180ml/day)	QL	F	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (QL= 6 tabs/day)	QL	F	ANALGESICS - OPIOID
oxycodone tab 5mg (ROXICODONE equiv) (QL= 12 tabs/day)	QL	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv) (QL= 12 tabs/day)	QL	F	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	F	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 2 tabs/day)	PA-QL	F	ANALGESICS - OPIOID
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day)	PA-QL	F	ANALGESICS - OPIOID
oxymetazolin spray (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pantoprazole EC tab (PROTONIX equiv)	-	F	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv) ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	F	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	F	ANTIDEPRESSANTS
pe/acetamin/diphenhydramin/cpm tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PEAK FLOW METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
pediatric electrolyte soln	OTC	F	MINERALS & ELECTROLYTES
PEDIATRIC MASK	OTC	F	MEDICAL DEVICES
pediatric multiple vitamins/fluoride chew tab	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
pediatric multivitamin adc drops	OTC	F	MULTIVITAMINS
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ minerals gummy	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c soln	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv)	-	F	LAXATIVES
PEGANONE TAB	-	F	ANTICONVULSANTS
PEGASYS INJ ()	MSP	F	ANTIVIRALS
PEGASYS INJ KIT ()	MSP	F	ANTIVIRALS
penicillin vk soln (VEETIDS equiv)	-	F	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	F	PENICILLINS
pentoxifylline ER tab (TRENTAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	F	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	F	DERMATOLOGICALS
permethrin liquid	OTC	F	DERMATOLOGICALS
permethrin lotion	OTC	F	DERMATOLOGICALS
permethrin spray	OTC	F	DERMATOLOGICALS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERRY PRENATAL VITAMIN	OTC	F	MULTIVITAMINS
petrolatum oint	OTC	F	DERMATOLOGICALS
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT	OTC	F	DERMATOLOGICALS
phenazopyridine tab (PYRIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
pheniramine/phenylephrine/acetaminophen packet (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
phenobarbital elixir	-	F	HYPNOTICS
phenobarbital tab	-	F	HYPNOTICS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	F	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
phenylphrine/brompheniramine chew liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylphrine/brompheniramine elixir (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLDPHRINE/BROMPHENIRAMINE TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPH/ACETAMIN/DEXBROMPHENIRAMINE TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE DROPS (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine nasal drops (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenylephrine tab (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine/acetamin/doxylamine cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen pack (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine soln (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dm/acetaminop/gg liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dm/acetaminop/gg tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLTOLOXAMINE/ACETAMINOPHEN TAB (Only covered for members age 2 years or older)	OTC	F	ANALGESICS - NONNARCOTIC
phenytoin cap (DILANTIN equiv)	-	F	ANTICONSULSANTS
phenytoin chew tab (DILANTIN equiv)	-	F	ANTICONSULSANTS
phenytoin susp (DILANTIN equiv)	-	F	ANTICONSULSANTS
PHOSLYRA SOLN	-	F	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
pindolol tab (VISKEN equiv)	-	F	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	F	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	F	ANTIDIABETICS

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pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F	ANTIDIABETICS
piperonyl butox/pyrethrins/permethrin kit	OTC	F	DERMATOLOGICALS
piperonyl butoxide/pyrethrins liquid	OTC	F	DERMATOLOGICALS
PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO	OTC	F	DERMATOLOGICALS
piroxicam cap (FELDENE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	F	CONTRACEPTIVES
PLEGRIDY INJ	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PNEUMOVAX INJ	VAC	F	VACCINES
PODOCON SOLN	-	F	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	F	DERMATOLOGICALS
polyethylene glycol 3350 powder	OTC	F	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	F	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv)	OTC	F	LAXATIVES
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	F	OPHTHALMIC AGENTS
potassium bicarbonate effer tab (K-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	F	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride liquid	-	F	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	F	ANTICONSULSANTS
povidone-iodine soln	OTC	F	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP	-	F	ANTICOAGULANTS
pramipexole tab (MIRAPEX equiv)	-	F	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F	ANORECTAL AGENTS
PRASCION RA CREAM	-	F	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	-	F	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	F	ANTIHYPERTENSIVES
PRECISION XTRA METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	F	DERMATOLOGICALS
prednicarbate oint (DERMATOP equiv)	-	F	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	F	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	F	CORTICOSTEROIDS
PREDNISON PAK	-	F	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
PREDNISON SOLN	-	F	CORTICOSTEROIDS
PREDNISON TAB	-	F	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	F	CORTICOSTEROIDS
PREMARIN TAB	-	F	ESTROGENS
PREMARIN VAGINAL CREAM	-	F	VAGINAL PRODUCTS
PREMPRO TAB	-	F	ESTROGENS
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS)	OTC	F	MULTIVITAMINS
PREVACID DR CAP OTC (Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-ST	F	ULCER DRUGS
PREVACID SOLUTAB	-	F	ULCER DRUGS
PREVIDENT RINSE	-	F	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	PA-VAC	F	VACCINES
PRIFTIN TAB	-	F	ANTIMYCOBACTERIAL AGENTS
PRIMAQUINE TAB	-	F	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	F	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	F	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ ()	MSP	F	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	F	ANORECTAL AGENTS
progesterone cap (PROMETRIUM equiv)	-	F	PROGESTINS
PROLENSA OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PROLEUKIN INJ ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB ()	MSP-PA	F	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	F	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine syrup	-	F	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	F	COUGH/COLD/ALLERGY
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	F	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	F	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	F	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	F	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	F	BETA BLOCKERS
PROPRANOLOL SOLN	-	F	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	F	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F	ANTIHYPERTENSIVES
propylthiouracil tab	-	F	THYROID AGENTS
PROSTIGMIN TAB	-	F	ANTIMYASTHENIC AGENTS
PSEUDOEPH/DM/GUAIFEN/ACETAMIN PACKET (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoeph/dm/guaifen/acetamin tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephed/acetaminoph/diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine ER tab (QL= 2 tabs/day; Covered for members age 2 years or older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine syrup (QL= 1200ml/30 days; Covered for members age 2 years or older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

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Drug Name	Special Code	Tier	Category
pseudoephedrine tab 30mg (QL= 8 tabs/day; Covered for members age 2 years or older)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day; Covered for members age 2 years or older)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/BROMPHENIRAMINE LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CHLORPHENIRAMINE CHEW TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CODEINE/CHLORPHENIRAMINE LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/dexbrompheniramine ER tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/DIPHENHYDRAMINE TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/IBUPROFEN CAP (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/ibuprofen susp (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/ibuprofen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/naproxen tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/triprolidine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSYLLIUM CAP	OTC	F	LAXATIVES
psyllium cap (METAMUCIL equiv)	OTC	F	LAXATIVES
psyllium powder (METAMUCIL equiv)	OTC	F	LAXATIVES
PULMOZYME INH SOLN ()	MSP	F	RESPIRATORY AGENTS - MISC.
pyrazinamide tab	-	F	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	F	ANTIMYASTHENIC AGENTS
pyridoxine er tab	OTC	F	VITAMINS
pyridoxine tab	OTC	F	VITAMINS
PYRILAMINE/PE/DEXTROMETHORPHAN LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
QNASL NASAL SPRAY	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
QUILLIVANT XR SUSP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	F	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	F	ANTIARRHYTHMICS
quinidine sulfate tab	-	F	ANTIARRHYTHMICS
rabeprazole EC tab (ACIPHEX equiv)	-	F	ULCER DRUGS
raloxifene tab (EVISTA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	F	ANTIHYPERTENSIVES
RANEXA TAB	-	F	ANTIANGINAL AGENTS

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ranitidine cap (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab 75mg	OTC	F	ULCER DRUGS
RAPAFLO CAP (Restricted to Urology Specialist)	RS	F	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	SP	F	ASSORTED CLASSES
REBETOL SOLN ()	MSP	F	ANTIVIRALS
REGRANEX GEL (QL= two 15gm tubes/fill)	QL	F	DERMATOLOGICALS
RELENZA DISKHALER (QL= 20 units/fill)	QL	F	ANTIVIRALS
RELISTOR INJ ()	MSP-PA	F	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT ()	MSP-PA	F	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
RENVELA PACKET	PA	F	GASTROINTESTINAL AGENTS - MISC.
RENVELA TAB	PA	F	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	F	ANTIDIABETICS
REPATHA INJ	MSP-PA	F	ANTIHYPERTENSIVES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	F	ASSORTED CLASSES
RHOGAM PLUS INJ ()	MSP-PA	F	PASSIVE IMMUNIZING AGENTS
RIBATAB ()	MSP	F	ANTIVIRALS
ribavirin cap (REBETOL equiv) ()	MSP	F	ANTIVIRALS
ribavirin tab (COPEGUS equiv) ()	MSP	F	ANTIVIRALS
RIDAURA CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	F	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	F	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	F	ANTIVIRALS
RISCAL-D TAB	OTC	F	MINERALS & ELECTROLYTES
rivastigmine cap (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	F	ANTIPARKINSON AGENTS
ROXICET SOLN 325MG/5ML (QL= 60ml/day)	QL	F	ANALGESICS - OPIOID
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F	ANTICONVULSANTS
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F	ANTICONVULSANTS
salicylic acid gel	OTC	F	DERMATOLOGICALS
salicylic acid liquid	OTC	F	DERMATOLOGICALS
salicylic acid pad	OTC	F	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	F	DERMATOLOGICALS
salicylic acid soln	OTC	F	DERMATOLOGICALS
salicylic acid strip	OTC	F	DERMATOLOGICALS
saline nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
salsalate tab (DISALCID equiv)	-	F	ANALGESICS - NONNARCOTIC
SANDIMMUNE SOLN 100MG/ML	SP	F	ASSORTED CLASSES

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SANTYL OINT	-	F	DERMATOLOGICALS
SAVELLA PAK	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCOT-TUSSIN SOLN (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
SECONAL CAP	-	F	HYPNOTICS
selegiline cap (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	F	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	F	DERMATOLOGICALS
senosides tab	OTC	F	LAXATIVES
senosides/docusate sodium tab	OTC	F	LAXATIVES
SENSIPAR TAB ()	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO equiv)	PA	F	CARDIOVASCULAR AGENTS - MISC.
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	F	OPHTHALMIC AGENTS
SIMCOR TAB	-	F	ANTIHYPERLIPIDEMICS
simethicone cap	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone drops	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	F	GASTROINTESTINAL AGENTS - MISC.
SIMETHICONE STRIPS	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F	ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	SP	F	ASSORTED CLASSES
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTI-INFECTIVE AGENTS - MISC.
SKIN CLEANSER	OTC	F	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
sodium bicarbonate tab	OTC	F	ANTACIDS
sodium chloride irrigation/decyl glucoside soln	OTC	F	DERMATOLOGICALS
sodium chloride neb soln (HYPER-SAL equiv)	-	F	COUGH/COLD/ALLERGY
sodium chloride ophth oint	OTC	F	OPHTHALMIC AGENTS
sodium chloride ophth soln	OTC	F	OPHTHALMIC AGENTS
SODIUM CHLORIDE SPRAY	OTC	F	DERMATOLOGICALS
sodium chloride tab	OTC	F	MINERALS & ELECTROLYTES
sodium citrate/citric acid soln (BICITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	F	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE	-	F	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv)	-	F	MINERALS & ELECTROLYTES

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SODIUM FLUORIDE TAB	-	F	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phosphate enema	OTC	F	LAXATIVES
sodium phosphate soln	OTC	F	LAXATIVES
sodium polystyrene powder (KAYEXALATE equiv)	-	F	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	F	ASSORTED CLASSES
sodium sulfacetamide wash (OVACE WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	F	DERMATOLOGICALS
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SORIATANE CK KIT	-	F	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	F	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	F	BETA BLOCKERS
SOVALDI TAB (QL= 1 tab/day)	MSP-PA-QL	F	ANTIVIRALS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	F	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F	DIURETICS
SPRYCEL TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPRYCEL TAB 20MG (QL= 3 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	F	MINERALS & ELECTROLYTES
STIMATE NASAL SOLN	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sucralfate tab (CARAFATE equiv)	-	F	ULCER DRUGS
SUDAFED ER TAB (QL= 1 tab/day; Covered for members age 2 years or older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F	OPHTHALMIC AGENTS
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	F	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	F	SULFONAMIDES
SULFAMYLON CREAM	-	F	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS

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RS Restricted to Specialist	ST Step Therapy		
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sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUTENT CAP ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNAREL NASAL SOLN ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
TABLOID TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	F	ASSORTED CLASSES
TAFINLAR CAP (QL= 4 caps/day)	PA-QL-SF-SP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP (QL= 10 caps/fill)	QL	F	ANTIVIRALS
TAMIFLU CAP 30MG	QL	F	ANTIVIRALS
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	F	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL ()	MSP	F	DERMATOLOGICALS
TECFIDERA CAP ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
telmisartan tab (MICARDIS equiv)	-	F	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	F	HYPNOTICS
temazepam cap 30mg (RESTORIL equiv)	-	F	HYPNOTICS
temozolomide cap (TEMODAR equiv) ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	F	ANTIHYPERTENSIVES
terbinafine cream (QL= 1 tube/30 days; Covered for members age 12 years or older)	OTC-QL	F	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	-	F	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 10 units (2 packets)/day)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL PUMP 1% equiv) (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
TETANUS-DIPHThERIA TOXOID INJ	VAC	F	TOXOIDS
tetrabenazine tab ()	MSP-PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetrahydrozoline ophth soln	OTC	F	OPHTHALMIC AGENTS
tetrahydrozoline/zinc sulfate ophth drops	OTC	F	OPHTHALMIC AGENTS
THALOMID CAP ()	MSP-PA	F	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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theophylline ER tab (UNIPHYL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiamine tab	OTC	F	VITAMINS
THROAT DROPS LOZENGE	OTC	F	MOUTH/THROAT/DENTAL AGENTS
THROAT DROPS LOZENGE ()	OTC	F	MOUTH/THROAT/DENTAL AGENTS
throat lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS
THROAT LOZENGE ()	OTC	F	MOUTH/THROAT/DENTAL AGENTS
THROAT LOZENGE (Only covered for members age 2 years or older)	OTC	F	MOUTH/THROAT/DENTAL AGENTS
THYROLAR TAB	-	F	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	F	ANTICONVULSANTS
TICLOPIDINE TAB	-	F	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
TIKOSYN CAP	-	F	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	F	BETA BLOCKERS
tioconazole vaginal oint	OTC	F	VAGINAL PRODUCTS
tizanidine tab (ZANAFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	F	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	F	OPHTHALMIC AGENTS
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	F	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	F	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	F	ANTIDIABETICS
TOLBUTAMIDE TAB	-	F	ANTIDIABETICS
tolmetin cap (TOLECTIN DS equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	F	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol	OTC	F	DERMATOLOGICALS
tolnaftate cream	OTC	F	DERMATOLOGICALS
tolnaftate powder	OTC	F	DERMATOLOGICALS
tolnaftate spray	OTC	F	DERMATOLOGICALS
tolterodine SR cap (DETROL LA equiv)	-	F	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	F	URINARY ANTISPASMODICS
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	F	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	F	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	F	ANTICONVULSANTS
toremide tab (DEMADEX equiv)	-	F	DIURETICS
TOUJEO SOLOSTAR INJ	-	F	ANTIDIABETICS
TRACLEER TAB	PA	F	CARDIOVASCULAR AGENTS - MISC.
tramadol tab (ULTRAM equiv) (QL= 8 tabs/day)	QL	F	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	F	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	F	HEMOSTATICS
trazodone tab (DESYREL equiv)	-	F	ANTIDEPRESSANTS
tretinoin cap (VESANOID equiv) ()	MSP	F	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS

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tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
triamcinolone cream	-	F	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	F	DERMATOLOGICALS
triamcinolone oint	-	F	DERMATOLOGICALS
triamcinolone OTC nasal spray (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMINIC NASAL SOLN (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMINIC STRIP (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F	DIURETICS
triazolam tab (HALCION equiv)	-	F	HYPNOTICS
tricitrates soln (POLYCITRA-LC equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	F	HEMATOPOIETIC AGENTS
trifluridine ophth soln (VIOPTIC equiv)	-	F	OPHTHALMIC AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	F	CONTRACEPTIVES
trilyte soln (NULYTELY equiv)	-	F	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	F	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	-	F	CONTRACEPTIVES
tri-vit/iron/fluoride drop	-	F	MULTIVITAMINS
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
TRUMENBA INJ	VAC	F	VACCINES
tussin CF liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
tussin PE liquid (NARIZ equiv) (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	F	VACCINES
TYKERB TAB ()	MSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
U-CORT CREAM	-	F	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	F	GOUT AGENTS
ursodiol cap (ACTIGALL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	F	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL	F	DERMATOLOGICALS
VALCYTE SOLN	SP	F	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	SP	F	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	F	ANTICONSULTANTS
valproic acid syrup (DEPAKENE equiv)	-	F	ANTICONSULTANTS
valsartan tab (DIOVAN equiv)	-	F	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F	ANTIHYPERTENSIVES
vancomycin cap (VANCOCCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	F	ANTI-INFECTIVE AGENTS - MISC.
vapor inhaler ()	OTC	F	COUGH/COLD/ALLERGY
vaporizing steam ()	OTC	F	COUGH/COLD/ALLERGY
vaporizing steam liquid ()	OTC	F	COUGH/COLD/ALLERGY
VARIVAX INJ	VAC	F	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	OTC	F	VAGINAL PRODUCTS

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VECTICAL OINT	-	F	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	F	ANTIDEPRESSANTS
venlafaxine ER tab	-	F	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	F	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
verapamil SR cap (VERELAN SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
VEXOL OPHTH SUSP	-	F	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	F	MEDICAL DEVICES AND SUPPLIES
VICTOZA INJ (QL= 9ml/30 days)	QL	F	ANTIDIABETICS
VIIBRYD TAB	-	F	ANTIDEPRESSANTS
VIMPAT SOLN	-	F	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	F	ANTICONVULSANTS
vitamin a - d oint	OTC	F	DERMATOLOGICALS
vitamin B complex cap	OTC	F	MULTIVITAMINS
VITAMIN C SYRUP 500MG/5ML	OTC	F	VITAMINS
vitamin D cap (RX strength only)	-	F	VITAMINS
vitamin D cap 1000unit	OTC	F	VITAMINS
vitamin D cap 400unit	OTC	F	VITAMINS
VITAMIN D TAB 400UNIT	OTC	F	VITAMINS
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F	VACCINES
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
VOTRIENT TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYVANSE CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	F	ANTICOAGULANTS
WELCHOL PAK	-	F	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	F	ANTIHYPERLIPIDEMICS
WINRHO SDF INJ ()	MSP-PA	F	PASSIVE IMMUNIZING AGENTS
wymzya FE tab (FEMCON FE equiv)	-	F	CONTRACEPTIVES
XALKORI CAP	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK	-	F	ANTICOAGULANTS
XARELTO TAB	-	F	ANTICOAGULANTS
XIFAXAN TAB 200MG	PA	F	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG	PA	F	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	F	CONTRACEPTIVES
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zaleplon cap (SONATA equiv)	-	F	HYPNOTICS
ZARXIO INJ	MSP	F	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	F	HEMATOPOIETIC AGENTS
ZELBORAF TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ZETIA TAB (QL= 1 tab/day)	QL	F	ANTIHYPERLIPIDEMICS
zidovudine cap (RETROVIR equiv)	SP	F	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	F	ANTIVIRALS
zinc oxide oint	OTC	F	DERMATOLOGICALS
ZINC OXIDE PASTE	OTC	F	DERMATOLOGICALS
zinc sulfate cap	OTC	F	MINERALS & ELECTROLYTES
ZIRGAN OPHTH GEL	-	F	OPHTHALMIC AGENTS
ZOLINZA CAP ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	F	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	F	ANTICONVULSANTS
ZORTRESS TAB ()	MSP-PA	F	ASSORTED CLASSES
ZOSTAVAX INJ (Covered for members age 50 years or older, Not covered if member less than 50 years.)	VAC	F	VACCINES
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F	OPHTHALMIC AGENTS
ZYTIGA TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	F
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F
dextroamphetamine tab (DEXEDRINE equiv)	-	F
methamphetamine tab (DESOXYN equiv)	-	F
VYVANSE CAP	-	F
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv)	-	F
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F
QSYMIA CAP (QL= 1 cap/day)	PA-QL	F
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	F
STIMULANTS - MISC.		
CONCERTA TAB	-	F
dexamethylphenidate tab (FOCALIN equiv)	-	F
methylphenidate CD cap (METADATE CD equiv)	-	F
methylphenidate ER cap (RITALIN LA equiv)	-	F
METHYLPHENIDATE ER TAB	-	F
methylphenidate ER tab 10mg, 20mg	-	F
methylphenidate soln (METHYLIN equiv)	-	F
methylphenidate tab (RITALIN equiv)	-	F
modafinil tab (PROVIGIL equiv) (QL= 1 tab/day)	PA-QL	F
QUILLIVANT XR SUSP	-	F
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	F
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	F
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	F
GOLD COMPOUNDS		
RIDAURA CAP	-	F
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 28 inj/28 days)	PA-QL	F
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F
diclofenac potassium tab (CATAFLAM equiv)	-	F

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac sodium EC tab (VOLTAREN equiv)	-	F
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F
etodolac cap (LODINE equiv)	-	F
etodolac tab	-	F
fenoprofen calcium tab	-	F
flurbiprofen tab (ANSAID equiv)	-	F
ibuprofen cap	OTC	F
ibuprofen chew tab	OTC	F
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	OTC	F
ibuprofen tab	OTC	F
INDOCIN SUPP	-	F
INDOCIN SUSP	-	F
indomethacin cap (INDOCIN equiv)	-	F
indomethacin CR cap (INDOCIN SR equiv)	-	F
ketoprofen cap (ORUDIS equiv)	-	F
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F
MECLOFENAMATE CAP	-	F
meloxicam tab (MOBIC equiv)	-	F
nabumetone tab (RELAFEN equiv)	-	F
naproxen EC tab (NAPROSYN EC equiv)	-	F
naproxen sodium tab (ANAPROX equiv)	-	F
NAPROXEN SUSP	-	F
naproxen susp (NAPROSYN equiv)	-	F
naproxen tab (NAPROSYN equiv)	-	F
oxaprozin tab (DAYPRO equiv)	-	F
piroxicam cap (FELDENE equiv)	-	F
sulindac tab (CLINORIL equiv)	-	F
tolmetin cap (TOLECTIN DS equiv)	-	F
TOLMETIN TAB	-	F
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SC INJ (QL= 4 inj/28 days)	MSP-PA-QL	F
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 4 syringes/28 days)	MSP-PA-QL	F
ENBREL SURECLICK INJ (QL= 4 syringes/28 days)	MSP-PA-QL	F
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
acetaminophen/pamabrom/pyrilamine tab (Only covered for members age 2 years or older)	OTC	F
ASPIRIN/ACETAMINOPHEN/CALCIUM CARBONATE TAB (Only covered for members age 2 years or older)	OTC	F
PHENYLTOLOXAMINE/ACETAMINOPHEN TAB (Only covered for members age 2 years or older)	OTC	F
ANALGESICS OTHER		
acetaminophen chew tab	OTC	F
acetaminophen drops ()	OTC	F
acetaminophen elixir ()	OTC	F
acetaminophen er tab	OTC	F
acetaminophen liquid ()	OTC	F

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ANALGESICS - NONNARCOTIC Cont.		
acetaminophen supp	OTC	F
ACETAMINOPHEN SYRUP ()	OTC	F
acetaminophen tab	OTC	F
SALICYLATES		
ASPIRIN CHEW TAB 75MG	OTC	F
aspirin chew tab 81mg	OTC	F
aspirin ec tab	OTC	F
aspirin EC tab 325mg	OTC	F
aspirin EC tab 81mg	OTC	F
aspirin supp	OTC	F
aspirin tab	OTC	F
aspirin tab 325mg	OTC	F
aspirin tab 81mg	OTC	F
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F
diflunisal tab (DOLOBID equiv)	-	F
salsalate tab (DISALCID equiv)	-	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab (QL= 8 tabs/day)	QL	F
codeine sulfate tab 60mg (QL= 6 tabs/day)	QL	F
fentanyl patch (DURAGESIC equiv) (QL= 1 patch/3 days)	QL	F
HYDROMORPHONE SUPP	-	F
hydromorphone tab 2mg (QL= 15 tabs/day)	QL	F
hydromorphone tab 4mg (QL= 8 tabs/day)	QL	F
hydromorphone tab 8mg (QL= 4 tabs/day)	QL	F
HYSINGLA ER TAB (QL= 1 tab/day)	PA-QL	F
LEVORPHANOL TAB (QL= 8 tabs/day)	QL	F
meperidine tab 100mg (QL= 12 tabs/day)	QL	F
meperidine tab 50mg (QL= 24 tabs/day)	QL	F
methadone conc (QL=12ml/day)	QL	F
methadone soln 10mg/5ml (QL= 60ml/day)	QL	F
methadone soln 5mg/5ml (QL= 120ml/day)	QL	F
methadone tab (DOLOPHINE equiv) (QL= 12 tabs/day)	QL	F
methadose tab (QL=3 tab/day)	QL	F
morphine sulfate ER tab (MS CONTIN equiv) (QL= 4 tabs/day)	QL	F
morphine sulfate soln 10mg/5ml (QL= 60ml/day)	QL	F
morphine sulfate soln 20mg/ml (QL= 30ml/day)	QL	F
morphine sulfate soln 20mg/ml (QL= 6ml/day)	QL	F
morphine sulfate supp	-	F
morphine sulfate tab (QL= 6 tabs/day)	QL	F
NUCYNTA ER TAB (QL= 2 tabs/day)	PA-QL	F
oxycodone cap (OXYIR equiv) (QL= 12 caps/day)	QL	F
oxycodone conc 100mg/5ml (ROXICODONE equiv) (QL= 9ml/day)	QL	F
oxycodone soln 5mg/5ml (ROXICODONE equiv) (QL= 180ml/day)	QL	F
oxycodone tab (ROXICODONE equiv) (QL= 6 tabs/day)	QL	F
oxycodone tab 5mg (ROXICODONE equiv) (QL= 12 tabs/day)	QL	F

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RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
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ANALGESICS - OPIOID Cont.		
OXYCONTIN CR TAB (QL= 2 tabs/day)	PA-QL	F
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day)	PA-QL	F
tramadol tab (ULTRAM equiv) (QL= 8 tabs/day)	QL	F
OPIOID COMBINATIONS		
acetaminophen/codeine soln (QL= 166ml/day)	QL	F
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	F
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv) (QL= 180ml/day)	QL	F
hydrocodone/acetaminophen tab (LORTAB equiv) (QL= 12 tabs/day)	QL	F
oxycodone/acetaminophen tab (PERCOCET equiv) (QL= 12 tabs/day)	QL	F
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	F
ROXICET SOLN 325MG/5ML (QL= 60ml/day)	QL	F
OPIOID PARTIAL AGONISTS		
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	F
ANDROGENS		
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	F
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	F
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	F
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	F
ANDROXY TAB	-	F
danazol cap (DANOCRINE equiv)	-	F
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 50mg (QL= 10 units (2 packets)/day)	PA-QL	F
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F
testosterone gel 1% pump (ANDROGEL PUMP 1% equiv) (QL= 4 bottles/30 days)	PA-QL	F
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	F
RECTAL COMBINATIONS		
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F
PROCTOFOAM HC FOAM	-	F
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	F
ANTACIDS		
ANTACID COMBINATIONS		
antacid chew tab	OTC	F
MAGNESIUM/ALUMINUM HYDROXIDE CHEW	OTC	F
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone susp	OTC	F

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ANTACIDS Cont.		
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL SUSP	OTC	F
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	F
ANTACIDS - CALCIUM SALTS		
calcium carbonate chew tab	OTC	F
calcium carbonate tab	OTC	F
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab	OTC	F
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	F
ivermectin tab (STROMECTOL equiv)	-	F
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	F
NITRATES		
ISOSORBIDE DINITRATE ER TAB	-	F
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F
isosorbide dinitrate SL tab	-	F
isosorbide dinitrate tab (ISORDIL equiv)	-	F
isosorbide mononitrate ER tab (IMDUR equiv)	-	F
isosorbide mononitrate tab (MONOKET equiv)	-	F
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F
nitroglycerin patch (NITRO-DUR equiv)	-	F
NITROSTAT SL TAB	-	F
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	F
hydroxyzine pamoate cap (VISTARIL equiv)	-	F
hydroxyzine syrup (ATARAX equiv)	-	F
hydroxyzine tab (ATARAX equiv)	-	F
meprobamate tab (MILTOWN equiv)	-	F
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	F
chlordiazepoxide cap (LIBRIUM equiv)	-	F
clorazepate tab (TRANXENE-T equiv)	-	F
diazepam conc (VALIUM equiv)	-	F
DIAZEPAM SOLN	-	F
diazepam tab (VALIUM equiv)	-	F
lorazepam conc (ATIVAN equiv)	-	F
lorazepam tab (ATIVAN equiv)	-	F
oxazepam cap (SERAX equiv)	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		

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ANTIARRHYTHMICS Cont.		
disopyramide cap (NORPACE equiv)	-	F
disopyramide ER cap (NORPACE CR equiv)	-	F
NORPACE CR CAP	-	F
quinidine gluconate CR tab	-	F
quinidine sulfate tab	-	F
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	F
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	F
propafenone ER cap (RYTHMOL SR equiv)	-	F
propafenone tab (RYTHMOL equiv)	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	F
MULTAQ TAB	-	F
TIKOSYN CAP	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
CROMOLYN NEB SOLN	-	F
cromolyn neb soln (INTAL equiv)	-	F
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA INHALER	-	F
INCRUSE ELLIPTA INHALER	-	F
ipratropium neb soln (ATROVENT equiv)	-	F
SPIRIVA HANDIHALER (For use with Handihaler device)	-	F
SPIRIVA RESPIMAT INHALER	-	F
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	F
montelukast granule pack (SINGULAIR equiv)	-	F
montelukast tab (SINGULAIR equiv)	-	F
STEROID INHALANTS		
AEROSPAN HFA INHALER	-	F
ARNUITY ELLIPTA INHALER	-	F
budesonide inh susp (PULMICORT equiv)	-	F
FLOVENT DISKUS INHALER (Only covered for members age 4 and 5)	-	F
FLOVENT HFA INHALER (Only covered for members age 4 and 5)	-	F
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	F
albuterol neb soln 0.5% (VENTOLIN equiv)	-	F
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F
albuterol sulfate syrup	-	F
albuterol sulfate tab	-	F
albuterol/ipratropium neb soln (DUONEB equiv)	-	F
ANORO ELLIPTA INHALER	-	F
BREO ELLIPTA INHALER	-	F
COMBIVENT INHALER	-	F
COMBIVENT RESPIMAT INHALER	-	F

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
DULERA INHALER	-	F
EPHEDRINE SULFATE CAP (Only covered for members age 2 years or older)	OTC	F
FORADIL AEROLIZER	-	F
METAPROTERENOL SYRUP	-	F
SEREVENT DISKUS INHALER	-	F
STIOLTO INHALER	-	F
terbutaline sulfate tab (BRETHINE equiv)	-	F
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	F
XANTHINES		
aminophylline tab	-	F
ELIXOPHYLLIN ELIXIR	-	F
theophylline CR tab (QUIBRON-T equiv)	-	F
theophylline ER tab (UNIPHYL equiv)	-	F
theophylline soln	-	F
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	F
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	F
XARELTO STARTER PACK	-	F
XARELTO TAB	-	F
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F
fondaparinux inj (ARIXTRA equiv)	PA	F
THROMBIN INHIBITORS		
PRADAXA CAP	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	F
DIAZEPAM/DIASTAT RECTAL GEL	-	F
ONFI TAB	PA	F
ANTICONVULSANTS - MISC.		
BANZEL SUSP	-	F
BANZEL TAB	-	F
carbamazepine chew tab (TEGRETOL equiv)	-	F
carbamazepine ER cap (CARBATROL equiv)	-	F
carbamazepine susp (TEGRETOL equiv)	-	F
carbamazepine tab (TEGRETOL equiv)	-	F
gabapentin cap (NEURONTIN equiv)	-	F
gabapentin soln (NEURONTIN equiv)	-	F
gabapentin tab (NEURONTIN equiv)	-	F
LAMICTAL CHEW TAB 2MG	-	F
lamotrigine chew tab (LAMICTAL equiv)	-	F
lamotrigine tab (LAMICTAL equiv)	-	F
levetiracetam soln (KEPPRA equiv)	-	F
levetiracetam tab (KEPPRA equiv)	-	F

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ANTICONVULSANTS Cont.		
LYRICA CAP	PA	F
LYRICA SOLN	PA	F
oxcarbazepine susp (TRILEPTAL equiv)	-	F
oxcarbazepine tab (TRILEPTAL equiv)	-	F
POTIGA TAB (QL= 3 tabs/day)	QL	F
primidone tab (MYSOLINE equiv)	-	F
topiramate sprinkle cap (TOPAMAX equiv)	-	F
topiramate tab (TOPAMAX equiv)	-	F
VIMPAT SOLN	-	F
VIMPAT TAB (QL= 2 tabs/day)	QL	F
zonisamide cap (ZONEGRAN equiv)	-	F
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	F
felbamate tab (FELBATOL equiv)	-	F
FELBATOL TAB	-	F
GABA MODULATORS		
GABITRIL TAB 12MG, 16MG	-	F
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F
tiagabine tab (GABITRIL equiv)	-	F
HYDANTOINS		
DILANTIN CAP 30MG	-	F
PEGANONE TAB	-	F
phenytoin cap (DILANTIN equiv)	-	F
phenytoin chew tab (DILANTIN equiv)	-	F
phenytoin susp (DILANTIN equiv)	-	F
SUCCINIMIDES		
CELONTIN CAP	-	F
ethosuximide cap (ZARONTIN equiv)	-	F
ethosuximide soln (ZARONTIN equiv)	-	F
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	F
divalproex sodium DR tab (DEPAKOTE equiv)	-	F
divalproex sprinkle cap (DEPAKOTE equiv)	-	F
valproic acid cap (DEPAKENE equiv)	-	F
valproic acid syrup (DEPAKENE equiv)	-	F
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	F
mirtazapine tab (REMERON equiv)	-	F
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	F
bupropion tab (WELLBUTRIN equiv)	-	F
bupropion XL tab (WELLBUTRIN XL equiv)	-	F
MAPROTILINE TAB	-	F
MODIFIED CYCLICS		

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
NEFAZODONE TAB	-	F
nefazodone tab 50mg, 250mg	-	F
trazodone tab (DESYREL equiv)	-	F
VIIBRYD TAB	-	F
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	F
citalopram tab (CELEXA equiv)	-	F
escitalopram soln (LEXAPRO equiv)	-	F
escitalopram tab (LEXAPRO equiv)	-	F
fluoxetine cap (PROZAC equiv)	-	F
fluoxetine soln (PROZAC equiv)	-	F
fluoxetine tab (PROZAC equiv)	-	F
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	F
fluvoxamine tab (LUVOX equiv)	-	F
paroxetine ER tab (PAXIL CR equiv)	-	F
paroxetine tab (PAXIL equiv)	-	F
sertraline conc (ZOLOFT equiv)	-	F
sertraline tab (ZOLOFT equiv)	-	F
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	F
venlafaxine ER cap (EFFEXOR XR equiv)	-	F
venlafaxine ER tab	-	F
VENLAFAXINE ER TAB 225MG	-	F
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	F
AMOXAPINE TAB	-	F
desipramine tab (NORPRAMIN equiv)	-	F
doxepin cap (SINEQUAN equiv)	-	F
doxepin conc (SINEQUAN equiv)	-	F
imipramine tab (TOFRANIL equiv)	-	F
nortriptyline cap (PAMELOR equiv)	-	F
NORTRIPTYLINE SOLN	-	F
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	F
ANTIDIABETIC COMBINATIONS		
AVANDAMET TAB	-	F
AVANDARYL TAB	-	F
glipizide/metformin tab (METAGLIP equiv)	-	F
glyburide/metformin tab (GLUCOVANCE equiv)	-	F
JANUMET TAB	-	F
JANUMET XR TAB	-	F
KOMBIGLYZE XR TAB	-	F
pioglitazone/glimepiride tab (DUETACT equiv)	-	F
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F
SYNJARDY TAB (QL= 2 tabs/day)	QL	F

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ANTIDIABETICS Cont.		
XIGDUO XR TAB (QL= 1 tab/day)	QL	F
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	F
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	F
metformin tab (GLUCOPHAGE equiv)	-	F
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	F
GLUCAGON INJ KIT	-	F
GLUCOSE CHEW TAB	OTC	F
glucose gel	OTC	F
GLUCOSE TAB	OTC	F
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	F
ONGLYZA TAB (QL= 1 tab/day)	QL	F
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ (QL= 4 inj/28 days)	QL	F
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	F
VICTOZA INJ (QL= 9ml/30 days)	QL	F
INSULIN		
HUMALOG INJ	-	F
HUMALOG KWIKPEN INJ	-	F
HUMALOG MIX INJ	-	F
HUMALOG MIX KWIKPEN INJ	-	F
HUMALOG PEN INJ	-	F
HUMULIN MIX INJ	OTC	F
HUMULIN N INJ U-100	OTC	F
HUMULIN N PEN INJ	OTC	F
HUMULIN PEN INJ 70/30	OTC	F
HUMULIN R INJ U-100	OTC	F
HUMULIN-R U-100	OTC	F
LANTUS INJ	-	F
LANTUS SOLOSTAR INJ	-	F
TOUJEO SOLOSTAR INJ	-	F
INSULIN SENSITIZING AGENTS		
AVANDIA TAB	-	F
pioglitazone tab (ACTOS equiv)	-	F
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	F
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	F
JARDIANCE TAB (QL= 1 tab/day)	QL	F
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	F
glimepiride tab (AMARYL equiv)	-	F
glipizide ER tab (GLUCOTROL XL equiv)	-	F

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SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
glipizide tab (GLUCOTROL equiv)	-	F
glyburide micronized tab (GLYNASE equiv)	-	F
glyburide tab (MICRONASE equiv)	-	F
tolazamide tab (TOLINASE equiv)	-	F
TOLBUTAMIDE TAB	-	F
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab	OTC	F
bismuth subsalicylate susp	OTC	F
bismuth subsalicylate tab	OTC	F
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F
loperamide cap (IMODIUM equiv)	OTC	F
loperamide liquid	OTC	F
loperamide tab	OTC	F
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	F
EXJADE TAB	MSP	F
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
JADENU TAB	MSP	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F
ondansetron ODT (ZOFRAN equiv)	-	F
ondansetron soln (ZOFRAN equiv)	-	F
ondansetron tab (ZOFRAN equiv)	-	F
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrin tab	OTC	F
maldemar tab (SCOPACE equiv)	-	F
meclizine chew tab (BONINE equiv)	OTC	F
meclizine tab (ANTIVERT equiv)	OTC	F
trimethobenzamide cap (TIGAN equiv)	-	F
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
anti-nausea soln	OTC	F
dronabinol cap (MARINOL equiv)	PA	F
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	F

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INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
griseofulvin micro tab (GRIFULVIN V equiv)	-	F
griseofulvin susp (GRIFULVIN equiv)	-	F
griseofulvin tab (GRIS-PEG equiv)	-	F
nystatin powder	-	F
nystatin tab	-	F
terbinafine tab (LAMISIL equiv)	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	F
fluconazole tab (DIFLUCAN equiv)	-	F
itraconazole cap (SPORANOX equiv)	PA	F
ketoconazole tab (NIZORAL equiv)	-	F
NOXAFIL SUSP	-	F
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine CR tab (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine ER cap	-	F
chlorpheniramine syrup (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
ANTIHISTAMINES - ETHANOLAMINES		
clemastine fumarate tab (TAVIST equiv)	OTC	F
diphenhydramine cap (BENADRYL equiv) (Only covered for members age 2 years or older)	OTC	F
diphenhydramine chew tab (Only covered for members age 2 years or older)	OTC	F
diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F
diphenhydramine rapid tab (Only covered for members age 2 years or older)	OTC	F
DIPHENHYDRAMINE STRIP (Only covered for members age 2 years or older)	OTC	F
diphenhydramine syrup (Only covered for members age 2 years or older)	OTC	F
diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F
ANTIHISTAMINES - NON-SEDATING		
cetirizine chew tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F
cetirizine syrup (ZYRTEC equiv)	OTC	F
cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F
CLARITIN REDITAB (QL= 1 tab/day)	OTC-QL	F
loratadine ODT (CLARITIN equiv) (QL= 1 tab/day)	OTC-QL	F
loratadine syrup (CLARITIN equiv) (QL= 240ml/30 days; Only covered for members age 2 years or older)	OTC-QL	F
loratadine tab (CLARITIN equiv) (QL= 1 tab/day; Covered for members age 2 years or older)	OTC-QL	F
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	F
promethazine syrup	-	F
promethazine tab (PHENERGAN equiv)	-	F
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	F
cyproheptadine tab	-	F
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F
cholestyramine powder (QUESTRAN equiv)	-	F
cholestyramine powder pack (QUESTRAN equiv)	-	F
colestipol tab (COLESTID equiv)	-	F
WELCHOL PAK	-	F
WELCHOL TAB	-	F
FIBRIC ACID DERIVATIVES		
fenofibrate cap (ANTARA equiv)	-	F
fenofibric acid DR cap (TRILIPIX equiv)	-	F
gemfibrozil tab (LOPID equiv)	-	F
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	F
CRESTOR TAB	PA	F
fluvastatin cap (LESCOL equiv)	-	F
lovastatin tab (MEVACOR equiv)	-	F
pravastatin tab (PRAVACHOL equiv)	-	F
SIMCOR TAB	-	F
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	F
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	F
NIACOR TAB	-	F
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ	MSP-PA	F
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	F
captopril tab (CAPOTEN equiv)	-	F
enalapril tab (VASOTEC equiv)	-	F
EPANED SOLN	-	F
fosinopril tab (MONOPRIL equiv)	-	F
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F
moexipril tab (UNIVASC equiv)	-	F
perindopril tab (ACEON equiv)	-	F
quinapril tab (ACCUPRIL equiv)	-	F
ramipril cap (ALTACE equiv)	-	F
trandolapril tab (MAVIK equiv)	-	F
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	F
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	F
losartan tab (COZAAR equiv)	-	F

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
telmisartan tab (MICARDIS equiv)	-	F
valsartan tab (DIOVAN equiv)	-	F
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	F
clonidine tab (CATAPRES equiv)	-	F
doxazosin tab (CARDURA equiv)	-	F
guanfacine IR tab (TENEX equiv)	-	F
methyldopa tab (ALDOMET equiv)	-	F
prazosin cap (MINIPRESS equiv)	-	F
terazosin cap (HYTRIN equiv)	-	F
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/ valsartan tab (EXFORGE equiv)	-	F
amlodipine/benazepril cap (LOTREL equiv)	-	F
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	F
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F
DUTOPROL TAB	-	F
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	F
minoxidil tab (LONITEN equiv)	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	F
metronidazole cap (FLAGYL equiv)	-	F
metronidazole tab (FLAGYL equiv)	-	F
NEBUPENT NEB SOLN ()	MSP	F
trimethoprim tab (PROLOPRIM equiv)	-	F
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F
VANCOMYCIN SOLN KIT	-	F
XIFAXAN TAB 200MG	PA	F
XIFAXAN TAB 550MG	PA	F
ANTI-INFECTIVE MISC. - COMBINATIONS		

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	F
ANTIPROTOZOAL AGENTS		
ALINIA SUSP	-	F
ALINIA TAB	-	F
atovaquone susp (MEPRON equiv)	-	F
LEPROSTATICS		
dapsone tab	-	F
LINCOSAMIDES		
clindamycin cap	-	F
OXAZOLIDINONES		
linezolid susp (Restricted to Infectious Disease Specialist)	RS	F
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	F
MALARONE TAB	-	F
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	F
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
hydroxychloroquine tab (PLAQUENIL equiv)	-	F
mefloquine tab (LARIAM equiv)	-	F
PRIMAQUINE TAB	-	F
ANTIMYASTHENIC AGENTS		
ANTIMYASTHENIC AGENTS		
PROSTIGMIN TAB	-	F
pyridostigmine tab (MESTINON equiv)	-	F
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab (MESTINON equiv)	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
isonarif cap (RIFAMATE equiv)	-	F
RIFAMATE CAP	-	F
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	F
ISONIAZID SYRUP	-	F
isoniazid tab	-	F
PRIFTIN TAB	-	F
pyrazinamide tab	-	F
rifabutin cap (MYCOBUTIN equiv)	-	F
rifampin cap (RIFADIN equiv)	-	F
ANTINEOPLASTICS		

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ANTINEOPLASTICS Cont.

ANTINEOPLASTICS MISC.

tretinoin cap (VESANOID equiv) ()	MSP	F
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MITOTIC INHIBITORS

etoposide cap (VEPESID equiv) ()	MSP	F
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TOPOISOMERASE I INHIBITORS

HYCANTIN CAP ()	MSP-PA	F
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F
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ALKERAN TAB	-	F
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CEENU CAP	-	F
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CYCLOPHOSPHAMIDE CAP	-	F
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cyclophosphamide tab (CYTOXAN equiv)	-	F
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GLEOSTINE/LOMUSTINE CAP	-	F
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HEXALEN CAP ()	MSP	F
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LEUKERAN TAB ()	MSP	F
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MYLERAN TAB	MSP	F
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temozolomide cap (TEMODAR equiv) ()	MSP	F
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ANTIMETABOLITES

capecitabine tab (XELODA equiv) ()	MSP	F
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mercaptapurine tab (PURINETHOL equiv)	-	F
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methotrexate inj	-	F
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methotrexate tab (TREXALL equiv)	-	F
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TABLOID TAB	-	F
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ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

ERIVEDGE CAP	MSP-PA-SF	F
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ODOMZO CAP (QL=1 cap/day)	MSP-PA-QL-SF	F
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ANTINEOPLASTIC - HORMONAL AGENTS

anastrozole tab (ARIMIDEX equiv)	-	F
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bicalutamide tab (CASODEX equiv)	-	F
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EMCYT CAP	-	F
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exemestane tab (AROMASIN equiv)	-	F
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FARESTON TAB	-	F
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flutamide cap (EULEXIN equiv)	-	F
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letrozole tab (FEMARA equiv)	-	F
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LYSODREN TAB ()	MSP	F
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megestrol susp (MEGACE equiv)	-	F
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megestrol tab (MEGACE equiv)	-	F
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NILANDRON TAB	MSP	F
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tamoxifen tab (NOLVADEX equiv)	-	F
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ZYTIGA TAB ()	MSP-PA-SF	F
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ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	F
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ANTINEOPLASTIC COMBINATIONS

LONSURF TAB	MSP-PA	F
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INF Inertility	LD Limited Distribution	generic =small letters	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization		QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 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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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	F
BOSULIF TAB ()	MSP-PA-SF	F
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	F
GILOTRIF TAB (QL= 1 tab/day)	PA-QL	F
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	F
ICLUSIG TAB 15MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
ICLUSIG TAB 45MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)	MSP-PA-QL-SF	F
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	F
IRESSA TAB (Only available through Diplomat 1-877-651-4943)	LD-PA	F
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	F
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	F
MEKINIST TAB	PA-SP	F
NEXAVAR TAB	MSP-PA-SF	F
SPRYCEL TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F
SPRYCEL TAB 20MG (QL= 3 tabs/day)	MSP-PA-QL-SF	F
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F
SUTENT CAP ()	MSP-PA-SF	F
TAFINLAR CAP (QL= 4 caps/day)	PA-QL-SF-SP	F
TARCEVA TAB ()	MSP-PA-SF	F
TYKERB TAB ()	MSP-PA	F
VOTRIENT TAB ()	MSP-PA-SF	F
XALKORI CAP	MSP-PA-SF	F
ZELBORAF TAB	MSP-PA-SF	F
ZOLINZA CAP ()	MSP-PA-SF	F
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F

ANTINEOPLASTICS MISC.

ACTIMMUNE INJ	MSP	F
ALFERON-N INJ	MSP	F
bexarotene cap (TARGRETIN CAP equiv) ()	MSP-PA-SF	F
hydroxyurea cap (HYDREA equiv)	-	F
INTRON-A INJ ()	MSP	F
INTRON-A KIT ()	MSP	F
MATULANE CAP	-	F
PROLEUKIN INJ ()	MSP	F
TARGRETIN CAP ()	MSP-PA-SF	F

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

leucovorin tab	-	F
MESNEX TAB ()	MSP	F

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

carbidopa tab (LODOSYN equiv)	-	F
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ANTIPARKINSON COMT INHIBITORS

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INF OTC RS SP	NC =Not Covered Infertility Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	LD PA SF ST	generic =small letters Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy	MSP QL SMKG VAC	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation Vaccine Program
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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
entacapone tab (COMTAN equiv)	-	F
ANTIPARKINSON DOPAMINERGICS		
APOKYN INJ	-	F
bromocriptine cap (PARLODEL equiv)	-	F
bromocriptine tab (PARLODEL equiv)	-	F
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	F
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F
carbidopa/levodopa ODT (PARCOPA equiv)	-	F
carbidopa/levodopa tab (SINEMET equiv)	-	F
NEUPRO PATCH	-	F
pramipexole tab (MIRAPEX equiv)	-	F
ropinirole tab (REQUIP equiv)	-	F
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB	-	F
selegiline cap (ELDEPRYL equiv)	-	F
selegiline tab (ELDEPRYL equiv)	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	F
PHENOTHIAZINES		
prochlorperazine supp (COMPAZINE equiv)	-	F
prochlorperazine tab (COMPAZINE equiv)	-	F
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES	OTC	F
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln	OTC	F
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liquid (HIBICLENS equiv)	OTC	F
IODINE ANTISEPTICS		
povidone-iodine soln	OTC	F
ANTIVIRALS		
ANTIRETROVIRALS		
didanosine DR cap (VIDEX EC equiv)	SP	F
zidovudine cap (RETROVIR equiv)	SP	F
zidovudine syrup (RETROVIR equiv)	-	F
zidovudine tab (RETROVIR equiv)	-	F
CMV AGENTS		
GANCICLOVIR CAP	SP	F
VALCYTE SOLN	SP	F
valganciclovir tab (VALCYTE equiv)	SP	F
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	SP	F
DAKLINZA TAB (QL=1 tab/day)	MSP-PA-QL	F
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	F

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
HARVONI TAB (QL= 1 tab/day)	MSP-PA-QL	F
INFERGEN INJ ()	MSP	F
PEGASYS INJ ()	MSP	F
PEGASYS INJ KIT ()	MSP	F
REBETOL SOLN ()	MSP	F
RIBATAB ()	MSP	F
ribavirin cap (REBETOL equiv) ()	MSP	F
ribavirin tab (COPEGUS equiv) ()	MSP	F
SOVALDI TAB (QL= 1 tab/day)	MSP-PA-QL	F
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	F
acyclovir susp (ZOVIRAX equiv)	-	F
acyclovir tab (ZOVIRAX equiv)	-	F
valacyclovir tab (VALTREX equiv)	-	F
INFLUENZA AGENTS		
RELENZA DISKHALER (QL= 20 units/fill)	QL	F
rimantadine tab (FLUMADINE equiv)	-	F
TAMIFLU CAP (QL= 10 caps/fill)	QL	F
TAMIFLU CAP 30MG	QL	F
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	F
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB	SP	F
ENZYMES		
AMPHADASE INJ	PA	F
HYLENEX INJ	PA	F
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	F
THALOMID CAP ()	MSP-PA	F
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	F
cyclosporine cap (SANDIMMUNE equiv)	-	F
cyclosporine modified cap (NEORAL equiv)	-	F
CYCLOSPORINE MODIFIED CAP 50MG	-	F
cyclosporine modified soln (NEORAL equiv)	-	F
mycophenolate DR tab (MYFORTIC equiv)	-	F
mycophenolate mofetil cap (CELLCEPT equiv)	SP	F
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	F
mycophenolate mofetil tab (CELLCEPT equiv)	SP	F
RAPAMUNE SOLN	SP	F
SANDIMMUNE SOLN 100MG/ML	SP	F
sirolimus tab (RAPAMUNE equiv)	SP	F
tacrolimus cap (PROGRAF equiv)	-	F
ZORTRESS TAB ()	MSP-PA	F
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	F

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ASSORTED CLASSES Cont.

sodium polystyrene susp (SPS equiv)	-	F
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BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	F
labetalol tab (NORMODYNE equiv)	-	F

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	F
atenolol tab (TENORMIN equiv)	-	F
betaxolol tab (KERLONE equiv)	-	F
bisoprolol tab (ZEBETA equiv)	-	F
BYSTOLIC TAB	-	F
metoprolol ER tab (TOPROL XL equiv)	-	F
metoprolol tab (LOPRESSOR equiv)	-	F

BETA BLOCKERS NON-SELECTIVE

HEMANGEOL SOLN (Only covered for members age 3 years or younger)	-	F
nadolol tab (CORGARD equiv)	-	F
pindolol tab (VISKEN equiv)	-	F
propranolol ER cap (INDERAL LA equiv)	-	F
PROPRANOLOL SOLN	-	F
propranolol tab (INDERAL equiv)	-	F
sotalol AF tab (BETAPACE AF equiv)	-	F
sotalol tab (BETAPACE equiv)	-	F
timolol maleate tab (BLOCADREN equiv)	-	F

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	F
diltiazem ER cap (CARDIZEM CD equiv)	-	F
diltiazem ER cap (CARDIZEM SR equiv)	-	F
diltiazem ER cap (DILACOR XR equiv)	-	F
diltiazem ER cap (TIAZAC equiv)	-	F
diltiazem ER tab (CARDIZEM LA equiv)	-	F
diltiazem tab (CARDIZEM equiv)	-	F
isradipine cap (DYNACIRC equiv)	-	F
nicardipine cap (CARDENE equiv)	-	F
nifedipine cap (PROCARDIA equiv)	-	F
nifedipine ER tab (ADALAT CC equiv)	-	F
nisoldipine ER tab (SULAR equiv)	-	F
verapamil SR cap (VERELAN SR equiv)	-	F
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	F
verapamil tab (CALAN equiv)	-	F

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln (LANOXIN equiv)	-	F
digoxin tab (LANOXIN equiv)	-	F

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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CARDIOVASCULAR AGENTS - MISC. Cont.		
amlodipine/atorvastatin tab (CADUET equiv)	-	F
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
OPSUMIT TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
TRACLEER TAB	PA	F
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB ()	MSP-PA	F
sildenafil tab (REVATIO equiv)	PA	F
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	F
cefadroxil susp (DURICEF equiv)	-	F
cefadroxil tab (DURICEF equiv)	-	F
cephalexin cap (KEFLEX equiv)	-	F
cephalexin susp (KEFLEX equiv)	-	F
CEPHALEXIN TAB	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	F
cefprozil tab (CEFZIL equiv)	-	F
cefuroxime susp (CEFTIN equiv)	-	F
cefuroxime tab (CEFTIN equiv)	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	F
cefdinir susp (OMNICEF equiv)	-	F
CHEMICALS		
LIQUIDS		
GLYCERIN LIQUID	OTC	F
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	F
apri tab (DESOGEN equiv)	-	F
aranelle tab (TRI-NORINYL equiv)	-	F
aviane tab (ALESSE equiv)	-	F
BEYAZ TAB	-	F
cesia tab (CYCLESSA equiv)	-	F
cryselle tab (OGESTREL equiv)	-	F
enpresse tab (TRI-LEVELLEN equiv)	-	F
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	F
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	F
junel FE tab (LOESTRIN FE equiv)	-	F
junel tab (LOESTRIN equiv)	-	F
kariva tab (MIRCETTE equiv)	-	F
kelnor tab (DEMULEN equiv)	-	F

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CONTRACEPTIVES Cont.		
mononessa tab (ORTHO-CYCLEN equiv)	-	F
necon tab (ORTHO-NOVUM equiv)	-	F
necon tab 1/50 (NORYNIL equiv)	-	F
nortrel tab (OVCON 35 equiv)	-	F
tri-legest tab (ESTROSTEP FE equiv)	-	F
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	-	F
wymzya FE tab (FEMCON FE equiv)	-	F
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	F
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	F
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	F
levonorgestrel tab (PLAN B equiv)	OTC	F
LEVONORGESTREL TAB 0.75MG	-	F
PLAN B TAB	OTC	F
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
CORTEF TAB	-	F
CORTISONE ACETATE TAB	-	F
DEXAMETHASONE CONC	-	F
dexamethasone elixir	-	F
dexamethasone soln	-	F
dexamethasone tab (DECADRON equiv)	-	F
hydrocortisone tab (CORTEF equiv)	-	F
methylprednisolone dose pack	-	F
methylprednisolone tab (MEDROL equiv)	-	F
prednisolone ODT (ORAPRED equiv)	-	F
prednisolone soln (PEDIAPRED equiv)	-	F
prednisolone syrup (PRELONE equiv)	-	F
PREDNISON PAK	-	F
PREDNISON SOLN	-	F
PREDNISON TAB	-	F
prednisone tab (DELTASONE equiv)	-	F
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	F
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	F
dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F
dextromethorphan ER liquid (Only covered for members age 2 years or older)	OTC	F
dextromethorphan liquid (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHAN LOZENGE (Only covered for members age 2 years or older)	OTC	F
dextromethorphan syrup (Only covered for members age 2 years or older)	OTC	F

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F
TRIAMINIC STRIP (Only covered for members age 2 years or older)	OTC	F
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniram/phenylephrine/dm soln (Only covered for members age 2 years or older)	OTC	F
CENHIST CHEW TAB (Only covered for members age 2 years or older)	OTC	F
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F
chlorpheniramine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine/phenylephrine/apap effer tab (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine/phenylephrine/apap susp (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine/phenylephrine/apap tab (Only covered for members age 2 years or older)	OTC	F
CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB (Only covered for members age 2 years or older)	OTC	F
CONEX TAB (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHOR/ACETAMIN/DIPHEN LIQUID (Only covered for members age 2 years or older)	OTC	F
dextromethorphan hb/doxylamine soln (Only covered for members age 2 years or older)	OTC	F
dextromethorphan hbr/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F
dextromethorphan hbr/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHAN/PHENYLEPHRINE LIQUID (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHAN/PHENYLEPHRINE STRIP (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHAN/PSEUDOEPHED DROPS (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHAN/PSEUDOEPHED ELIXIR (Only covered for members age 2 years or older)	OTC	F
dextromethorphan/pseudoephed syrup (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHN/ACETAMINOPH/CP LIQUID (Only covered for members age 2 years or older)	OTC	F
dextromethorphan/acetaminoph/cp susp (Only covered for members age 2 years or older)	OTC	F
dextromethorphan/acetaminoph/cp tab (Only covered for members age 2 years or older)	OTC	F
diphenhydramine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
diphenhydramine/phenylephrine/apap liquid (Only covered for members age 2 years or older)	OTC	F
diphenhydramine/phenylephrine/apap susp (Only covered for members age 2 years or older)	OTC	F
diphenhydramine/phenylephrine/apap tab (Only covered for members age 2 years or older)	OTC	F
dm hb/pe/acetaminophen/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F
dm hb/pe/acetaminophen/chlorpheniramine susp (Only covered for members age 2 years or older)	OTC	F
dm hb/pe/acetaminophen/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
dm hb/pseudoephed/acetamin/cp cap (Only covered for members age 2 years or older)	OTC	F
dm hb/pseudoephed/acetamin/cp packet (Only covered for members age 2 years or older)	OTC	F
dm hb/pseudoephed/acetamin/cp susp (Only covered for members age 2 years or older)	OTC	F
dm hb/pseudoephed/acetamin/cp tab (Only covered for members age 2 years or older)	OTC	F
dm/pe/acetaminophen/doxylamine liquid (Only covered for members age 2 years or older)	OTC	F
dm/p-ephed/acetaminoph/doxylam cap (Only covered for members age 2 years or older)	OTC	F
dm/p-ephed/acetaminoph/doxylam liquid (Only covered for members age 2 years or older)	OTC	F
DM/PHENYLEPH/CHLORPHENIRAMINE LIQUID (Only covered for members age 2 years or older)	OTC	F
DM/PHENYLEPH/CHLORPHENIRAMINE SOLN (Only covered for members age 2 years or older)	OTC	F
dm/pseudoephed/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F
dm/pseudoephed/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
D-METHORPHAN HB/ACETAMINOPHEN LIQUID (Only covered for members age 2 years or older)	OTC	F
d-methorphan hb/p-epd hcl/bpm elixir (Only covered for members age 2 years or older)	OTC	F
d-methorphan hb/p-epd hcl/bpm syrup (Only covered for members age 2 years or older)	OTC	F
D-METHORPHAN HB/P-EPHED HCL/CP CHEW TAB (Only covered for members age 2 years or older)	OTC	F
d-methorphan hb/p-ephed hcl/cp liquid (Only covered for members age 2 years or older)	OTC	F
d-methorphan/acetamin/doxylamn cap (Only covered for members age 2 years or older)	OTC	F

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
d-methorphan/acetamin/doxylamn liquid (Only covered for members age 2 years or older)	OTC	F
d-methorphan/pe/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F
d-methorphan/pe/acetaminophen liquid (Only covered for members age 2 years or older)	OTC	F
d-methorphan/pe/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
FLU/SORE THROAT POWDER PACK (Only covered for members age 2 years or older)	OTC	F
guaifen/phenyleph/acetaminophn tab (Only covered for members age 2 years or older)	OTC	F
GUAIFEN/PSEUDOEPHED/ACETAMINOP TAB (Only covered for members age 2 years or older)	OTC	F
guaifenesin dm/pseudoephedrine syrup (Only covered for members age 2 years or older)	OTC	F
guaifenesin DM/pseudoephedrine tab (Only covered for members age 2 years or older)	OTC	F
guaifenesin/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
guaifenesin/codeine liquid (Only covered for members age 2 years or older)	OTC	F
guaifenesin/codeine soln (TUSSI-ORGANIDIN-S equiv) (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan ER tab (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan liquid (Only covered for members age 2 years or older)	OTC	F
GUAIFENESIN/DEXTROMETHORPHAN PACK (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan tab (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dm/pseudoephedrine cap (Only covered for members age 2 years or older)	OTC	F
guaifenesin/d-methorphan hb/pe syrup (Only covered for members age 2 years or older)	OTC	F
guaifenesin/ephedrine hcl tab (Only covered for members age 2 years or older)	OTC	F
GUAIFENESIN/PHENYLEPHRINE HCL LIQUID (Only covered for members age 2 years or older)	OTC	F
guaifenesin/phenylephrine tab (Only covered for members age 2 years or older)	OTC	F
GUAIFENESIN/PSEUDOEPHEDRINE TAB (Only covered for members age 2 years or older)	OTC	F
guaifenesin/pseudoephedrine hcl cap (Only covered for members age 2 years or older)	OTC	F
guaifenesin/pseudoephedrine hcl syrup (Only covered for members age 2 years or older)	OTC	F
HDC DM SYRUP (Only covered for members age 2 years or older)	OTC	F
LOHIST-D LIQUID (Only covered for members age 2 years or older)	OTC	F
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL= 2 tabs/day)	OTC-QL	F
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL= 1 tab/day)	OTC-QL	F
MEDI-GRAINE TAB	OTC	F
NEOTUSS PLUS LIQUID (Only covered for members age 2 years or older)	OTC	F
pe/acetamin/diphenhydramin/cpm tab (Only covered for members age 2 years or older)	OTC	F
pheniramine/phenylephrine/acetaminophen packet (Only covered for members age 2 years or older)	OTC	F
phenylphrine/brompheniramine chew liquid (Only covered for members age 2 years or older)	OTC	F
phenylphrine/brompheniramine elixir (Only covered for members age 2 years or older)	OTC	F
PHENYLDPHRINE/BROMPHENIRAMINE TAB (Only covered for members age 2 years or older)	OTC	F
PHENYLEPH/ACETAMIN/DEXBROMPHENIRAMINE TAB (Only covered for members age 2 years or older)	OTC	F
phenylephrine/acetamin/doxylamine cap (Only covered for members age 2 years or older)	OTC	F
phenylephrine/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F
phenylephrine/acetaminophen pack (Only covered for members age 2 years or older)	OTC	F
phenylephrine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
phenylephrine/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F
phenylephrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
phenylephrine/diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F
phenylephrine/diphenhydramine soln (Only covered for members age 2 years or older)	OTC	F
phenylephrine/diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F
phenylephrine/dm/acetaminop/gg liquid (Only covered for members age 2 years or older)	OTC	F
phenylephrine/dm/acetaminop/gg tab (Only covered for members age 2 years or older)	OTC	F

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
promethazine DM syrup	-	F
promethazine VC syrup (PHENERGAN VC equiv)	-	F
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	F
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	F
PSEUDOEPH/DM/GUAIFEN/ACETAMIN PACKET (Only covered for members age 2 years or older)	OTC	F
pseudoeph/dm/guaifen/acetamin tab (Only covered for members age 2 years or older)	OTC	F
pseudoephed/acetaminoph/diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
PSEUDOEPHEDRINE/BROMPHENIRAMINE LIQUID (Only covered for members age 2 years or older)	OTC	F
PSEUDOEPHEDRINE/CHLORPHENIRAMINE CHEW TAB (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/chlorpheniramine syrup (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
PSEUDOEPHEDRINE/CODEINE/CHLORPHENIRAMINE LIQUID (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/dexbrompheniramine ER tab (Only covered for members age 2 years or older)	OTC	F
PSEUDOEPHEDRINE/DIPHENHYDRAMINE TAB (Only covered for members age 2 years or older)	OTC	F
PSEUDOEPHEDRINE/IBUPROFEN CAP (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/ibuprofen susp (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/ibuprofen tab (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/naproxen tab (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/triprolidine tab (Only covered for members age 2 years or older)	OTC	F
PYRILAMINE/PE/DEXTROMETHORPHAN LIQUID (Only covered for members age 2 years or older)	OTC	F
SCOT-TUSSIN SOLN (Only covered for members age 2 years or older)	OTC	F
tussin CF liquid (Only covered for members age 2 years or older)	OTC	F
tussin PE liquid (NARIZ equiv) (Only covered for members age 2 years or older)	OTC	F
EXPECTORANTS		
guaifenesin ER tab (MUCINEX equiv) (Only covered for members age 2 years or older)	OTC	F
guaifenesin liquid (Only covered for members age 2 years or older)	OTC	F
guaifenesin syrup (Only covered for members age 2 years or older)	OTC	F
guaifenesin tab (Only covered for members age 2 years or older)	OTC	F
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	F
sodium chloride neb soln (HYPER-SAL equiv)	-	F
vapor inhaler ()	OTC	F
vaporizing steam ()	OTC	F
vaporizing steam liquid ()	OTC	F
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	F
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel 0.3% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
AVAR GEL	-	F
benzoyl peroxide cream (QL= 1 tube/30 days)	OTC-QL	F
benzoyl peroxide gel (QL= 1 tube/30 days)	OTC-QL	F
benzoyl peroxide liquid (QL= 1 bottle/30 days)	OTC-QL	F
benzoyl peroxide lotion (QL= 1 bottle/30 days)	OTC-QL	F

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DERMATOLOGICALS Cont.		
clindamycin gel (CLEOCIN GEL equiv)	-	F
clindamycin lotion (CLEOCIN- T equiv)	-	F
clindamycin pad (CLEOCIN-T equiv)	-	F
clindamycin topical soln (CLEOCIN-T equiv)	-	F
erythromycin gel	-	F
erythromycin pad	-	F
erythromycin soln	-	F
isotretinoin cap (AC CUTANE equiv)	-	F
PRASCION RA CREAM	-	F
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	F
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	F
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	F
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
ANTIBIOTICS - TOPICAL		
bacitracin oint	OTC	F
bacitracin/polymyxin b oint	OTC	F
bacitracin/zinc oint	OTC	F
gentamicin sulfate cream	-	F
gentamicin sulfate oint	-	F
mupirocin cream (BACTROBAN equiv)	-	F
mupirocin oint (BACTROBAN OINT equiv)	-	F
neomycin/bacitracin/polymyxin b oint	OTC	F
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F
neomycin/polymyxin b/pramoxine cream	OTC	F
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	F
ciclopirox gel (LOPROX GEL equiv)	-	F
ciclopirox nail soln (PENLAC equiv)	-	F
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F
ciclopirox topical susp (LOPROX SUSP equiv)	-	F
clotrimazole cream	OTC	F
clotrimazole soln	-	F
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F
CLOVERINE OINT	OTC	F
FUNGOID SOLN	OTC	F
ketoconazole cream (NIZORAL CREAM equiv)	-	F
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F
miconazole cream	OTC	F
miconazole nitrate aerosol	OTC	F

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DERMATOLOGICALS Cont.		
miconazole nitrate powder	OTC	F
miconazole oint	OTC	F
nystatin cream (MYCOSTATIN CREAM equiv)	-	F
nystatin oint	-	F
nystatin topical powder	-	F
terbinafine cream (QL= 1 tube/30 days; Covered for members age 12 years or older)	OTC-QL	F
tolnaftate aerosol	OTC	F
tolnaftate cream	OTC	F
tolnaftate powder	OTC	F
tolnaftate spray	OTC	F
ANTIHISTAMINES-TOPICAL		
diphenhydramine cream	OTC	F
diphenhydramine gel	OTC	F
diphenhydramine spray	OTC	F
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN GEL equiv)	-	F
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	F
fluorouracil soln (EFUDEX SOLN equiv)	-	F
TARGRETIN GEL ()	MSP	F
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL	F
ANTIPSORIATICS		
8-MOP CAP	-	F
acitretin cap (SORIATANE equiv)	-	F
calcipotriene cream (DOVONEX CREAM equiv)	-	F
calcipotriene oint	-	F
calcipotriene soln (DOVONEX SOLN equiv)	-	F
COSENTYX INJ ()	MSP-PA	F
methoxsalen cap (OXSORALEN ULTRA equiv)	-	F
SORIATANE CK KIT	-	F
VECTICAL OINT	-	F
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	F
selenium sulfide shampoo (SELSEB equiv)	-	F
sodium sulfacetamide wash (OVACE WASH equiv)	-	F
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	F
DENAVIR CREAM	-	F
BATH PRODUCTS		
glycerin gel	OTC	F
mineral oil	OTC	F
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F
SULFAMYLON CREAM	-	F
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	F

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
alclometasone oint (ACLOVATE OINT equiv)	-	F
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F
betamethasone augmented gel (DIPROLENE GEL equiv)	-	F
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	F
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F
betamethasone dipropionate lotion	-	F
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F
betamethasone valerate cream	-	F
betamethasone valerate lotion	-	F
betamethasone valerate oint	-	F
clobetasol propionate cream (TEMOVATE CREAM equiv)	PA	F
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	F
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	F
clobetasol propionate oint (TEMOVATE OINT equiv)	PA	F
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	F
diflorasone oint	-	F
EPIFOAM AEROSOL	-	F
fluocinolone acetonide cream	-	F
fluocinolone acetonide oint	-	F
fluocinolone acetonide soln	-	F
fluocinonide cream (LIDEX equiv)	-	F
fluocinonide emollient cream	-	F
fluocinonide gel	-	F
fluocinonide oint	-	F
fluocinonide soln	-	F
fluticasone propionate cream (CUTIVATE equiv)	-	F
fluticasone propionate oint (CUTIVATE equiv)	-	F
halobetasol propionate cream (ULTRAVATE equiv)	PA	F
halobetasol propionate oint (ULTRAVATE equiv)	PA	F
hydrocortisone ac cream	OTC	F
HYDROCORTISONE AC OINT	OTC	F
hydrocortisone aloe cream	OTC	F
HYDROCORTISONE ALOE OINT	OTC	F
hydrocortisone cream	OTC	F
hydrocortisone gel	OTC	F
hydrocortisone lotion	OTC	F
hydrocortisone oint	OTC	F
hydrocortisone topical soln	OTC	F
mometasone cream (ELOCON equiv)	-	F
mometasone oint (ELOCON equiv)	-	F
mometasone soln (ELOCON equiv)	-	F
PRAMOSONE CREAM	-	F
prednicarbate cream (DERMATOP equiv)	-	F
prednicarbate oint (DERMATOP equiv)	-	F
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	F
triamcinolone cream	-	F
triamcinolone lotion	-	F

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
triamcinolone oint	-	F
U-CORT CREAM	-	F
DIAPER RASH PRODUCTS		
a - d oint	OTC	F
EMOLLIENTS		
ammonium lactate cream	OTC	F
ammonium lactate lotion	OTC	F
glycerin liquid	OTC	F
glycerin lotion	OTC	F
mineral oil/petrolatum cream	OTC	F
petrolatum oint	OTC	F
vitamin a - d oint	OTC	F
ENZYMES - TOPICAL		
SANTYL OINT	-	F
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	F
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	F
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	F
podofilox soln (CONDYLOX equiv)	-	F
salicylic acid gel	OTC	F
salicylic acid liquid	OTC	F
salicylic acid pad	OTC	F
salicylic acid shampoo (SALEX equiv)	-	F
salicylic acid soln	OTC	F
salicylic acid strip	OTC	F
LINIMENTS		
capsaicin cream	OTC	F
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream	OTC	F
capsaicin pad	OTC	F
lidocaine cream 3% (LIDAMANTLE equiv)	-	F
lidocaine gel (XYLOCAINE equiv)	-	F
lidocaine soln (XYLOCAINE equiv)	-	F
lidocaine/prilocaine cream (EMLA equiv)	-	F
MISC. DERMATOLOGICAL PRODUCTS		
mineral oil/petrolatum cream	OTC	F
MISC. TOPICAL		
ALCOHOL WIPES	OTC	F
aluminum chloride soln (DRYSOL equiv)	-	F
CALAMINE LOTION	OTC	F
DESITIN PASTE	OTC	F
DIETHYLTOLUAMIDE LOTION	OTC	F
DRYSOL SOLN	-	F
GEL DRESSING (QL= 2 boxes/30 days)	QL	F

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DERMATOLOGICALS Cont.		
glycerin liquid	OTC	F
GLYCERIN SHAMPOO	OTC	F
lubricating jelly	OTC	F
mineral oil	QL	F
MINERAL OIL LIGHT	OTC	F
mineral oil/petrolatum cream	OTC	F
mineral oil/petrolatum lotion	OTC	F
mineral oil/petrolatum oint	OTC	F
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT	OTC	F
SKIN CLEANSER	OTC	F
SODIUM CHLORIDE SPRAY	OTC	F
zinc oxide oint	OTC	F
zinc oxide paste	OTC	F
ROSACEA AGENTS		
FINACEA FOAM	-	F
FINACEA GEL	-	F
FINACEA PLUS KIT	-	F
metronidazole cream (METROCREAM equiv)	-	F
metronidazole gel (METROGEL equiv)	-	F
metronidazole lotion (METROLOTION equiv)	-	F
SCABICIDES & PEDICULICIDES		
dimethicone gel	OTC	F
EURAX CREAM	-	F
LICE B GONE SHAMPOO	OTC	F
LINDANE LOTION	-	F
permethrin cream (ELIMITE CREAM equiv)	-	F
permethrin liquid	OTC	F
permethrin lotion	OTC	F
permethrin spray	OTC	F
piperonyl butox/pyrethrins/permethrin kit	OTC	F
piperonyl butoxide/pyrethrins liquid	OTC	F
piperonyl butoxide/pyrethrins shampoo	OTC	F
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F
WOUND CARE PRODUCTS		
REGANEX GEL (QL= two 15gm tubes/fill)	QL	F
sodium chloride irrigation/decyl glucoside soln	OTC	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	F
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIAGNOSTIC TESTS		
ASSURE PLATINUM TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
ASSURE PRISM MULTI TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
CLINISTIX TEST STRIP	OTC	F
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F

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DIAGNOSTIC PRODUCTS Cont.

FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
KETO-DIASTIX TEST STRIP	OTC	F
KETOSTIX	OTC	F
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

INFANT FOODS

INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F

NUTRITIONAL SUPPLEMENTS

NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP	-	F
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DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F
acetazolamide tab	-	F
ACETAZOLAMIDE TAB 125MG	-	F
methazolamide tab (NEPTAZANE equiv)	-	F

DIURETIC COMBINATIONS

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

LOOP DIURETICS

bumetanide tab (BUMEX equiv)	-	F
EDECIN TAB	-	F
FUROSEMIDE SOLN	-	F
furosemide soln (LASIX equiv)	-	F
furosemide tab (LASIX equiv)	-	F
toremide tab (DEMADEX equiv)	-	F

POTASSIUM SPARING DIURETICS

amiloride tab (MIDAMOR equiv)	-	F
DYRENIUM CAP	-	F
spironolactone tab (ALDACTONE equiv)	-	F

THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorothiazide tab (DIURIL equiv)	-	F
CHLOROTHIAZIDE TAB 250MG	-	F
CHLORTHALIDONE TAB	-	F
DIURIL SUSP	-	F
hydrochlorothiazide cap (MICROZIDE equiv)	-	F
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F
indapamide tab (LOZOL equiv)	-	F

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DIURETICS Cont.		
METHYCLOTHIAZIDE TAB	-	F
metolazone tab (ZAROXOLYN equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	F
ALENDRONATE TAB 40MG	-	F
FORTICAL NASAL SPRAY	-	F
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
CALCIUM REGULATORS - MISC.		
FORTEO INJ ()	MSP	F
MIACALCIN INJ	MSP	F
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
GROWTH HORMONES		
NUTROPIN AQ INJ	MSP-PA	F
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	-	F
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ ()	MSP	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN ()	MSP	F
METABOLIC MODIFIERS		
BUPHENYL TAB	-	F
calcitriol cap (ROCALTROL equiv)	-	F
calcitriol inj (CALCIJEX equiv)	MSP	F
calcitriol soln (ROCALTROL SOLN. equiv)	-	F
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	F
doxercalciferol cap (HECTOROL equiv) ()	MSP	F
KUVAN POWDER PACK	PA	F
KUVAN TAB	MSP-PA	F
levocarnitine soln (CARNITOR equiv)	-	F
levocarnitine tab (CARNITOR equiv)	-	F
paricalcitol cap (ZEMPLAR equiv) ()	MSP	F
SENSIPAR TAB ()	MSP-PA	F
sodium phenylbutyrate powder (BUPHENYL equiv)	-	F
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	F
desmopressin acetate tab (DDAVP equiv)	-	F
desmopressin nasal soln (DDAVP equiv)	-	F
STIMATE NASAL SOLN	-	F
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	F
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv) ()	MSP	F
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F

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DrugName	Special Code	Tier
ESTROGENS		
ESTROGEN COMBINATIONS		
jinteli tab (FEMHRT equiv)	-	F
PREMPRO TAB	-	F
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	F
estradiol patch (VIVELLE-DOT equiv)	-	F
estradiol tab (ESTRACE equiv)	-	F
estropipate tab (OGEN equiv)	-	F
ESTROPIPATE TAB 3MG	-	F
PREMARIN TAB	-	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	F
ciprofloxacin tab (CIPRO equiv)	-	F
levofloxacin soln (LEVAQUIN equiv)	-	F
levofloxacin tab (LEVAQUIN equiv)	-	F
moxifloxacin tab (AVELOX equiv)	-	F
ofloxacin tab (FLOXIN equiv)	-	F
OFLOXACIN TAB 400MG	-	F
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone cap	OTC	F
simethicone chew tab	OTC	F
simethicone drops	OTC	F
simethicone liquid	OTC	F
SIMETHICONE STRIPS	OTC	F
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohman LSS 844-246-5226)	LD-PA	F
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	F
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	F
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	F
metoclopramide tab (REGLAN equiv)	-	F
INFLAMMATORY BOWEL AGENTS		
APRISO CAP	-	F
balsalazide cap (COLAZAL equiv)	-	F
CANASA SUPP	-	F
LIALDA TAB	-	F
mesalamine enema (ROWASA equiv)	-	F
sulfasalazine EC tab (AZULFIDINE equiv)	-	F
sulfasalazine tab (AZULFIDINE equiv)	-	F
INTESTINAL ACIDIFIERS		
lactulose soln	-	F

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GASTROINTESTINAL AGENTS - MISC. Cont.		
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 1 cap/day)	QL	F
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ ()	MSP-PA	F
RELISTOR INJ KIT ()	MSP-PA	F
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	F
FOSRENOL CHEW TAB	PA	F
FOSRENOL POWDER PACK	PA	F
PHOSLYRA SOLN	-	F
RENVELA PACKET	PA	F
RENVELA TAB	PA	F
SEVELAMER CARBONATE TAB	-	F
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	F
ORACIT SOLN	-	F
potassium citrate CR tab (UROKIT-K TAB equiv)	-	F
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F
sodium citrate/citric acid soln (BICITRA equiv)	-	F
tricitrates soln (POLYCITRA-LC equiv)	-	F
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through Pharmacare 800-238-7828)	LD-PA	F
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	F
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	F
dutasteride cap	-	F
dutasteride/tamsulosin cap	-	F
finasteride tab (PROSCAR equiv)	-	F
RAPAFLO CAP (Restricted to Urology Specialist)	RS	F
tamsulosin cap (FLOMAX equiv)	-	F
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	F
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	F
GOUT AGENTS		
allopurinol tab (ZYLORIM equiv)	-	F
COLCHICINE TAB (COLCRYS equiv)	-	F
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	F
URICOSURICS		
probenecid tab (BENEMID equiv)	-	F
HEMATOLOGICAL AGENTS - MISC.		

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	F
PLATELET AGGREGATION INHIBITORS		
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	F
anagrelide cap (AGRYLIN equiv)	-	F
cilostazol tab (PLETAL equiv)	-	F
clopidogrel tab 75mg (PLAVIX equiv)	-	F
dipyridamole tab (PERSANTINE equiv)	-	F
TICLOPIDINE TAB	-	F
ticlopidine tab (TICLID equiv)	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	F
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	F
COBALAMINS		
cyanocobalamin inj	-	F
cyanocobalamine er tab	OTC	F
cyanocobalamine lozenge	OTC	F
cyanocobalamine sl tab	OTC	F
cyanocobalamine tab	OTC	F
FOLIC ACID/FOLATES		
folic acid tab 1mg	-	F
folic acid tab 400mcg	OTC	F
folic acid tab 800mcg	OTC	F
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN INJ ()	MSP	F
GRANIX INJ ()	MSP	F
LEUKINE INJ ()	MSP	F
NEULASTA INJ ()	MSP	F
NEUMEGA INJ ()	MSP	F
PROCRIT INJ ()	MSP	F
PROMACTA TAB ()	MSP-PA	F
ZARXIO INJ	MSP	F
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	F
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F
folbee tab	-	F
multigen folic tab (CHROMAGEN FA equiv)	-	F
multigen plus tab (CHROMAGEN FORTE equiv)	-	F
multigen tab (CHROMAGEN equiv)	-	F
NEPHRON FA TAB	-	F
tricon cap (TRINSICON equiv)	-	F
IRON		
ferrous gluconate tab	OTC	F
ferrous sulfate dr tab	OTC	F

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HEMATOPOIETIC AGENTS Cont.		
ferrous sulfate er tab	OTC	F
FERROUS SULFATE LIQUID	OTC	F
ferrous sulfate slow release tab	OTC	F
ferrous sulfate soln	OTC	F
FERROUS SULFATE SYRUP	OTC	F
ferrous sulfate tab	OTC	F
IRON SUSP	OTC	F

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid syrup (AMICAR equiv)	-	F
aminocaproic acid tab (AMICAR equiv)	-	F
AMINOCAPROIC ACID/AMICAR TAB 1000MG	-	F
tranexamic acid tab (LYSTEDA equiv)	-	F

HYPNOTICS

ANTI-HISTAMINE HYPNOTICS

diphenhydramine cap	OTC	F
diphenhydramine tab	OTC	F
DIPHENHYDRAMINE/APAP LIQUID (Only covered for members age 2 years or older)	OTC	F
diphenhydramine/apap tab (Only covered for members age 2 years or older)	OTC	F
doxylamine succinate tab	OTC	F

BARBITURATE HYPNOTICS

phenobarbital elixir	-	F
phenobarbital tab	-	F
SECONAL CAP	-	F

NON-BARBITURATE HYPNOTICS

estazolam tab (PROSOM equiv)	-	F
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F
FLURAZEPAM CAP	-	F
temazepam cap 15mg (RESTORIL equiv)	-	F
temazepam cap 30mg (RESTORIL equiv)	-	F
triazolam tab (HALCION equiv)	-	F
zaleplon cap (SONATA equiv)	-	F
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	F
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	F

LAXATIVES

BULK LAXATIVES

calcium pycarbophil tab (FIBERCON equiv)	OTC	F
FIBER LIQUID	OTC	F
KONSYL POWDER	OTC	F
KONSYL POWDER PACKET	OTC	F
PSYLLIUM CAP	OTC	F
psyllium cap (METAMUCIL equiv)	OTC	F
psyllium powder (METAMUCIL equiv)	OTC	F

LAXATIVE COMBINATIONS

MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F
peg 3350/electrolytes soln (COLYTE equiv)	-	F

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LAXATIVES Cont.		
sennosides/docusate sodium tab	OTC	F
trilyte soln (NULYTELY equiv)	-	F
LAXATIVES - MISCELLANEOUS		
FLEET ENEMA	OTC	F
glycerin suppository	OTC	F
lactulose soln	-	F
polyethylene glycol 3350 powder	OTC	F
polyethylene glycol packet (MIRALAX equiv)	OTC	F
LUBRICANT LAXATIVES		
MINERAL OIL	OTC	F
mineral oil enema	OTC	F
MINERAL OIL LIGHT	OTC	F
SALINE LAXATIVES		
magnesium citrate soln	OTC	F
magnesium hydroxide chew tab	OTC	F
magnesium hydroxide susp	OTC	F
MILK OF MAGNESIA CHEW TAB	OTC	F
sodium phosphate enema	OTC	F
sodium phosphate soln	OTC	F
STIMULANT LAXATIVES		
BISACODYL ENEMA	OTC	F
bisacodyl supp	OTC	F
bisacodyl tab	OTC	F
DULCOLAX BOWEL PREP KIT	OTC	F
sennosides tab	OTC	F
SURFACTANT LAXATIVES		
docusate calcium cap	OTC	F
docusate sodium cap	OTC	F
docusate sodium enema	OTC	F
docusate sodium liquid	OTC	F
docusate sodium syrup	OTC	F
docusate sodium tab	OTC	F
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	F
azithromycin tab (ZITHROMAX equiv)	-	F
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	F
clarithromycin tab (BIAXIN equiv)	-	F
ERYTHROMYCINS		
ERYPED SUSP	-	F
ERY-TAB	-	F
erythromycin DR cap (ERYC equiv)	-	F
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	F
erythromycin stearate tab	-	F

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DrugName	Special Code	Tier
MACROLIDES Cont.		
ERYTHROMYCIN TAB (all forms except PCE)	-	F
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin)	QL-ST	F
MEDICAL DEVICES		
CONTRACEPTIVES		
CERVICAL CAP	-	F
DIAPHRAGM	-	F
FEMALE CONDOMS	OTC	F
MALE CONDOMS	OTC	F
RESPIRATORY AIDS		
PEDIATRIC MASK	OTC	F
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
MALE CONDOMS	OTC	F
DIABETIC SUPPLIES		
CALIBRATION LIQUID	OTC	F
FREESTYLE FREEDOM LITE METER	OTC	F
FREESTYLE INSULINX METER	OTC	F
FREESTYLE LITE METER	OTC	F
LANCET KIT	OTC	F
LANCETS	OTC	F
PRECISION XTRA METER	OTC	F
V-GO INJ KIT (QL= 1 kit/day)	QL	F
MISC. DEVICES		
ALCOHOL SWABS	OTC	F
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	F
B-D PEN NEEDLE	OTC	F
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	F
PEAK FLOW METER	OTC	F
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	F
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	F
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	F

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MINERALS & ELECTROLYTES		
CALCIUM		
CALCIUM ACETATE TAB (QL= 9 tabs/day)	QL	F
calcium and phosphorus w/vitamin D tab (RISACAL-D equiv)	OTC	F
CALCIUM CARBONATE CAP	OTC	F
calcium carbonate chew tab	OTC	F
calcium carbonate susp	OTC	F
calcium carbonate tab	OTC	F
calcium carbonate w/ vitamin d cap	OTC	F
calcium carbonate w/ vitamin D chew tab	OTC	F
calcium carbonate w/ vitamin d tab	OTC	F
calcium carbonate w/ vitamind D tab	OTC	F
CALCIUM CARBONATE/GLUCONATE W/ VITAMIN D TAB	OTC	F
calcium citrate tab	OTC	F
calcium citrate w/ vitamin d tab	OTC	F
CALCIUM GLUCONATE TAB	OTC	F
calcium lactate tab	OTC	F
RISCAL-D TAB	OTC	F
ELECTROLYTE MIXTURES		
pediatric electrolyte soln	OTC	F
FLUORIDE		
FLUORABON SOLN	-	F
FLUOR-A-DAY CHEW TAB	-	F
sodium fluoride chew tab (LURIDE equiv)	-	F
SODIUM FLUORIDE LOZENGE	-	F
sodium fluoride soln (LURIDE equiv)	-	F
SODIUM FLUORIDE TAB	-	F
IODINE PRODUCTS		
SSKI SOLN	-	F
MAGNESIUM		
magnesium oxide tab	OTC	F
MINERAL COMBINATIONS		
calcium citrate tab	OTC	F
PHOSPHATE		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
POTASSIUM		
KLOR-CON M15 TAB	-	F
potassium bicarbonate effer tab (K-LYTE equiv)	-	F
potassium chloride effer tab (K-LYTE/CL equiv)	-	F
potassium chloride ER cap (MICRO-K equiv)	-	F
POTASSIUM CHLORIDE ER TAB	-	F
potassium chloride ER tab (KLOR-CON equiv)	-	F
potassium chloride liquid	-	F
potassium chloride micro tab (K-DUR equiv)	-	F
potassium chloride powder packet (KLOR-CON equiv)	-	F
SODIUM		

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MINERALS & ELECTROLYTES Cont.		
sodium chloride tab	OTC	F
ZINC		
GALZIN CAP	-	F
zinc sulfate cap	OTC	F
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	F
throat lozenge	OTC	F
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	F
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	F
nystatin susp	-	F
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	F
DENTAL PRODUCTS		
PREVIDENT RINSE	-	F
sodium fluoride cream (PREVIDENT equiv)	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride rinse (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
LOZENGES		
THROAT DROPS LOZENGE	OTC	F
THROAT DROPS LOZENGE ()	OTC	F
THROAT LOZENGE ()	OTC	F
THROAT LOZENGE (Only covered for members age 2 years or older)	OTC	F
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	F
pilocarpine tab (SALAGEN equiv)	-	F
MULTIVITAMINS		
B-COMPLEX VITAMINS		
vitamin B complex cap	OTC	F
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	F
dialyvite tab (NEPHRO-VITE equiv)	--OTC	F
DIALYVITE/IRON TAB	-	F
DIALYVITE/ZINC TAB	OTC	F
folbee plus CZ tab (DIATX ZN equiv)	-	F
renaphro cap (NEPHROCAP equiv)	-	F
BIOFLAVONOID PRODUCTS		
ascorbic acid tab	OTC	F
MULTIPLE VITAMINS W/ IRON		

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MULTIVITAMINS Cont.		
multivitamin w/ iron tab	OTC	F
MULTIPLE VITAMINS W/ MINERALS		
multivitamin w/ iron chew tab	OTC	F
multivitamin w/ minerals tab (STROVITE equiv)	-	F
MULTIVITAMINS		
multiple vitamin liquid	OTC	F
multiple vitamin tab	OTC	F
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	F
tri-vit/iron/fluoride drop	-	F
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multivitamin w/ minerals gummy	OTC	F
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	F
pediatric multiple vitamins/fluoride soln	-	F
PED MV W/ IRON		
pediatric multivitamin w/ iron chew tab	OTC	F
pediatric multivitamin w/ iron drops	OTC	F
PEDIATRIC MULTIPLE VITAMINS		
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F
pediatric multivitamin w/ vitamin c soln	OTC	F
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F
PEDIATRIC VITAMINS		
pediatric multivitamin adc drops	OTC	F
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F
PRENATAL VITAMINS		
PERRY PRENATAL VITAMIN	OTC	F
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS)	OTC	F
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	F
carisoprodol tab 350mg (SOMA equiv)	-	F
chlorzoxazone tab (PARAFON FORTE equiv)	-	F
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F
methocarbamol tab (ROBAXIN equiv)	-	F
orphenadrine citrate ER tab (NORFLEX equiv)	-	F
tizanidine tab (ZANAFLEX equiv)	-	F
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	F
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	F
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
NASAL MOIST GEL	OTC	F

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

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DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
saline nasal spray	OTC	F
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	F
cromolyn nasal spray	OTC	F
olopatadine nasal spray (PATANASE equiv)	-	F
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	F
NASAL STEROIDS		
FLUNISOLIDE NASAL SPRAY ()	QL	F
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	F
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F
NASACORT NASAL SPRAY (OTC) (QL= 2 bottles/fill)	OTC-QL	F
QNASL NASAL SPRAY	-	F
triamcinolone OTC nasal spray (QL= 2 bottles/fill)	OTC-QL	F
SYMPATHOMIMETIC DECONGESTANTS		
oxymetazolin spray (Only covered for members age 2 years or older)	OTC	F
PHENYLEPHRINE DROPS (Only covered for members age 2 years or older)	OTC	F
phenylephrine nasal drops (Only covered for members age 2 years or older)	OTC	F
phenylephrine tab (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine ER tab (QL= 2 tabs/day; Covered for members age 2 years or older)	OTC-QL	F
pseudoephedrine syrup (QL= 1200ml/30 days; Covered for members age 2 years or older)	OTC-QL	F
pseudoephedrine tab 30mg (QL= 8 tabs/day; Covered for members age 2 years or older)	QL	F
pseudoephedrine tab 60mg (QL= 4 tabs/day; Covered for members age 2 years or older)	QL	F
SUDAFED ER TAB (QL= 1 tab/day; Covered for members age 2 years or older)	OTC-QL	F
TRIAMINIC NASAL SOLN (Only covered for members age 2 years or older)	OTC	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	F
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
omega-3 fatty acid cap (FISH OIL equiv)	OTC	F
PROTEINS		
L-CARNITINE CAP	OTC	F
levocarnitine cap	OTC	F
levocarnitine tab	OTC	F
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears oint	OTC	F
artificial tears soln	OTC	F
LACRISERT OPHTH INSERT	-	F
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	F
BETIMOL OPHTH SOLN	-	F
BETOPTIC-S OPHTH SOLN	-	F
carteolol ophth soln (OCUPRESS equiv)	-	F

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	F
levobunolol ophth soln (BETAGAN equiv)	-	F
METIPRANOLOL OPHTH SOLN	-	F
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F
timolol maleate ophth soln (TIMOPTIC equiv)	-	F
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOMYDRIL OPHTH SOLN	-	F
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
MIOTICS		
ISOPTO CARBACHOL OPHTH SOLN	-	F
PHOSPHOLINE OPHTH SOLN	-	F
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	F
brimonidine ophth soln (ALPHAGAN P equiv)	-	F
IOPIDINE OPHTH SOLN 1%	-	F
SIMBRINZA OPHTH SUSP	-	F
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN	-	F
BACITRACIN OPHTH OINT	-	F
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	F
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	F
ciprofloxacin ophth soln (CILOXAN equiv)	-	F
erythromycin ophth oint	-	F
gentamicin ophth oint (GARAMYCIN equiv)	-	F
gentamicin ophth soln (GARAMYCIN equiv)	-	F
levofloxacin ophth soln (QUIXIN equiv)	-	F
MOXEZA OPHTH SOLN	-	F
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	F
ofloxacin ophth soln (OCUFLOX equiv)	-	F
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	F
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F
tobramycin ophth soln (TOBREX equiv)	-	F
trifluridine ophth soln (VIOPTIC equiv)	-	F
ZIRGAN OPHTH GEL	-	F
OPHTHALMIC DECONGESTANTS		
NAPHAZOLINE OPHTH SOLN	-	F
naphazoline/pheniramine ophth drops	OTC	F
phenylephrine ophth soln (MYDFRIN equiv)	-	F
tetrahydrozoline ophth soln	OTC	F

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

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior 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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OPHTHALMIC AGENTS Cont.		
tetrahydrozoline/zinc sulfate ophth drops	OTC	F
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	F
OPHTHALMIC STEROIDS		
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	F
BLEPHAMIDE OPHTH SOLN	-	F
dexamethasone ophth soln	-	F
DUREZOL OPHTH EMULSION	-	F
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F
MAXIDEX OPHTH SOLN	-	F
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	F
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	F
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	F
PRED MILD OPHTH SOLN	-	F
PRED-G OPHTH SOLN	-	F
prednisolone ophth soln (PRED FORTE equiv)	-	F
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	F
TOBRADEX OPHTH OINT	-	F
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	F
VEXOL OPHTH SUSP	-	F
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F
OPHTHALMICS - MISC.		
ALAMAST OPHTH SOLN	-	F
ALOMIDE OPHTH SOLN	-	F
azelastine ophth soln (OPTIVAR equiv)	-	F
bromfenac ophth soln (BROMDAY equiv)	-	F
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	F
cromolyn ophth soln (CROLOM equiv)	-	F
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F
dorzolamide ophth soln (TRUSOPT equiv)	-	F
eye wash soln	OTC	F
flurbiprofen ophth soln (OCUFEN equiv)	-	F
ILEVRO OPHTH SUSP	-	F
ketorolac ophth soln (ACULAR (LS) equiv)	-	F
ketotifen ophth soln (ZADITOR equiv)	OTC	F
NEVANAC OPHTH SUSP	-	F
olopatadine ophth soln (PATANOL equiv)	-	F
PROLENSA OPHTH SOLN	-	F
sodium chloride ophth oint	OTC	F
sodium chloride ophth soln	OTC	F
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F

OTIC AGENTS

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DrugName	Special Code	Tier
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OTIC AGENTS Cont.

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv)	-	F
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F
carbamide peroxide otic drop	OTC	F

OTIC ANALGESICS

omedia otic soln (AMERICAINE equiv)	-	F
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OTIC ANTI-INFECTIVES

CIPROFLOXACIN OTIC SOLN	-	F
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OTIC COMBINATIONS

CIPRODEX OTIC SUSP	-	F
COLY-MYCIN S OTIC SUSP	-	F
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F

OTIC STEROIDS

acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F
fluocinolone otic oil (DERMOTIC equiv)	-	F

OXYTOCICS

OXYTOCICS

methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F
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PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS

HIZENTRA INJ ()	SP	F
RHOGAM PLUS INJ ()	MSP-PA	F
WINRHO SDF INJ ()	MSP-PA	F

PENICILLINS

AMINOPENICILLINS

amoxicillin cap (TRIMOX equiv)	-	F
amoxicillin chew tab (AMOXIL equiv)	-	F
AMOXICILLIN CHEW TAB 250MG	-	F
amoxicillin susp (TRIMOX equiv)	-	F
amoxicillin tab (AMOXIL equiv)	-	F
ampicillin cap (PRINCIPEN equiv)	-	F
ampicillin susp (PRINCIPEN equiv)	-	F

NATURAL PENICILLINS

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

PENICILLIN COMBINATIONS

amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F

PENICILLINASE-RESISTANT PENICILLINS

dicloxacillin cap (DYNAPEN equiv)	-	F
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PHARMACEUTICAL ADJUVANTS

SEMI SOLID VEHICLES

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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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DrugName	Special Code	Tier
PHARMACEUTICAL ADJUVANTS Cont.		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
PROGESTINS		
PROGESTINS		
MAKENA INJ	PA	F
medroxyprogesterone tab (PROVERA equiv)	-	F
norethindrone tab (AYGESTIN equiv)	-	F
progesterone cap (PROMETRIUM equiv)	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	F
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F
EXELON SOLN	-	F
galantamine ER cap (RAZADYNE ER equiv)	-	F
GALANTAMINE SOLN	-	F
galantamine tab (RAZADYNE equiv)	-	F
memantine soln	-	F
memantine tab (NAMENDA equiv)	-	F
NAMENDA XR CAP ()	-	F
rivastigmine cap (EXELON equiv)	-	F
rivastigmine patch	-	F
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	F
SAVELLA TAB (QL= 2 tabs/day)	QL	F
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab ()	MSP-PA	F
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	F
AVONEX INJ ()	MSP	F
COPAXONE INJ 40MG/ML ()	MSP	F
glatopa inj 20mg/ml	MSP	F
PLEGRIDY INJ	MSP	F
PLEGRIDY PEN INJ	MSP	F
TECFIDERA CAP ()	MSP	F
TECFIDERA STARTER PACK ()	MSP	F
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	QL	F
SMOKING DETERRENENTS		

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	F
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	F
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
NICOTINE KIT	OTC-QL-SMKG	F
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	F
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	F

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO PAK (QL= 2 packets/day)	PA-QL-SP	F
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	F
ORKAMBI TAB (QL=4 tab/day)	MSP-PA-QL-SF	F
PULMOZYME INH SOLN ()	MSP	F

PULMONARY FIBROSIS AGENTS

ESBRIET CAP (QL= 9 tabs/day)	MSP-PA-QL-SF	F
OFEV CAP (QL= 2 tabs/day)	MSP-PA-QL-SF	F

SULFONAMIDES

SULFONAMIDES

SULFADIAZINE TAB	-	F
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TETRACYCLINES

TETRACYCLINES

demeclocycline tab (DECLOMYCIN equiv)	-	F
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F
doxycycline hyclate tab (VIBRATAB equiv)	-	F
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F
doxycycline monohydrate tab (ADOXA equiv)	-	F
doxycycline susp (VIBRAMYCIN equiv)	-	F
minocycline cap (MINOCIN equiv)	-	F
minocycline tab (DYNACIN equiv)	-	F

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	F
propylthiouracil tab	-	F

THYROID HORMONES

levothyroxine tab (SYNTHROID equiv)	-	F
liothyronine tab (CYTOMEL equiv)	-	F
NATURE THROID/ARMOUR THYROID TAB	-	F
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	F
THYROLAR TAB	-	F

TOXOIDS

TOXOID COMBINATIONS

ADACEL/BOOSTRIX INJ	VAC	F
TETANUS-DIPHThERIA TOXOID INJ	VAC	F

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

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DrugName	Special Code	Tier
ULCER DRUGS		
ANTISPASMODICS		
BELLADONNA ALKALOID/OPIUM SUPP	-	F
dicyclomine cap (BENTYL equiv)	-	F
dicyclomine soln	-	F
dicyclomine tab (BENTYL equiv)	-	F
glycopyrrolate tab (ROBINUL equiv)	-	F
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F
hyoscyamine sulfate soln (LEVSIN equiv)	-	F
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F
hyoscyamine tab (LEVSIN equiv)	-	F
PROPANTHELINE TAB	-	F
H-2 ANTAGONISTS		
cimetidine soln (TAGAMET equiv)	-	F
cimetidine tab (TAGAMET equiv)	-	F
famotidine susp (PEPCID equiv)	-	F
famotidine tab	OTC	F
famotidine tab (PEPCID equiv)	OTC--	F
nizatidine cap (AXID equiv)	-	F
ranitidine cap (ZANTAC equiv)	-	F
ranitidine syrup (ZANTAC equiv)	-	F
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F
ranitidine tab 75mg	OTC	F
MISC. ANTI-ULCER		
CARAFATE SUSP	-	F
sucralfate tab (CARAFATE equiv)	-	F
PROTON PUMP INHIBITORS		
lansoprazole DR cap (PREVACID equiv)	OTC	F
omeprazole cap	OTC	F
omeprazole DR cap 10mg (PRILOSEC equiv)	-	F
omeprazole DR cap 20mg (PRILOSEC equiv)	-	F
omeprazole DR cap 40mg (PRILOSEC equiv)	-	F
pantoprazole EC tab (PROTONIX equiv)	-	F
PREVACID DR CAP OTC (Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-ST	F
PREVACID SOLUTAB	-	F
rabeprazole EC tab (ACIPHEX equiv)	-	F
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	F
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	F
methenamine mandelate tab	-	F
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F

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

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
nitrofurantoin susp (FURADANTIN equiv)	-	F
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	F
oxybutynin syrup	-	F
oxybutynin tab (DITROPAN equiv)	-	F
tolterodine tab (DETROL equiv)	-	F
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	F
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	F
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS (NEW)		
bethanechol tab (URECHOLINE equiv)	-	F
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	F
MENACTRA INJ	VAC	F
MENHIBRIX INJ	VAC	F
MENOMUNE INJ	VAC	F
MENVEO INJ	VAC	F
PNEUMOVAX INJ	VAC	F
PREVNAR 13 INJ	PA-VAC	F
TRUMENBA INJ	VAC	F
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F
VIRAL VACCINES		
AFLURIA INJ	VAC	F
AFLURIA/FLUZONE INJ	VAC	F
CERVARIX INJ	VAC	F
ENGERIX-B INJ	VAC	F
ENGERIX-B/RECOMBIVAX-HB	VAC	F
FLUBLOK INJ	VAC	F
FLUCELVAX INJ	VAC	F
FLUMIST NASAL LIQUID	VAC	F
FLUMIST QUADRIVALENT NASAL SUSP	VAC	F
FLUVIRIN INJ	VAC	F
FLUVIRIN PF INJ	VAC	F
FLUZONE HIGH DOSE PF INJ	VAC	F
FLUZONE INTRADERMAL	VAC	F
FLUZONE QUAD INJ	VAC	F
FLUZONE/FLUARIX QUAD INJ	VAC	F
FLUZONE/FLULAVAL QUAD INJ	VAC	F
GARDASIL 9 INJ	VAC	F
GARDASIL INJ	VAC	F
HAVRIX/VAQTA INJ	VAC	F
INFLUENZA A INJ	VAC	F
INFLUENZA A NASAL VACCINE	VAC	F

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DrugName	Special Code	Tier
VACCINES Cont.		
M-M-R II INJ	VAC	F
TWINRIX INJ	VAC	F
VARIVAX INJ	VAC	F
ZOSTAVAX INJ (Covered for members age 50 years or older, Not covered if member less than 50 years.)	VAC	F
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	F
SPERMICIDES		
CONCEPTROL GEL	OTC	F
CONTRACEPTIVE FILM	OTC	F
CONTRACEPTIVE FOAM	OTC	F
CONTRACEPTIVE GEL	OTC	F
CONTRACEPTIVE SUPP	OTC	F
TODAY SPONGE	OTC	F
vcf vaginal gel (CONCEPTROL equiv)	OTC	F
VAGINAL ANTI-INFECTIVES		
AVC VAGINAL CREAM	-	F
clindamycin vaginal cream (CLEOCIN equiv)	-	F
clotrimazole vaginal cream	OTC	F
metronidazole vaginal gel (METROGEL equiv)	-	F
MICONAZOLE 3 SUPP 200MG	OTC	F
miconazole vaginal cream	OTC	F
miconazole vaginal kit	OTC	F
NYSTATIN VAGINAL TAB	-	F
terconazole cream (TERAZOL equiv)	-	F
terconazole supp (TERAZOL equiv)	-	F
tioconazole vaginal oint	OTC	F
VAGINAL ESTROGENS		
ESTRING (3 copays per Rx)	-	F
PREMARIN VAGINAL CREAM	-	F
VAGINAL PROGESTINS		
CRINONE GEL	PA	F
ENDOMETRIN INSERT	PA	F
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN INJ (QL= 2 inj/fill)	QL	F
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	F
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	F
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol oral soln	OTC	F
cholecalciferol tab	OTC	F
ergocalciferol soln	OTC	F
MEPHYTON TAB	-	F

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DrugName	Special Code	Tier
VITAMINS Cont.		
vitamin D cap (RX strength only)	-	F
vitamin D cap 1000unit	OTC	F
vitamin D cap 400unit	OTC	F
VITAMIN D TAB 400UNIT	OTC	F
WATER SOLUBLE VITAMINS		
ascorbic acid cap	OTC	F
ascorbic acid chew tab	OTC	F
ascorbic acid er tab	OTC	F
ascorbic acid lozenge	OTC	F
ascorbic acid syrup	OTC	F
ascorbic acid tab	OTC	F
ASCORBIC ACID WAFER	OTC	F
niacin cap	OTC	F
niacin CR tab (SLO-NIACIN equiv)	OTC	F
niacin tab	OTC	F
NIACIN TR TAB	OTC	F
niacinamide tab	OTC	F
pyridoxine er tab	OTC	F
pyridoxine tab	OTC	F
thiamine tab	OTC	F
VITAMIN C SYRUP 500MG/5ML	OTC	F

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L.A. Care Health Plan Medi-Cal Formulary
Prior Authorization Drug List
Last Updated* 5/2/2016

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
adapalene cream	F
adapalene gel 0.1%	F
adapalene gel 0.3%	F
ADCIRCA TAB	F
AFINITOR DISPERZ	F
AFINITOR TAB	F
AMPHADASE INJ	F
AMPYRA TAB	F
ANDROGEL 1.62% 1.25GM	F
ANDROGEL 1.62% 2.5GM	F
ANDROGEL PUMP 1%	F
ANDROGEL PUMP 1.62%	F
BELVIQ TAB	F
bexarotene cap	F
BOSULIF TAB	F
CAPRELSA TAB	F
CARBAGLU TAB	F
CHOLBAM CAP	F
clobetasol propionate cream	F
clobetasol propionate emollient cream	F
clobetasol propionate gel	F
clobetasol propionate oint	F
COMETRIQ KIT	F
CONTRACE TAB	F
COSENTYX INJ	F
CRESTOR TAB	F
CRINONE GEL	F
CYSTAGON CAP	F
DAKLINZA TAB	F
DARAPRIM TAB	F
dronabinol cap	F
ENBREL INJ	F
ENBREL SURECLICK INJ	F
ENDOMETRIN INSERT	F
ERIVEDGE CAP	F
ESBRIET CAP	F
FARYDAK CAP	F
FERRIPROX SOLN	F
FERRIPROX TAB	F
fondaparinux inj	F
FOSRENOL CHEW TAB	F
FOSRENOL POWDER PACK	F
GILOTRIF TAB	F
halobetasol propionate cream	F
halobetasol propionate oint	F

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L.A. Care Health Plan Medi-Cal Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HARVONI TAB	F
HUMIRA INJ	F
HUMIRA PEN INJ	F
HYCAMTIN CAP	F
HYLENEX INJ	F
HYSINGLA ER TAB	F
IBRANCE CAP	F
ICLUSIG TAB 15MG	F
ICLUSIG TAB 45MG	F
imatinib tab	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
INLYTA TAB	F
IRESSA TAB	F
itraconazole cap	F
JAKAFI TAB	F
KALYDECO PAK	F
KALYDECO TAB	F
KINERET INJ	F
KORLYM TAB	F
KUVAN POWDER PACK	F
KUVAN TAB	F
LENVIMA CAP	F
LONSURF TAB	F
LYNPARZA CAP	F
LYRICA CAP	F
LYRICA SOLN	F
MAKENA INJ	F
MEKINIST TAB	F
modafinil tab	F
NATPARA INJ	F
NEXAVAR TAB	F
NUCYNTA ER TAB	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
NUTROPIN AQ INJ	F
ODOMZO CAP	F
OFEV CAP	F
ONFI TAB	F
OPSUMIT TAB	F
ORENCIA SC INJ	F
ORKAMBI TAB	F
OXYCONTIN CR TAB	F
OXYCONTIN CR TAB 80MG	F
phentermine cap	F

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L.A. Care Health Plan Medi-Cal Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
phentermine tab	F
PREVNAR 13 INJ	F
PROMACTA TAB	F
QSYMIA CAP	F
RELISTOR INJ	F
RELISTOR INJ KIT	F
REVELA PACKET	F
REVELA TAB	F
REPATHA INJ	F
REVLIMID CAP	F
RHOGAM PLUS INJ	F
SABRIL POWDER PACK	F
SABRIL TAB	F
SENSIPAR TAB	F
SIGNIFOR INJ	F
sildenafil tab	F
SOMAVERT INJ	F
SOVALDI TAB	F
SPRYCEL TAB	F
SPRYCEL TAB 20MG	F
STIVARGA TAB	F
SUTENT CAP	F
TAFINLAR CAP	F
TARCEVA TAB	F
TARGRETIN CAP	F
TESTOSTERONE GEL 1% 25MG	F
TESTOSTERONE GEL 1% 50MG	F
testosterone gel 1% pump	F
tetrabenazine tab	F
THALOMID CAP	F
TRACLEER TAB	F
tretinoin cream	F
tretinoin gel	F
TYKERB TAB	F
TYVASO INH SOLN	F
VALCHLOR GEL	F
VENTAVIS INH SOLN	F
VOTRIENT TAB	F
WINRHO SDF INJ	F
XALKORI CAP	F
XIFAXAN TAB 200MG	F
XIFAXAN TAB 550MG	F
XTANDI CAP	F
XYREM SOLN	F
ZAVESCA CAP	F

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L.A. Care Health Plan Medi-Cal Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ZELBORAF TAB	F
ZOLINZA CAP	F
ZORTRESS TAB	F
ZYDELIG TAB	F
ZYTIGA TAB	F

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L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 5/2/2016
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

a - d oint	acetaminophen chew tab	acetaminophen drops	acetaminophen elixir
acetaminophen er tab	acetaminophen liquid	acetaminophen supp	ACETAMINOPHEN SYRUP
acetaminophen tab	acetaminophen/pamabrom/p yrimine tab	AEROCHAMBER	ALCOHOL SWABS
ALCOHOL WIPES	ALUMINUM HYDROXIDE GEL SUSP	ammonium lactate cream	ammonium lactate lotion
antacid chew tab	anti-nausea soln	artificial tears oint	artificial tears soln
ascorbic acid cap	ascorbic acid chew tab	ascorbic acid er tab	ascorbic acid lozenge
ascorbic acid syrup	ascorbic acid tab	ASCORBIC ACID WAFER	ASPIRIN CHEW TAB 75MG
aspirin chew tab 81mg	aspirin ec tab	aspirin EC tab 325mg	aspirin EC tab 81mg
aspirin supp	aspirin tab	aspirin tab 325mg	ASPIRIN TAB 81MG
ASPIRIN/ACETAMINOPHE N/CALCIUM CARBONATE TAB	ASSURE PLATINUM TEST STRIP	ASSURE PRISM MULTI TEST STRIP	bacitracin oint
bacitracin/polymyxin b oint	bacitracin/zinc oint	B-D INSULIN SYRINGE	B-D PEN NEEDLE
benzoyl peroxide cream	benzoyl peroxide gel	benzoyl peroxide liquid	benzoyl peroxide lotion
BISACODYL ENEMA	bisacodyl supp	bisacodyl tab	bismuth subsalicylate chew tab
bismuth subsalicylate susp	bismuth subsalicylate tab	brompheniram/phenylephrin e/dm soln	CALAMINE LOTION
calcium and phosphorus w/vitamin D tab	CALCIUM CARBONATE CAP	calcium carbonate chew tab	calcium carbonate susp
calcium carbonate tab	calcium carbonate w/ vitamin d cap	calcium carbonate w/ vitamin D chew tab	calcium carbonate w/ vitamin d tab
calcium carbonate w/ vitamin D tab	CALCIUM CARBONATE/GLUCONATE W/ VITAMIN D TAB	calcium citrate tab	calcium citrate w/ vitamin d tab
CALCIUM GLUCONATE TAB	CALCIUM LACTATE TAB	calcium pycarbophil tab	CALIBRATION LIQUID
capsaicin cream	capsaicin pad	carbamide peroxide otic drop	CENHIST CHEW TAB
cetirizine chew tab	cetirizine syrup	cetirizine tab	cetirizine/pseudoephedrine 12-hour tab
chlorhexidine gluconate liquid	chlorpheniramine CR tab	chlorpheniramine syrup	chlorpheniramine tab
chlorpheniramine/acetamino phen tab	chlorpheniramine/phenyleph rine/apap effer tab	chlorpheniramine/phenyleph rine/apap susp	chlorpheniramine/phenyleph rine/apap tab
CHLORPHENIRAMINE/PSE UDOEPHEDRINE/IBUPROF EN TAB	cholecalciferol oral soln	cholecalciferol tab	CLARITIN REDITAB
clemastine fumarate tab	CLINISTIX TEST STRIP	clotrimazole cream	clotrimazole vaginal cream
CLOVERINE OINT	CONCEPTROL GEL	CONEX TAB	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	cromolyn nasal spray
cyanocobalamine er tab	cyanocobalamine lozenge	cyanocobalamine sl tab	cyanocobalamine tab
DESITIN PASTE			

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DEXTROMETHOR/ACETA MIN/DIPHEN LIQUID	dextromethorphan cap	dextromethorphan ER liquid	dextromethorphan hb/doxylamine soln
dextromethorphan hbr/chlorpheniramine liquid dextromethorphan syrup	dextromethorphan hbr/chlorpheniramine tab dextromethorphan/phenylep hrine liquid	dextromethorphan liquid	DEXTROMETHORPHAN LOZENGE
DEXTROMETHORPHAN/P SEUDOEPHED ELIXIR	dextromethorphan/pseudoep hed syrup	DEXTROMETHORPHAN/P HENYLEPHRINE STRIP	DEXTROMETHORPHAN/P SEUDOEPHED DROPS
dextromethorphan/acetamino ph/cp tab	dextromethorphan/pseudoep hed syrup	DEXTROMETHORPHAN/AC ETAMINOPH/CP LIQUID	dextromethorphan/acetamino ph/cp susp
dimenhydrin tab	dimethicone gel	DIALYVITE/ZINC TAB	DIETHYLTOLUAMIDE LOTION
diphenhydramine cream	diphenhydramine gel	diphenhydramine cap	diphenhydramine chew tab
diphenhydramine spray	DIPHENHYDRAMINE STRIP	diphenhydramine liquid	diphenhydramine rapid tab
diphenhydramine/acetamino phen tab	DIPHENHYDRAMINE/APAP LIQUID	diphenhydramine syrup	diphenhydramine tab
diphenhydramine/phenylephr ine/apap susp	diphenhydramine/phenylephr ine/apap tab	diphenhydramine/apap tab	diphenhydramine/phenylephr ine/apap liquid
dm	dm	dm	dm
hb/pe/acetaminophen/chlorp heniramine tab	hb/pseudoephed/acetamin/c p cap	hb/pe/acetaminophen/chlorp heniramine liquid	hb/pe/acetaminophen/chlorp heniramine susp
dm	dm/pe/acetaminophen/doxyl amine liquid	dm	dm
hb/pseudoephed/acetamin/c p tab		hb/pseudoephed/acetamin/c p packet	hb/pseudoephed/acetamin/c p susp
DM/PHENYLEPH/CHLORP HENIRAMINE LIQUID	DM/PHENYLEPH/CHLORP HENIRAMINE SOLN	dm/pseudoephed/acetamin/c phen cap	dm/pseudoephed/acetamin/c p susp
D-METHORPHAN HB/ACETAMINOPHEN LIQUID	d-methorphan hb/p-epd hcl/bpm elixir	dm/pseudoephed/acetamino phen cap	dm/pseudoephed/acetamino phen tab
d-methorphan hb/p-ephed hcl/cp liquid	d-methorphan/acetamin/dox ylamn cap	d-methorphan hb/p-epd hcl/bpm syrup	D-METHORPHAN HB/P-EPHED HCL/CP CHEW TAB
d-methorphan/pe/acetamino phen liquid	d-methorphan/pe/acetamino phen tab	d-methorphan/acetamin/dox ylamn liquid	d-methorphan/pe/acetamino phen cap
docusate sodium enema	docusate sodium liquid	docusate calcium cap	docusate sodium cap
doxylamine succinate tab	DULCOLAX BOWEL PREP KIT	docusate sodium syrup	docusate sodium tab
eye wash soln	famotidine tab	EPHEDRINE SULFATE CAP	ergocalciferol soln
ferrous sulfate dr tab	ferrous sulfate er tab	FEMALE CONDOMS	ferrous gluconate tab
ferrous sulfate soln	FERROUS SULFATE SYRUP	FERROUS SULFATE LIQUID	ferrous sulfate slow release tab
FLEET ENEMA	FLU/SORE THROAT POWDER PACK	ferrous sulfate tab	FIBER LIQUID
FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX METER	folic acid tab 400mcg	folic acid tab 800mcg
FREESTYLE TEST STRIP	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER
GLUCOSE TAB	FUNGOID SOLN	GLUCOSE CHEW TAB	glucose gel
GLYCERIN SHAMPOO	glycerin gel	GLUCOSE CHEW TAB	glycerin lotion
guaifenesin	glycerin suppository	guaifen/phenyleph/acetamin ophn tab	GUAIFEN/PSEUDOEPHED/ ACETAMINOP TAB
dm/pseudoephedrine syrup	guaifenesin	guaifenesin ER tab	guaifenesin liquid
guaifenesin syrup	DM/pseudoephedrine tab	guaifenesin/acetaminophen tab	guaifenesin/codeine liquid
guaifenesin/codeine soln	guaifenesin tab		

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guaifenesin/dextromethorphan cap guaifenesin/dextromethorphan tab GUAIFENESIN/PHENYLEPHRINE HCL LIQUID guaifenesin/pseudoephedrine hcl syrup HUMULIN N PEN INJ hydrocortisone ac cream	guaifenesin/dextromethorphan ER tab guaifenesin/dm/pseudoephedrine cap guaifenesin/phenylephrine tab HDC DM SYRUP HUMULIN PEN INJ 70/30 HYDROCORTISONE AC OINT hydrocortisone gel hydrogen peroxide soln ibuprofen tab	guaifenesin/dextromethorphan liquid guaifenesin/d-methorphan hb/pe syrup GUAIFENESIN/PSEUDOEPHEDRINE TAB HUMULIN MIX INJ HUMULIN R INJ U-100 hydrocortisone aloe cream hydrocortisone lotion ibuprofen cap INFANT FORMULA LIQUID	GUAIFENESIN/DEXTROMETHORPHAN PACK guaifenesin/ephedrine hcl tab guaifenesin/pseudoephedrine hcl cap HUMULIN N INJ U-100 HUMULIN-R U-100 HYDROCORTISONE ALOE OINT hydrocortisone oint ibuprofen chew tab INFANT FORMULA POWDER KETOSTIX
IRON SUSP	IV PREP WIPES	KETO-DIASTIX TEST STRIP	LANCET KIT
ketotifen ophth soln	KONSYL POWDER	KONSYL POWDER PACKET	levocarnitine cap LOHIST-D LIQUID loratadine ODT loratadine/pseudoephedrine 24-hour tab magnesium hydroxide susp
LANCETS LEVOCARNITINE TAB loperamide cap loratadine syrup	lansoprazole DR cap levonorgestrel tab loperamide liquid loratadine tab	L-CARNITINE CAP LICE B GONE SHAMPOO loperamide tab loratadine/pseudoephedrine 12-hour tab magnesium hydroxide chew tab	LANCET KIT
lubricating jelly	magnesium citrate soln	magnesium hydroxide chew tab	magnesium hydroxide susp
magnesium oxide tab	MAGNESIUM/ALUMINUM HYDROXIDE CHEW	magnesium/aluminum hydroxide/simethicone chew tab	magnesium/aluminum hydroxide/simethicone susp
MALE CONDOMS MICONAZOLE 3 SUPP 200MG miconazole oint	meclizine chew tab miconazole cream miconazole vaginal cream	meclizine tab miconazole nitrate aerosol miconazole vaginal kit	MEDI-GRAINE TAB miconazole nitrate powder MILK OF MAGNESIA CHEW TAB
mineral oil mineral oil/petrolatum lotion multivitamin w/ iron chew tab	mineral oil enema mineral oil/petrolatum oint multivitamin w/ iron tab	MINERAL OIL LIGHT multiple vitamin liquid naphazoline/pheniramine ophth drops neomycin/bacitracin/polymyxin b oint niacin CR tab nicotine gum NUTRITIONAL SUPPLEMENT LIQUID oxymetazolin spray	mineral oil/petrolatum cream multiple vitamin tab NASACORT NASAL SPRAY (OTC) neomycin/polymyxin b/pramoxine cream niacin tab NICOTINE KIT NUTRITIONAL SUPPLEMENT POWDER pe/acetamin/diphenhydramine/cpm tab pediatric multivitamin adc drops pediatric multivitamin w/ minerals gummy permethrin lotion
NASAL MOIST GEL	neomycin/bacitracin/polymyxin b oint	neomycin/bacitracin/polymyxin b/pramoxine oint	pediatric multivitamin adc drops
NEOTUSS PLUS LIQUID NIACIN TR TAB nicotine lozenge	niacin cap niacinamide tab nicotine patch	niacin CR tab nicotine gum NUTRITIONAL SUPPLEMENT LIQUID oxymetazolin spray	pediatric multivitamin w/ iron drops permethrin liquid
omega-3 fatty acid cap	omeprazole cap	oxymetazolin spray	pediatric multivitamin w/ iron drops
PEAK FLOW METER	pediatric electrolyte soln	PEDIATRIC MASK	pediatric multivitamin w/ iron drops
PEDIATRIC MULTIVITAMIN CHEW TAB pediatric multivitamin w/ vitamin c soln permethrin spray	pediatric multivitamin w/ iron chew tab pediatric multivitamin w/ vitamin c w/ iron chew tab PERRY PRENATAL VITAMIN	pediatric multivitamin w/ iron drops permethrin liquid petrolatum oint	pediatric multivitamin w/ iron drops permethrin liquid petrolatum oint
			PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT

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

pheniramine/phenylephrine/ acetaminophen packet PHENYLEPH/ACETAMIN/D EXBROMPHENIRAMINE TAB	phenylphrine/bromphenira mine chew liquid PHENYLEPHRINE DROPS	phenylphrine/bromphenira mine elixir phenylephrine nasal drops	PHENYLDPHRINE/BROMP HENIRAMINE TAB phenylephrine tab
phenylephrine/acetamin/dox ylamine cap phenylephrine/chlorphenira mine liquid phenylephrine/diphenhydram ine tab piperonyl butox/pyrethrins/permethrin kit polyethylene glycol 3350 powder PRECISION XTRA TEST STRIP	phenylephrine/acetaminophe n cap phenylephrine/chlorphenira mine tab phenylephrine/dm/acetamino p/gg liquid piperonyl butoxide/pyrethrins liquid polyethylene glycol packet	phenylephrine/acetaminophe n pack phenylephrine/diphenhydram ine liquid phenylephrine/dm/acetamino p/gg tab PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO POVIDONE-IODINE SOLN	phenylephrine/acetaminophe n tab phenylephrine/diphenhydram ine soln PHENYLTOLOXAMINE/AC ETAMINOPHEN TAB PLAN B TAB PRECISION XTRA METER
pseudoeph/dm/guaifen/acet amin tab pseudoephedrine/acetamino phen tab	PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS) pseudoephed/acetaminoph/ diphenhydramine tab PSEUDOEPHEDRINE/BRO MPHENIRAMINE LIQUID	PREVACID DR CAP OTC pseudoephedrine ER tab PSEUDOEPHEDRINE/CHL ORPHENIRAMINE CHEW TAB	PSEUDOEPH/DM/GUAIFEN /ACETAMIN PACKET pseudoephedrine syrup pseudoephedrine/chlorpheni ramine syrup
pseudoephedrine/chlorpheni ramine tab PSEUDOEPHEDRINE/IBUP ROFEN CAP pseudoephedrine/triprolidine tab pyridoxine tab	PSEUDOEPHEDRINE/COD EINE/CHLORPHENIRAMIN E LIQUID pseudoephedrine/ibuprofen susp PSYLLIUM CAP	pseudoephedrine/dexbromp heniramine ER tab pseudoephedrine/ibuprofen tab psyllium powder	PSEUDOEPHEDRINE/DIPH ENHYDRAMINE TAB pseudoephedrine/naproxen tab pyridoxine er tab
salicylic acid gel salicylic acid strip sennosides/docusate sodium tab simethicone liquid sodium chloride irrigation/decyl glucoside soln sodium chloride tab terbinafine cream	PYRILAMINE/PE/DEXTRO METHORPHAN LIQUID salicylic acid liquid saline nasal spray simethicone cap SIMETHICONE STRIPS sodium chloride ophth oint	ranitidine tab 75mg salicylic acid pad SCOT-TUSSIN SOLN simethicone chew tab SKIN CLEANSER sodium chloride ophth soln	RISCAL-D TAB salicylic acid soln sennosides tab simethicone drops sodium bicarbonate tab SODIUM CHLORIDE SPRAY
THROAT DROPS LOZENGE tolnaftate aerosol triamcinolone OTC nasal spray tussin PE liquid vcf vaginal gel	THROAT LOZENGE tolnaftate cream TRIAMINIC NASAL SOLN vapor inhaler vitamin a - d oint	sodium phosphate soln tetrahydrozoline/zinc sulfate ophth drops tioconazole vaginal oint tolnaftate powder TRIAMINIC STRIP vaporizing steam vitamin B complex cap	SUDAFED ER TAB thiamine tab TODAY SPONGE tolnaftate spray tussin CF liquid vaporizing steam liquid VITAMIN C SYRUP 500MG/5ML zinc oxide oint
vitamin D cap 1000unit zinc oxide paste	vitamin D cap 400unit zinc sulfate cap	VITAMIN D TAB 400UNIT	

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L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 5/2/2016
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

ACTIMMUNE INJ	ADCIRCA TAB	AFINITOR DISPERZ	AFINITOR TAB
ALFERON-N INJ	AMPYRA TAB	AVONEX INJ	bexarotene cap
BOSULIF TAB	calcitriol inj	capecitabine tab	CAPRELSA TAB
CARBAGLU TAB	CAYSTON INH SOLN	CHOLBAM CAP	COMETRIQ KIT
COPAXONE INJ 40MG/ML	COSENTYX INJ	CYSTAGON CAP	DAKLINZA TAB
DARAPRIM TAB	doxercalciferol cap	ENBREL INJ	ENBREL SURECLICK INJ
entecavir tab	EPOGEN INJ	ERIVEDGE CAP	ESBRIET CAP
etoposide cap	EXJADE TAB	FARYDAK CAP	FERRIPROX SOLN
FERRIPROX TAB	FORTEO INJ	glatopa inj 20mg/ml	GRANIX INJ
HARVONI TAB	HEXALEN CAP	HUMIRA INJ	HUMIRA PEN INJ
HYCAMTIN CAP	IBRANCE CAP	ICLUSIG TAB 15MG	ICLUSIG TAB 45MG
imatinib tab	INCRELEX INJ	INFERGEN INJ	INLYTA TAB
INTRON-A INJ	INTRON-A KIT	IRESSA TAB	JADENU TAB
JAKAFI TAB	KALYDECO TAB	KORLYM TAB	KUVAN TAB
LENVIMA CAP	LEUKERAN TAB	LEUKINE INJ	LONSURF TAB
LYNPARZA CAP	LYSODREN TAB	MESNEX TAB	MIACALCIN INJ
MYLERAN TAB	NATPARA INJ	NEBUPENT NEB SOLN	NEULASTA INJ
NEUMEGA INJ	NEXAVAR TAB	NILANDRON TAB	NUTROPIN AQ INJ
octreotide inj	ODOMZO CAP	OFEV CAP	OPSUMIT TAB
ORENCIA SC INJ	ORKAMBI TAB	paricalcitol cap	PEGASYS INJ
PEGASYS INJ KIT	PLEGRIDY INJ	PLEGRIDY PEN INJ	PROCRIT INJ
PROLEUKIN INJ	PROMACTA TAB	PULMOZYME INH SOLN	REBETOL SOLN
RELISTOR INJ	RELISTOR INJ KIT	REPATHA INJ	REVLIMID CAP
RHOGAM PLUS INJ	RIBATAB	ribavirin cap	ribavirin tab
SABRIL POWDER PACK	SABRIL TAB	SENSIPAR TAB	SIGNIFOR INJ
SOMAVERT INJ	SOVALDI TAB	SPRYCEL TAB	SPRYCEL TAB 20MG
STIVARGA TAB	SUTENT CAP	SYNAREL NASAL SOLN	TARCEVA TAB
TARGRETIN CAP	TARGRETIN GEL	TECFIDERA CAP	TECFIDERA STARTER PACK
temozolomide cap	tetrabenazine tab	THALOMID CAP	TOBI PODHALER
tobramycin neb soln	tretinoin cap	TYKERB TAB	TYVASO INH SOLN
VENTAVIS INH SOLN	VOTRIENT TAB	WINRHO SDF INJ	XALKORI CAP
XTANDI CAP	XYREM SOLN	ZARXIO INJ	ZAVESCA CAP
ZELBORAF TAB	ZOLINZA CAP	ZORTRESS TAB	ZYDELIG TAB
ZYTIGA TAB			

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

L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 5/2/2016
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
fluvoxamine ER cap	Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
PREVACID DR CAP OTC	Step Therapy requires trial of lansoprazole and pantoprazole
ULORIC TAB	Step Therapy requires trial of allopurinol
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln

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L.A. Care Health Plan Medi-Cal Formulary
Smoking Cessation Agents
Last Updated* 5/2/2016

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	F
CHANTIX TAB(Limited to 180 days/plan year)	F
nicotine gum(Limited to 180 days/plan year)	F
NICOTINE KIT	F
nicotine lozenge(Limited to 180 days/plan year)	F
nicotine patch(Limited to 180 days/plan year)	F
NICOTROL INHALER(Limited to 180 days/plan year)	F
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	F

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

L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 5/2/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
acetaminophen/codeine soln	QL= 166ml/day
acetaminophen/codeine tab	QL= 13 tabs/day
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
AMPYRA TAB	QL= 2 tabs/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
BELVIQ TAB	QL= 2 tabs/day
benzoyl peroxide cream	QL= 1 tube/30 days
benzoyl peroxide gel	QL= 1 tube/30 days
benzoyl peroxide liquid	QL= 1 bottle/30 days
benzoyl peroxide lotion	QL= 1 bottle/30 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
CALCIUM ACETATE TAB	QL= 9 tabs/day
celecoxib cap	QL= 2 caps/day
cetirizine chew tab	QL= 1 tab/day
cetirizine tab	QL= 1 tab/day
cetirizine/pseudoephedrine 12-hour tab	QL= 1 tab/day
CHANTIX TAB	Limited to 180 days/plan year
CLARITIN REDITAB	QL= 1 tab/day
codeine sulfate tab	QL= 8 tabs/day
codeine sulfate tab 60mg	QL= 6 tabs/day
CONTRACE TAB	QL= 4 tabs/day
DAKLINZA TAB	QL=1 tab/day
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin
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
duloxetine EC cap	QL= 2 caps/day
EMEND CAP	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
EMEND PAK	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
ENBREL INJ	QL= 4 syringes/28 days
ENBREL SURECLICK INJ	QL= 4 syringes/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
EPIPEN INJ	QL= 2 inj/fill
EPIPEN-JR INJ	QL= 2 inj/fill
ESBRIET CAP	QL= 9 tabs/day
eszopiclone tab	QL= 1 tab/day

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

L.A. Care Health Plan Medi-Cal Formulary Cont.
Last Updated* 5/2/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl patch	QL= 1 patch/3 days
flunisolide nasal spray	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
GEL DRESSING	QL= 2 boxes/30 days
GILOTRIF TAB	QL= 1 tab/day
granisetron tab	QL= 9 tabs/fill
HARVONI TAB	QL= 1 tab/day
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
hydrocodone/acetaminophen soln	QL= 180ml/day
hydrocodone/acetaminophen tab	QL= 12 tabs/day
hydromorphone tab 2mg	QL= 15 tabs/day
hydromorphone tab 4mg	QL= 8 tabs/day
hydromorphone tab 8mg	QL= 4 tabs/day
HYSINGLA ER TAB	QL= 1 tab/day
IBRANCE CAP	QL= 21 caps/28 days
ICLUSIG TAB 15MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306
ICLUSIG TAB 45MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
imatinib tab	QL= 3 tabs/day
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KINERET INJ	QL= 28 inj/28 days
latanoprost ophth soln	QL= 2.5ml/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LEVORPHANOL TAB	QL= 8 tabs/day
LINZESS CAP	QL= 1 cap/day
loratadine ODT	QL= 1 tab/day
loratadine syrup	QL= 240ml/30 days; Only covered for members age 2 years or older
loratadine tab	QL= 1 tab/day; Covered for members age 2 years or older
loratadine/pseudoephedrine 12-hour tab	QL= 2 tabs/day
loratadine/pseudoephedrine 24-hour tab	QL= 1 tab/day
meperidine tab 100mg	QL= 12 tabs/day
meperidine tab 50mg	QL= 24 tabs/day
methadone conc	QL=12ml/day
methadone soln 10mg/5ml	QL= 60ml/day
methadone soln 5mg/5ml	QL= 120ml/day
methadone tab	QL= 12 tabs/day
methadose tab	QL=3 tab/day

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L.A. Care Health Plan Medi-Cal Formulary Cont.
Last Updated* 5/2/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
mineral oil	
modafinil tab	QL= 1 tab/day
morphine sulfate ER tab	QL= 4 tabs/day
morphine sulfate soln 10mg/5ml	QL= 60ml/day
morphine sulfate soln 20mg/ml	QL= 30ml/day
morphine sulfate tab	QL= 6 tabs/day
MOVIPREP SOLN	QL= 1 bottle/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT NASAL SPRAY (OTC)	QL= 2 bottles/fill
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
ODOMZO CAP	QL=1 cap/day
OFEV CAP	QL= 2 tabs/day
ONGLYZA TAB	QL= 1 tab/day
ORENCIA SC INJ	QL= 4 inj/28 days
ORKAMBI TAB	QL=4 tab/day
oxycodone cap	QL= 12 caps/day
oxycodone conc 100mg/5ml	QL= 9ml/day
oxycodone soln 5mg/5ml	QL= 180ml/day
oxycodone tab	QL= 6 tabs/day
oxycodone tab 5mg	QL= 12 tabs/day
oxycodone/acetaminophen tab	QL= 12 tabs/day
oxycodone/aspirin tab	QL= 12 tabs/day
OXYCONTIN CR TAB	QL= 2 tabs/day
OXYCONTIN CR TAB 80MG	QL= 4 tabs/day
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
POTIGA TAB	QL= 3 tabs/day
pseudoephedrine ER tab	QL= 2 tabs/day; Covered for members age 2 years or older
PSEUDOEPHEDRINE SYRUP	QL= 1200ml/30 days; Covered for members age 2 years or older
pseudoephedrine tab 30mg	QL= 8 tabs/day; Covered for members age 2 years or older
pseudoephedrine tab 60mg	QL= 4 tabs/day; Covered for members age 2 years or older
QSYMIA CAP	QL= 1 cap/day
REGRANEX GEL	QL= two 15gm tubes/fill
RELENZA DISKHALER	QL= 20 units/fill
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days

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L.A. Care Health Plan Medi-Cal Formulary Cont.
Last Updated* 5/2/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ROXICET SOLN 325MG/5ML	QL= 60ml/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SOVALDI TAB	QL= 1 tab/day
SPINOSAD SUSP	QL= 1 bottle/fill
SPRYCEL TAB	QL= 1 tab/day
SPRYCEL TAB 20MG	QL= 3 tabs/day
STIVARGA TAB	QL= 4 tabs/day
SUDAFED ER TAB	QL= 1 tab/day; Covered for members age 2 years or older
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/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
SUMATRIPTAN/ IMITREX NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
terbinafine cream	QL= 1 tube/30 days; Covered for members age 12 years or older
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
tramadol tab	QL= 8 tabs/day
triamcinolone OTC nasal spray	QL= 2 bottles/fill
VALCHLOR GEL	QL= 4 tubes/30 days
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XTANDI CAP	QL= 4 caps/day
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZETIA TAB	QL= 1 tab/day
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL= 1 tab/day
ZYLET OPTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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

L.A. Care Formulary

Mandatory Specialty Drug List

Last Updated 5/01/16

Drug Name	Required at ACARIA Pharmacy	Required at WALGREENS Pharmacy
ACTEMRA SC INJ	X	
ACTIMMUNE INJ		X
ADCIRCA TAB	X	
AFINITOR DISPERZ	X	
AFINITOR TAB	X	
ALDURAZYME INJ	X	
ALFERON-N INJ		X
AMPYRA TAB		X
ARANESP INJ	X	
AUBAGIO TAB		X
AVONEX INJ	X	
BARACLUDE TAB	X	
BETASERON INJ	X	
bexarotene cap	X	
BOSULIF TAB	X	
CALCIJEX INJ		X
calcitriol inj		X
capecitabine tab	X	
CIMZIA INJ	X	
COPAXONE INJ	X	
COPEGUS TAB	X	
COSENTYX INJ	X	
CUVPOSA SOLN	X	
CYKLOKAPRON INJ	X	
CYSTARAN OPHTH SOLN		X
DAKLINZA TAB	X	
doxercalciferol cap	X	
ENBREL INJ	X	
ENBREL SURECLICK INJ	X	
entecavir tab	X	
EPOGEN INJ	X	
ERIVEDGE CAP		X
ESBRIET CAP		X
etoposide cap		X
EXJADE TAB		X
EXTAVIA INJ	X	
FABRAZYME INJ	X	
FORTEO INJ	X	

Products listed may not be all inclusive and are subject to change.

L.A. Care Formulary

Mandatory Specialty Drug List

Last Updated 5/01/16

Drug Name	Required at ACARIA Pharmacy	Required at WALGREENS Pharmacy
GAMASTAN INJ	X	
GAMMAGARD INJ	X	
GENOTROPIN INJ	X	
GILENYA CAP	X	
GLEEVEC TAB	X	
GRANIX INJ	X	
HARVONI TAB	X	
HECTOROL CAP	X	
HEXALEN CAP	X	
HIZENTRA INJ	X	
HUMATROPE INJ	X	
HUMIRA INJ	X	
HUMIRA PEN INJ	X	
HYCAMTIN CAP	X	
IBRANCE CAP	X	
INCIVEK TAB	X	
INCRELEX INJ	X	
INFERGEN INJ	X	
INLYTA TAB	X	
INTRON-A INJ	X	
JADENU TAB		X
JAKAFI TAB		X
KALYDECO PAK		X
KALYDECO TAB		X
KINERET INJ		X
KUVAN POWDER PACK		X
KUVAN TAB		X
LEUKERAN TAB	X	
LEUKINE INJ	X	
leuprolide inj	X	
LONSURF TAB		X
LUPRON DEPOT INJ	X	
LUPRON DEPOT PED INJ	X	
LUPRON INJ KIT	X	
LYSODREN TAB	X	
MEKINIST TAB	X	
MESNEX TAB	X	
MIACALCIN INJ		X

Products listed may not be all inclusive and are subject to change.

L.A. Care Formulary

Mandatory Specialty Drug List

Last Updated 5/01/16

Drug Name	Required at ACARIA Pharmacy	Required at WALGREENS Pharmacy
MONITROPE INJ	X	
NEBUPENT NEB SOLN	X	
NEULASTA INJ	X	
NEUMEGA INJ	X	
NEUPOGEN INJ	X	
NEXAVAR TAB	X	
NILANDRON TAB		X
NORDITROPIN INJ	X	
NUTROPIN INJ	X	
octreotide inj	X	
ODOMZO CAP	X	
OFEV CAP		X
ORENCIA SC INJ	X	
ORFADIN CAP	X	
ORKAMBI TAB		X
OTEZLA TAB	X	
paricalcitol cap	X	
PEGASYS INJ	X	
PEGASYS INJ KIT	X	
PEG-INTRON INJ	X	
PLEGRIDY INJ	X	
PLEGRIDY PEN INJ	X	
PROCRIT INJ	X	
PROLEUKIN INJ	X	
PROMACTA TAB	X	
PULMOZYME INH SOLN	X	
REBETOL CAP	X	
REBETOL SOLN	X	
REBIF INJ	X	
RELISTOR INJ	X	
RELISTOR INJ KIT	X	
REPATHA INJ		X
REVLIMID CAP		X
ribasphere cap	X	
RIBATAB	X	
ribavirin tab	X	
RISPERDAL CONSTA INJ	X	
SANDOSTATIN INJ	X	

Products listed may not be all inclusive and are subject to change.

L.A. Care Formulary

Mandatory Specialty Drug List

Last Updated 5/01/16

Drug Name	Required at ACARIA Pharmacy	Required at WALGREENS Pharmacy
SENSIPAR TAB	X	
SIMPONI INJ	X	
SOVALDI TAB	X	
SPRYCEL TAB	X	
STELARA INJ	X	
STIVARGA TAB	X	
SUTENT CAP	X	
SYLATRON INJ	X	
SYNAREL NASAL SOLN	X	
TAFINLAR CAP	X	
TARCEVA TAB	X	
TARGRETIN CAP	X	
TARGRETIN GEL	X	
TASIGNA CAP	X	
TECFIDERA CAP	X	
TECFIDERA STARTER PACK	X	
TEMODAR CAP	X	
temozolomide cap	X	
tetrabenazine tab	X	
THALOMID CAP	X	
TOBI NEB SOLN	X	
TOBI PODHALER	X	
tobramycin neb soln	X	
tranexamic acid inj	X	
TRELSTAR INJ	X	
tretinoin cap	X	
TYKERB TAB	X	
VICTRELIS CAP	X	
VOTRIENT TAB	X	
XALKORI CAP	X	
XELJANZ TAB	X	
XELODA TAB	X	
XTANDI CAP	X	
ZELBORAF TAB		X
ZEMPLAR CAP	X	
ZOLINZA CAP	X	
ZORTRESS TAB	X	
ZYTIGA TAB	X	

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